STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535030	A. BUILDING _____ B. WING _____	06/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZONS CARE CENTER	1111 LANE 12 LOVELL, WY 82431

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F 000	INITIAL COMMENTS A recertification survey which included a COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys from 6/21/21 to 6/24/21. The following common abbreviations are used throughout this document: BIMS- Brief interview for mental status DON- Director of Nursing MDS- Minimum Data Set RN- Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 688 SS=E	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable.	F 688		7/23/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/13/2021

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F 688	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, staff interview, and resident interview, the facility failed to ensure range of motion (ROM) services were provided as ordered for 3 of 6 sample residents reviewed (#33, #35, #36) for restorative needs. The findings were: 1. Review of the 5/5/21 quarterly MDS assessment showed resident #35 had diagnoses which included progressive neurological conditions and Alzheimer's dementia. Further review showed the resident had short term and long term memory problems, range of motion impairment on both sides to the upper and lower extremities, required extensive physical assistance of 2 or more people for bed mobility, transfers, and toilet use, required total physical assistance of 1 person for personal hygiene, eating, and locomotion on unit, and required total physical assistance of 2 or more people for dressing. Observation on 6/22/21 at 9:11 AM showed the resident lying in bed on top of the bedding and a lift sling, fully clothed. Further observation showed the resident had a foam positioning wedge under his/her right side, heel lift boots on his/her bilateral feet, and a positioning cushion was placed in the resident's wheelchair. Review of a "Restorative Therapy Referral" dated 2/17/21 showed the resident was to receive therapy services 2 to 3 times per week to maintain range of motion. Further review showed the treatment was "gentle PROM [passive range of motion] to shoulder, elbow, fingers. Encourage AROM [active range of motion] in BUE [bilateral upper extremities] first. (Both Shoulders etc)...PT [physical therapy] order: Gentle passive range of motion to bilateral	F 688	A)The facility will ensure that residents #33, #35, #36 and all other residents will receive restorative services as ordered B)All staff will be educated on restorative practices and policy C)Quality Monitoring on five restorative plans a week randomly to ensure plans being met will be done by restorative nurse using the quality improvement tool until substantial compliance has been met. D)Staff not completing restorative plans will have immediate in-service or corrective action taken by restorative nurse. E)Results will be reported quarterly as part of facility QAPI Program.	

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F 688	Continued From page 2	F 688		

lower extremities..." The following concerns were identified:

a. Review of the "Restorative Care Flow Record" dated May 2021 showed the resident did not receive restorative range of motion therapy from 5/1/21 to 5/9/21 and the document was marked "closed" for that time period.

b. Review of the "Restorative Care Flow Record" dated June 2021 showed the resident did not receive restorative range of motion therapy from 6/4/21 to 6/14/21. Further review showed no indication why services were not provided.

c. Interview with the restorative nurse on 6/23/21 at 3:39 PM confirmed the resident was on a restorative therapy program for passive range of motion and revealed the restorative therapy gym was "closed" at that time due to the facility's COVID outbreak status and residents were "not allowed" to go to other units. Further interview revealed residents should receive restorative care in their rooms when the gym was not available and some "missed days" were due to restorative staff working in other areas due to staffing challenges.

2. Review of the 2/3/21 quarterly MDS assessment showed resident #33 was cognitively intact with a BIMS score of 15/15. The assessment further showed range of motion impairment on one side for the lower extremities. Review of the 4/16/21 "Restorative Therapy Referral" documentation showed the resident participated 2 times per week related to decreased mobility and right shoulder pain. The treatment plan included walking with the restorative staff, and encouragement to ride the "Nustep" exercise bike. The following concerns were identified:

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a. Interview with the resident on 6/22/21 at 2:11 PM revealed s/he used to ride the bike and still would if it were available. She verified the bike was unavailable due to the facility being in a quarantine status. The bike was located in another unit of the facility, and due to the quarantine, they were not allowed to go between units.

b. Interview with the restorative nurse on 6/23/21 at 2:38 PM confirmed the resident was on a plan to walk with the restorative aides and they were to encourage the resident to ride the "Nustep" exercise bike. The nurse further confirmed other than on 6/3/21 the restorative program and gym had been closed for the month of June due to the outbreak status in the facility. She confirmed making the equipment available during quarantine had not been considered.

3. Review of the 2/10/21 quarterly MDS assessment showed resident #36 was cognitively intact with a BIMS score of 13/15, and showed range of motion impairment on both sides of the lower extremities. Review of the 6/2/20 "Restorative Therapy Referral" documentation showed the resident participated 3-5 times per week related to decreased mobility and balance. The treatment plan included the resident riding the "Nustep" exercise bike as tolerated. The following concerns were identified:

a. Interview with the resident on 6/22/21 at 9:46 AM revealed s/he walked with a walker, and the aides were able at times to walk with him/her. However, s/he voiced concerns due to not being able to "get the proper exercise" because the bike was upstairs. The resident confirmed the bike was on a different unit and it was not available during the outbreak.

b. Interview with the restorative nurse on

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F 688	Continued From page 4 6/23/21 at 2:38 PM confirmed the resident was on a plan to ride the "Nustep" bike. The nurse further confirmed other than on 6/3/21 the restorative program and gym had been closed for the month of June due to the outbreak status in the facility. She confirmed making the equipment available during quarantine had not been considered.	F 688		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order	F 758		7/23/21

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F 758	Continued From page 5 unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure 1 of 1 (#37) sample residents were free from unnecessary as needed (PRN) psychotropic medications. The findings were: Review of the 2/8/21 admission MDS assessment showed resident #37 was admitted to the facility on 2/2/21 with diagnoses that included adult attention deficit hyperactivity disorder (ADHD), aggressive behavior of adult, dementia of the Alzheimer's type, major depression, generalized anxiety disorder, loss of memory, and mixed dementia. The following concerns were identified: a. Review of current physician orders showed an order with a start date of 6/8/21 for "Lorazepam 0.5mg [milligrams] PO [by mouth] q6Hr [every 6 hours] PRN [as needed] ..." However, there was no end date or expiration	F 758	A)The facility will ensure that resident #37 and all other residents with PRN psychotropic orders comply with regulations. We will ensure they have end dates and be reviewed in prescribed time frame. B)Providers and nurses will be educated on process and procedure of PRN psychotropic. C) Quality monitoring of all residents on PRN psychotropic will be done weekly by supervisor using quality monitoring tool until substantial compliance is met. All residents with PRN psychotropic orders will also be reviewed monthly with IDT, Medical Director, and Pharmacy for use and need.	

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F 758	Continued From page 6 date noted on the order. b. Review of monthly pharmacy medication regimen review documentation showed medication reviews had been performed monthly since the resident's admission in February 2021. Further review showed the medication review had been completed for June 2021 without identification of the irregularity related to the PRN antipsychotic medication order. c. Review of the MAR for June 2021 showed the resident received a PRN dose of lorazepam on 6/22/21. d. Interview with the DON on 6/24/21 at 11 AM revealed she was not completely aware of, or had a full understanding of the guidance around PRN antipsychotic medications. She further revealed she was not aware of any additional pharmacy or physician documentation related to this medication order. The DON then confirmed the lorazepam medication order did not have an end or expiration date.	F 758	D)If PRN psychotropic regulation is not being met,immediate in-service or corrective action will be taken. E)Results will be reported as part of facility QAPI program by supervisor.	