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	535046	A. BUILDING _____ B. WING _____	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S HEALTH SAGE LIVING	625 EAST BROADWAY, BUILDING B JACKSON, WY 83001

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F 000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 10/18/21 to 10/21/21. The following common abbreviations are used throughout this document: FNP- Family Nurse Practitioner MDS- Minimum Data Set mg- milligram ml- milliliter RN- Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 582 SS=D	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and	F 582		11/24/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/12/2021

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F 582	Continued From page 1 periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on review of facility documentation and staff interview, the facility failed to provide the required forms for 1 of 1 sample resident (#30) who was discharged from Medicare part A in the past six months with benefit days remaining. The findings were:	F 582	When a resident has skilled benefit days remaining and is being discharged from Part A service and is leaving the facility immediately following the last covered skilled day, a Notice of Medicare Non-Coverage (NOMNC) will be given.	

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F 582	Continued From page 2 1. Review of the "SNF Beneficiary Protection Notification Review" form completed by the facility showed resident #30 started Medicare Part A on 5/26/21. The form indicated the last day of covered Medicare Part A services was on 6/23/21. Further review of the form showed the NOMNC [Notice to Medicare Provider Non-Coverage] (Form CMS 10123) was provided, and a copy of the notice was attached. However, there was no copy of the SNF ABN [Skilled Nursing Facility Advanced Beneficiary Notice] (Form CMS 10055). A handwritten note on the review form indicated the SNF ABN was not provided because "not aware was needed in this scenario." 2. During an interview on 10/20/21 at 2:11 PM the DON confirmed that the SNF ABN form should have been issued for this resident. She stated she had not realized it was needed.	F 582	When a resident has skilled benefit days remaining and is being discharged from Part A services and will continue living in the facility, the resident will be given both the Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNFABN) and the Notice of Medicare Non-Coverage (NOMNC). Sage Living currently has no residents participating in Part A services. The LCSW is responsible for audit and reporting to QAPI Committee. Addendum: LCSW has completed and reviewed the SNF ABN with the family of resident #30, documented and scanned into chart. Education: Education of the SNF ABN is to be provided to all members of the facility care team involved in managing skilled resident services (LCSW, PT/OT/ST, MDS/care coordinators, Financial Coordinator, DON) by 11/24/21. This education will be given to any new members of this team when needed. Education will be provided to resident and family before admission to Med A skilled care and again when a resident's care level is to be discontinued, and the resident has skilled days remaining and will also continue living in this facility. Audits: Before a resident is admitted onto Med A skilled care, audit of the following will occur: validate that resident has Med A benefits and number of days remaining, and whether resident will continue to live at the facility or discharge out of facility. Sage Living now has one resident on	

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F 582	Continued From page 3	F 582	Medicare A skilled services. During today's skilled rehab review meeting, discussion of the SNF ABN was conducted. Audits will be performed weekly while a resident is on Medicare A skilled care, to ensure need for SNF ABN reviewed. Audit will occur at least 48 hours before Med A services discontinued, to ensure that SNF ABN and NOMNC are ready to be discussed with resident and family. Audit will occur upon discharge to ensure NOMNC & SNF ABN have been completed, when Med A discharge meets requirements for SNFABN. All Audit information will be reviewed at the next QAPI meeting in Jan 2022 and quarterly thereafter. The LCSW is responsible for education and auditing.	
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and review of facility protocols, the facility failed to ensure interventions were implemented to prevent constipation for 1 of 1 sample resident	F 684	Bowel status careplan for resident #30 was updated on 10/20/21 to reflect recent changes in constipation. The MDS/Care Coordinators are	11/24/21

