STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535056	A. BUILDING _____ B. WING _____	C 09/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAGE VIEW CARE CENTER	**1325 SAGE STREET ROCK SPRINGS, WY 82901**

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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 9/20/21 to 9/23/21. Also reviewed in the course of the survey was complaint intake WY000003285. The following common abbreviations are used throughout this document: BIMS- Brief interview for mental status CNA- Certified Nurse Aide DON- Director of Nursing MDS- Minimum Data Set LPN- Licensed Practical Nurse RN- Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 726 SS=E	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies	F 726		11/5/21

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

Electronically Signed | 10/18/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 726	Continued From page 1 and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on employee record review and staff interview the facility failed to ensure competencies and skills were evaluated and documented for 5 of 5 CNAs reviewed (CNA #1, CNA #2, CNA #3, CNA #4, CNA #5). The findings were: Review of the employee education files showed education related to resident cares and abuse prohibition had been completed upon hire and annually. However, there were no records available to show the CNAs had been assessed by the facility demonstrating competency in skills and techniques necessary to care for residents' needs. The following concerns were identified: a. Review of the employee records showed CNA #1 was hired 2/1/2013, and there was no documented evidence of skills competency determination. b. Review of the employee records showed CNA #2 was hired 9/30/2016, and there was no documented evidence of skills competency	F 726	1) Identified nursing staff have documented evidence of skills competencies. 2) Audit completed by DNS/Designee to assess for other nursing staff without documented evidence of skills competencies. Any non-compliance concerns identified via audit were corrected. 3) Education regarding nursing staff education including nursing skills competencies was provided to the nursing administrative team by the Executive Director on 10/13/21 SDC/Designee will track, document, and file the completed competencies. DON/Designee will provide ongoing audits to ensure current as well as new hire nursing staff have completed and have documented evidence of skills competencies weekly times four weeks then monthly times two months. 4) Results of initial as well as ongoing	

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F 726	Continued From page 2 determination. c. Review of the employee records showed CNA #3 was hired on 9/17/21 and there was no documented evidence of skills competency determination. d. Review of the employee records showed CNA #4 was hired 7/13/21, and there was no documented evidence of skills competency determination. e. Review of the employee records showed CNA #5 was hired 5/1/21, and there was no documented evidence of skills competency determination. f. Interview with the administrator and the DON on 9/23/21 at 11:34 AM verified documentation of skills competency was not available. The administrator stated the facility was transitioning to an electronic record system for competency determination. The DON stated a skills fair was being planned in the next few weeks.	F 726	audits will be reviewed via the QAPI process monthly for three months for further recommendations. 5) AOC Date: 11/05/21	
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---	F 758		10/31/21

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F 758	Continued From page 3 §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 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 the physician provided a rationale for contraindication to a dose reduction for 1 of 5 sample residents (#17) reviewed for psychotropic medications. The	F 758	1) Resident #17 has been provided rationale by attending Physician regarding the reasoning why the GDR of duloxetine was not carried out per the Pharmacist recommendation.	

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F 758	Continued From page 4 findings were: Review of the 7/30/21 significant change MDS assessment showed resident #17 used an antipsychotic and an anti-depressant medication during the last seven days. The assessment further showed there had not been a gradual dose reduction (GDR) attempted or documented by a physician as contraindicated for the assessment time frame. Review of the 5/20/21 revised care plan for the resident showed s/he used the psychotropic medications duloxetine and risperidone, related to the diagnoses of insomnia, depression, and Schizoaffective disorder. The following concerns were identified: a. Review of the 6/30/21 consultant pharmacist recommendation to the physician showed "The resident has been using duloxetine 30 mg BID [twice daily] since 7/12/2017 and most recently a GDR request was denied 7 month ago in November 2020 without rationale. If this therapy is required to prevent future depressive episodes, please document to that effect in your progress notes." The physician responded on the form with an undated signed note that showed "No GDR at this time." A rationale was not provided. b. Review of the 7/25/21 consultant pharmacist recommendation to the physician showed "The resident has been using duloxetine 30 mg BID [twice daily] since 7/12/2017 and most recently a GDR [gradual dose reduction] request was denied 9 month ago in November 2020 without any rationale. If this therapy is required to prevent future depressive episodes, please document to that effect in your progress notes." The physician responded on 9/7/21 by check marking the box with the following typed statement: "Continue THIS antidepressant	F 758	2) Audit completed on 10/13/21 by SSD/Designee to assess for other residents who may be affected by the non-compliance related to this deficiency with two other residents identified as being a concern related to this deficiency. Any non-compliance concerns identified via audit were corrected. 3) Education provided to the nursing administrative team and Social Services Director by Executive Director on 10/13/21 related to this deficiency as they are the individuals who will be identifying any missing Physician rationale and contacting the Physician for appropriate documentation going forward. Ongoing audits to include weekly psychotropic medications review for 3 months by DNS/Designee and Social Services Director to identify concerns and monthly Pharmacist recommendations review for three months by the DNS to ensure appropriate GDR documentation is present and provide any needed follow through with the attending Physician. 4) Results of initial and ongoing audits will be reviewed via the QAPI process monthly for three months for further recommendations. 5) AOC Date:10/31/21	

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F 758	Continued From page 5 therapy; dose reduction contraindicated. See progress note below or in chart." There was no rationale documented with the recommendation, or identified in the resident's chart. c. Interview with the DON on 9/22/21 at 4:09 PM confirmed there was no documentation from the physician providing a rationale contraindicating the dose reduction.	F 758		