DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 12/13/2021

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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E 000	Initial Comments A complaint survey was conducted by Healthcare Licensing and Surveys from 12/9/21 to 12/13/21. The survey was prompted by complaint intake WY00003332. In addition, a COVID-19 focused infection control survey, which included a review of emergency preparedness requirements, was conducted at that time. It was determined, based on the findings of the survey team, that no deficiencies were identified pertaining to the infection control survey. The following common abbreviations are used throughout this document: MDS: Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	E 000	POC included.	
F 637 SS=D	Comprehensive Assessment After Signifcant Chg CFR(s): 483.20(b)(2)(ii) §483.20(b)(2)(ii) Within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a "significant change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and	F 637		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 1/10/22

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.

This plan of correction was accepted with Joy Bretsch on 2/7/22. Jean Jennie

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F 637	Continued From page 1 requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and review of the Resident Assessment Instrument (RAI) 3.0 manual, the facility failed to ensure a comprehensive assessment was completed for 1 of 3 sample residents (#1) with a significant change. The following concerns were identified: 1. Review of the admission MDS assessment dated 6/3/21 showed resident #1 admitted to the facility on 5/28/21 with brief interview for mental status (BIMS) score of 15 out of 15 which indicated the resident was cognitively intact. The resident had diagnoses which included diabetes mellitus, cerebrovascular accident, progressive vascular leukoencephalopathy, and obesity. Further review showed the resident weighed 240 pounds and had no weight loss identified. The following concerns were identified: a. Review of the resident's weights showed the resident weighed 239.8 pounds on 5/28/21 and weighed 202.6 pounds on 9/2/21, a 15 percent weight loss. b. Review of the quarterly MDS assessment dated 9/3/21 showed the resident had a BIMS score of 10 out of 15 which indicated the resident had moderate cognitive impairment, weighed 203 pounds, and had no weight loss. c. Interview with the MDS coordinator on 12/9/21 at 4:22 PM revealed the weight loss should have been coded on the quarterly MDS assessment and the mental status change with the weight loss should have resulted in the completion of a significant change MDS assessment.	F 637		

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F 637	Continued From page 2 d. Review of the CMS RAI version 3.0 Manual, October 2019, showed "...A "significant change" is a major decline or improvement in a resident's status that: 1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered "selflimiting"; 2. Impacts more than one area of the resident's health status; and 3. Requires interdisciplinary review and/or revision of the care plan..."	F 637		
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.	F 692		

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F 692	Continued From page 3 This REQUIREMENT is not met as evidenced by: based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure an adequate assessment was performed, and appropriate interventions were implemented for 1 of 3 sample residents (#1) with weight loss. The findings were: 1. Review of the admission MDS assessment dated 6/3/21 showed resident #1 admitted to the facility on 5/28/21 with brief interview for mental status score of 15 out of 15 which indicated the resident was cognitively intact. The resident had diagnoses which included diabetes mellitus, cerebrovascular accident, progressive vascular leukoencephalopathy, and obesity. Further review showed the resident weighed 240 pounds and had no weight loss identified. Review of the resident's care plan, last revised on 7/22/21 showed the resident had "nutritional problem or potential nutritional problem r/t [related to] gout, obesity, DMT2 [diabetes mellitus type 2] hyperlipidemia, htn [hypertension], GERD [gastroesophageal reflux disease], constipation..." and had interventions which included "Provide diet as ordered. Fluids at bedside. Snacks PRN [as needed] Observe and record PO [by mouth] intakes. Obtain and observe weight. Provide preferences as available...Snacks BID [twice daily] for significant weight loss..." Review of a hospital "discharge placement" record dated 5/27/21 showed the resident had a "Tongue Mass" and a computerized tomography (CT) of the head and neck showed a "...prominent hyperattenuating or enhancing ovoid nodule along the right tongue base which compresses the right epiglottic vallecula measuring 1.6 x 1.5 x 2.0 cm [centimeters]." Further review showed	F 692		

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F 692	Continued From page 4 magnetic resonance imaging of the resident's neck was performed and a "discreet mass lesion" was identified. The following concerns were identified: a. Review of a "Nutrition Data Collection" dated 7/22/21 showed the resident weighed 225.8 pounds, a usual body weight was "not yet established," and the resident's average meal intake was "75-100%." Further review showed the resident's weight loss was "slowing," the resident desired weight loss, and the weight loss had been "too fast/significant since admission". There was no indication the registered dietitian was aware of the tongue mass. b. Review of a "Nutrition Data Collection" dated 9/2/21 showed the resident's weight was 202.6 pounds and his/her usual body weight was "trending down since June." The resident's average meal intake was "50-100%, average 75%," the resident desired weight loss, and no recommendations were made. c. Review of the resident's weights showed the resident weighed 239.8 pounds on 5/28/21 and weighed 182 pounds on 11/9/21, a 24 percent weight loss. d. Review of the "Nutrition-amount eaten" record for August 2021 showed the resident was indicated to have eaten 76% to 100% on 26 of 93 entries, 51% to 75% on 23 of 93 entries, 26% to 50% on 5 of 93 entries, 0% to 25% on 1 of 93 entries, and refused meals on 8 of 93 entries. Further review showed there was no documented intake on 30 of 93 entries. e. Review of the "Nutrition-amount eaten" record for September 2021 showed the resident was indicated to have eaten 76% to 100% on 22 of 90 entries, 51% to 75% on 16 of 90 entries, 26% to 50% on 5 of 90 entries, 0% to 25% on 5 of 90 entries, and refused meals on 5 of 90	F 692		

