STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535025	A. BUILDING _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POLARIS REHABILITATION AND CARE CENTER	**2700 E 12TH STREET CHEYENNE, WY 82001**

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F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 6/22/21 to 6/23/21. The survey was prompted by complaint intakes WY000003229, WY000003232, and WY000003245. In addition, a COVID-19 focused infection control survey, which included a review of emergency preparedness requirements, was conducted by Healthcare Licensing and Surveys from 6/22/21 to 6/23/21. Based on the findings of the survey team, it was determined that no deficiencies were identified pertaining to the infection control survey.	F 000		
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, medical record review, and policy review the facility failed to ensure residents received necessary services for 3 of 6 sample residents (#3, #5, #6) who required assistance with bathing. The findings were: 1. Review of resident #3's significant change MDS assessment dated 3/27/21 showed a brief interview for mental status (BIMS) score of 14 out of 15 (indicating intact cognition). The resident required extensive assistance of one person with bathing. Diagnoses included arthritis, diabetes mellitus, hip fracture, dementia, and anxiety.	F 677	Preparation or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. The plan of correction serves as the facility□s allegation of compliance. F 677 ADL Care Provided	8/7/21

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

Electronically Signed | 07/15/2021

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F 677	Continued From page 1 Review of the care plan last revised 6/21/21 showed "[the resident name] has an ADL [activities of daily living] self-care performance deficit and needs assistance with self-care tasks to include: bathing ... related to (r/t) confusion, fatigue, impaired balance, limited mobility, pain, medication use, history of falls. "Further review showed interventions included the resident "prefers to shower/bathe 3 times per week." The following concerns were identified: a. Observation on 6/22/21 at 9:50 AM of resident #3 showed his/her hair was disheveled and greasy in appearance. b. Review of the "Shower Preferences" documentation dated 6/18/21 showed the resident preferred 3 showers each week between 9 AM and 11 AM. Review of the CNA shower schedule showed the resident was scheduled for showers on Monday, Wednesday, and Friday. Review of the "ADL - Bathing/Showering" documentation for June showed the resident refused once. However, the resident did not receive a shower for 5 days from 6/18/21 through 6/23/21. 2. Medical record review for resident #5 showed s/he was admitted to the facility on 4/4/21 with diagnoses which included post traumatic stress disorder and history of deep vein thrombosis. Review of the 4/14/21 admission MDS assessment showed the resident had a brief interview for mental status (BIMS) of score 6 (indicating severely impaired cognition). The review showed s/he required assistance of one staff member for activities of daily living, which included showers and baths. Review of the 5/13/21 "Shower Preferences" form showed the resident desired 2 showers per week. Review of the "Southeast Shower Schedule", revised on	F 677	CORRECTIVE ACTION Based on a review of the resident record, showers were provided to resident # 3 on 7/12/21, #5 on 7/7/21 and #6 on 7/11/21. IDENTIFICATION OF OTHERS All residents who reside in the facility have the potential to be affect by this practice. SYSTEMIC CHANGE In-service education is being provided to the nursing staff as to the requirement of bathing residents and documentation of acceptance or declination. This education is to be completed by 8/7/21. C.N.A. staff is assigned to bathe identified residents daily. The Nurse Management Team reviews the bath list and bathing documentation 5 days per week to ensure that all residents have been offered a bath/shower as scheduled and that the event has been properly documented. If a bathing opportunity is missed it is rescheduled and put back on the bath list. A member to the Nurse Management Team addresses any identified concerns related to bathing with the appropriate staff and inform the Director of Nursing. MONITORING The Director of Nursing reports any identified patterns related to missed bathing to the Quality Assurance Performance Improvement Committee	

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F 677	Continued From page 2 6/2/21, showed the resident was to be showered on Wednesday and Saturday on the day shift. The following concerns were identified. a. Review of the shower records, which included the shower record kept in the shower room, and the shower documentation in the medical record, showed that between 5/16/21 and 6/22/21, the resident refused a shower on 5/22/21. Further review showed the resident received showers on 6/4/21, 6/13/21, and 6/20/21. There were no additional refusals documented after the 5/22/21 refusal, and no other showers documented until 6/4/21 (13 days). b. Interview with the DON on 6/23/21 at 11:35 AM confirmed there was no additional documentation to show showers or refusals for the resident. 3. Review of the 5/27/21 quarterly MDS assessment for resident #6 showed the resident had a BIMS score of 1, indicating the resident was severely cognitively impaired. The resident required total assistance with bathing. Review of the care plan, revised on 4/30/21, showed the resident preferred to receive 5 to 7 showers each week. a. Review of the "Shower Preference" documentation showed the resident preferred showers every other day, in the morning. Review of the CNA shower schedule showed the resident was scheduled for showers on Sunday, Tuesday, Thursday. The following concerns were identified: a. Review of the "ADL - Bathing/Showering" documentation from 5/16/21 through 6/22/21 showed the resident had showers on 5/23/21, 6/17/21 and 6/22/21, and refused showers on 5/16/21, 5/25/21, and 6/15/21. The resident went 8 days without a shower from 5/16/21 through 5/23/21, and then 25 days without a shower from	F 677	monthly or their review and resolution. This tracking will continue for 3 months unless the Quality Assurance Performance Improvement Committee deems it prudent to continue.	

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F 677	Continued From page 3 5/23/21 through 6/17/21. In addition the resident went 4 days without a shower from 6/17/21 through 6/22/21. 4. Interview with the DON on 6/23/21 at 11:28 AM revealed it was the facility's expectation for the residents to receive their showers/baths as scheduled. Further, the DON confirmed the documentation showed the residents were not getting the showers/baths as scheduled. 5. Review of the policy and procedure "Bath, Shower/Tub" revised February 2018, showed " ...Documentation 1. The date and time the shower/tub bath was performed ... Reporting 1. Notify the supervisor if the resident refuses the shower/tub bath.	F 677		