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F 684	Continued From page 4 (#30) reviewed for constipation. The findings were: 1. Review of the 8/31/21 significant change MDS assessment showed resident #30 scored a 3 out of 15 on the brief interview for mental status (BIMS) (indicated severe cognitive impairment), required supervision for toilet use, was always continent of bowel, and did not have constipation. Review of a 9/15/21 bowel and bladder note showed the resident was continent of bowel and "...bowels regular with only PRN [as needed] use of senna and MOM [milk of magnesia- a laxative]." Review of physician orders showed an order for MOM 30 mL every day PRN for constipation (dated 7/19/21) and an order for Senna 8.6 mg twice per day PRN for constipation (dated 6/24/21). The following concerns were identified: a. Review of bowel movement (BM) documentation from 9/1/21 through 10/19/21 showed only nine documented bowel movements for the residents during that timeframe on the following dates: 9/10, 9/11, 9/15, 9/20, 9/24, 10/2, 10/16, and 10/18. b. Review of the medication administration record (MAR) for September and October 2021 showed no PRN medications for constipation were given, despite the resident experiencing periods longer than 3 days between BMs. c. Review of nursing notes showed on 10/6/21 the resident "...required disimpaction." The note showed the resident had passed some of the stool, but was not able to push it all out. The nurse stated he was going to ask the nurse practitioner for an order for a scheduled stool softener, and miralax PRN. Review of the BM documentation and MAR for October 2021 showed the resident's last BM was on 10/2 (3	F 684	reviewing bowel status careplans of all other residents with Brief Interview for Mental Status (BIMS) scores indicating severe cognitive impairment to ensure bowel needs are being met. This is to be completed by 11/24/21. An audit will be completed of all current residents' bowel movement (BM) records and subsequent interventions as outlined by residents' individualized careplan including but not limited to facility "Bowel Protocol"/standing orders and specific physician orders for constipation by 11/22/21. Subsequent random audits of 6 charts will be performed weekly for one month, then monthly for 2 months, then quarterly. All audits will include resident #30. Education of CNAs to be completed by Clinical Coordinator by 11/24/21. Education of nurses to be completed by Director of Nursing by 11/24/21. The Director of Nursing is responsible for audit and reporting to QAPI Committee.	

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F 684	Continued From page 5	F 684		

days with no BM) and no PRN medications for constipation were given.

d. Review of nursing notes showed a note dated 10/16/21 which read "...[resident] has pattern of not being able to push some of [his/her] BMs out. [His/Her] muscles down there are not able to receive or follow directions from [his/her] brain. Senekot twice a day at least is needed for the short term. will ask NP [nurse practitioner] for order." Review of nursing notes showed on 10/6/21 the nurse disimpacted stool from the resident, so that was the date of the last documented BM. Review of the MAR for October 2021 showed no PRN medications for constipation were given during that timeframe.

e. During an interview on 10/20/21 at 2:30 PM, RN #1, who wrote the progress notes on 10/6/21 and 10/16/21, stated the constipation with the resident was new. He stated the resident might have had some episodes before, but requiring disimpaction twice in one month was different. He stated the resident was recently started on routine medications for constipation. Review of physician orders showed on 10/18/21 Colace 100 mg every day and Miralax 17 grams, RN to titrate 1/2 to 1 capful for daily soft stool were ordered. He stated staff assisted the resident to the bathroom about 75% of the time, but s/he did sometimes go the bathroom independently. He also stated the facility did have a bowel protocol to manage constipation.

f. Review of the facility's "LTC Bowel Protocol" (updated 11/4/17) showed "...If a resident has not had at least a moderate-large BM by the 2nd day after the previous moderate-large BM, the nurse will administer Milk of Magnesia 30 ml po [by mouth] per routine orders. If this if not effective by the 3rd day, the nurse may also administer a dulcolax suppository

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F 684	Continued From page 6 per rectum per routine orders. If no BM by the 4th day, the nurse may also administer Fleets saline rectal enema. The nurse will follow-up with physician as necessary..." g. During an interview on 10/21/21 at 8:52 AM the DON stated her expectation was that the bowel program should be followed. She stated if a resident refused medication for constipation, then the resident should be educated and it should be documented.	F 684		
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;	F 758		12/1/21

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F 758	Continued From page 7 §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 2 of 5 sample residents (#19, #20) reviewed were free from unnecessary medications. The findings were: 1. Review of the 8/5/21 quarterly MDS assessment showed resident #19 admitted to the facility on 6/16/21 with diagnoses that included depression and respiratory failure. Review of the current physician orders showed a 9/9/21 order for 0.25 mg of alprazolam (an anti-anxiety medication) to be administered "BID [twice daily] for 90 days, PRN [as needed] anxiety", with a stop date of 12/8/21. This order was documented as reviewed by both an RN and pharmacy on	F 758	The Gradual Dose Reduction (GDR) work sheets used by the pharmacists for their monthly drug regimen review were updated as of 11/2/21 to include the GDR requirements for all types of psychotropic medications. Pharmacists will be reviewing all residents by 12/1/21 to ensure psychotropic drug regimens are compliant and up-to-date with regulations. In regards to Resident #19 and Resident #20, Sage Nurse Practitioner has completed needed documentation to bring them up to regulatory compliance. Sage Nurse Practitioner will provide psychotropic medication regulatory education to nursing staff and the Sage	

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F 758	Continued From page 8 9/9/21. The following concerns were identified: a. Review of the medical record showed no documentation justifying the PRN medication order extending beyond the 14-day time limitation period. b. Review of the 9/28/21 monthly medication regimen review showed documentation by the pharmacist noting "No irregularities noted at review." c. Interview with FNP #1 on 10/20/21 at 11:36 AM revealed she was unaware she needed documentation supporting the order, and confirmed there was no documentation supporting the 90-day order. She further confirmed the order should have been limited to 14 days, and then re-evaluated. 2. Review of the 8/5/21 quarterly MDS assessment showed resident #20 had diagnoses including dementia and anxiety disorder. Review of the October 2021 medication administration record (MAR) showed the resident received Xanax (anti-anxiety medication) 0.5 mg on 10/3 and 10/12. The following concerns were identified: a. Review of medication orders showed on 1/6/21 Xanax 0.5 mg was ordered everyday PRN (as needed) for anxiety. The order was not limited to 14 days. b. Review of the medical record showed no rationale for extending the PRN order beyond 14 days by the prescribing practitioner. c. During an interview on 10/21/21 at 9:13 AM FNP #1 confirmed the PRN Xanax order on 1/6/21 did not have a stop date, and there was no rationale for extending the PRN order beyond 14 days documented. She stated there were some progress notes from the physician that she found, but they weren't dated until 6/29/21, 8/24/21, and	F 758	Primary Care Providers by 12/1/21. During the next 2 months,audits will be performed on each resident to ensure regulatory compliance and documentation. Results of this audit will be reported in the Jan 2022 QAPI meeting. During the following 3 months, random audits of 6 residents taking psychotropic medications (always including Resident #19 & #20) will be performed and reported at the April 2022 QAPI meeting. Depending on the audit results, Committee will determine the need for audits to continue. Lead Pharmacist is responsible for auditing and reporting to QAPI Committee.	

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F 758	Continued From page 9 10/19/21. d. Review of the physician progress notes dated 6/29/21, 8/24/21 and 10/19/21 showed they mentioned hallucinations and stated the resident was stable on his/her current medication regimen, but there was nothing specific to the PRN Xanax.	F 758		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of the Food Code, the facility failed to ensure staff preparing and assembling food wore hair restraints during 1 of 2 meals observed, in 2 of the 3 units (Wildflower Way and Larkspur Lane). The findings were:	F 812	On 10/25/21, it was verified that all Sage Living neighborhood dining areas had a designated cupboard (labeled HAIR NETS-WEAR TO SERVE OFF STEAM TRAYS) supplied with hair nets for staff to wear when serving from the steam table. Education of all Sage Living staff will be	12/1/21

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F 812	Continued From page 10 1. Observation on 10/19/21 at 8:20 AM in Larkspur Lane revealed RN #2 was at the steam table in the dining room dishing up food for residents #21 and #24. The RN was not wearing a hair restraint. 2. Observation on 10/19/21 at 9:28 AM in Wildflower Way revealed RN #3 was at the steam table in the dining room dishing up food for resident #1. The RN was not wearing a hair restraint. 3. During an interview on 10/20/21 at 2 PM the certified dietary manager (CDM) stated nursing staff helped serve food from the steam tables when there wasn't enough dietary staff to do that. He stated he had not discussed with nursing staff the need to wear hair restraints because he had not thought of that. 4. Review of the Food Code, 2017, by the U.S. Food and Drug Administration, showed "...(A) Except as provided in (B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES. (B) This section does not apply to FOOD EMPLOYEES such as counter staff who only serve BEVERAGES and wrapped or PACKAGED FOODS, hostesses, and wait staff if they present a minimal risk of contaminating exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES. "	F 812	completed by 12/1/21. RN #2 and RN #3 no longer work in Sage Living as their primary assignment; DON will provide education via phone call by 12/1/21. Audits of meal times in each of the 3 Sage neighborhoods will occur 3 times weekly until 12/31/21, then once weekly until 1/31/22. Audits already performed have demonstrated safe food handling for Resident #1, Resident #21 and Resident #24. Results of the audits will be reviewed in the QAPI Committee meeting Jan 2022, and the Committee will then determine if audits need to continue beyond 1/31/22. The Clinical Coordinator is responsible for providing education for all CNA staff. The Director of Nursing is responsible for providing education for all nursing staff. The Director of Nursing is responsible for auditing and presenting data at QAPI meeting.	