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F 692	Continued From page 5 entries. Further review showed there was no documented intake on 37 of 90 entries. f. Review of the "Nutrition-amount eaten" record for October 2021 showed the resident was indicated to have eaten 76% to 100% on 14 of 93 entries, 51% to 75% on 11 of 93 entries, 26% to 50% on 11 of 93 entries, 0% to 25% on 8 of 93 entries, and refused meals on 2 of 93 entries. Further review showed there was no documented intake on 47 of 93 entries. g. Review of the "Nutrition-amount eaten" record for November 2021 showed the resident was indicated to have eaten 76% to 100% on 6 of 48 entries, 51% to 75% on 5 of 48 entries, 26% to 50% on 11 of 93 entries, and 0% to 25% on 2 of 48 entries. Further review showed there was no documented intake on 31 of 48 entries. h. Review of a progress note dated 11/15/21 and timed 5:34 PM showed the resident "continues to lose weight. [s/he] is assigned to the assisted dining for all 3 meals. [S/he] will come down, drink milk and leave. We encourage [him/her] to stay and wait for food to come out. When [s/he] sees the food cart, [s/he] leaves the dining room. We say, "Come back, your food is here." [S/he] will get angry and say, "No, I'm leaving." We ten [sic] send [his/her] tray to [his/her] room and once [his/her] tray is delivered to [his/her] room, [s/he] comes back down to the dining room and watches other residents eat. This happens time and time again." h. Review of a hospital admission document dated 11/16/21 showed the resident presented to the emergency department with altered mental status and failure to thrive. Further review showed "family at bedside and EMS [emergency medical services] reporting patient has not been eating or drinking much in the past 3 months with significant weight loss" and the resident was	F 692		

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F 692	Continued From page 6 "more lethargic than normal." i. Interview with the dietitian on 12/10/21 at 9:16 AM revealed the resident was obese and had expressed a desire to lose weight at the time of admission and a review of the resident's intakes revealed the resident had an average meal intake of 75% and she had communicated with the resident about the weight loss being too fast on 7/22/21. The dietitian revealed she could only identify meal intake average based on the documented meals and did not include days where no intake was documented. The dietitian revealed she implemented snacks twice per day, supplements three times per day, and alternate meals should be offered if a resident ate less than 50%; however, she was not able to determine the effectiveness of the interventions if the intakes were not documented and the facility did not document alternate meal acceptance, or supplement acceptance. Further interview revealed she not aware the resident had a cognitive decline and was refusing meals. She revealed if she had known, she would have evaluated the resident for a speech therapy referral or increased assistance. j. Review of the policy titled "Nutritional Assessment" last revised October 2017 showed "...1. The dietitian, in conjunction with the nursing staff and healthcare practitioners, will conduct a nutritional assessment for each resident upon admission (within current baseline assessment timeframes) and as indicated by a change in condition that places the resident at risk for impaired nutrition. 2. As part of the comprehensive assessment, the nutritional assessment will be systematic, multidisciplinary process that includes gathering and interpreting data and using that data to help define meaningful interventions for the resident at risk	F 692		

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F 692	Continued From page 7 for or with impaired nutrition..."	F 692		

F637

Correction:

Resident #1 was sent to the hospital on 11/16/21 and did not return to the facility.

Identification:

Residents currently residing in the facility have been reviewed by the Interdisciplinary Team for those who have had two or more changes in their mental or physical condition through review of their clinical assessments in the last the quarter. Those who have been identified as meeting requirements for a significant change will have a significant change MDS completed.

Systemic:

IDT will be in serviced by the Director of Clinical Operations to review the 24-hour report, alerts in point click care for SBAR's and any change of conditions in their mental and physical changes that could possibly meet the requirements of a significant change of condition MDS. This has been added to the 24-hour report to review Monday through Friday during the morning meeting. This will be completed by 01-14-22.

Each resident is reviewed quarterly through the MDS RAI process, IDT will review the residents at this time, as well to ensure that no changes have been missed. If changes are identified they will be added to the Clinical Meeting Tool for monitoring for Change of Condition until either the change is resolved, or it meets the requirements to justify a Change of condition MDS.

DON/designee will track the residents who gone through the AT Risk Meeting Weekly and complete a random review of 10 percent of them to ensure that no change of conditions have been missed.

Monitoring:

DON/designee will submit a report to the QAPI Committee identifying any issues that she identified as a result of her review, she will do this monthly x3 to ensure that this process is maintained.

F692

Correction:

Resident #1 was sent to the hospital on 11/16/21 and did not return to the facility.

Identification:

All Resident currently have been reviewed to identify those who have had weight loss or gain. They have been reviewed by the Interdisciplinary Team and the Registered Dietitian to ensure that an assessment has been completed and the appropriate intervention has been implemented, as necessary.

Systemic:

DON has met with the Restorative C.N.A.'s who will be completing the monthly/weekly weights to educate them on the on the proper way to obtain, being consistent with the scale they use, ensuring it is zeroed out, and that they track/document weight and/or use of equipment involved when obtaining weight. This education will be completed by 01-14-22.

DON/designee will review the weights prior to entering them into the Residents Medical Record, to ensure that there is not a discrepancy, if there is a re-weight will be obtained at that time to make sure it is accurate.

The Registered Dietitian will be notified of any weights that are triggering a weight loss or gain to ensure that an assessment can be completed timely and if appropriate an intervention implemented.

Department Heads, who are being assigned as dining room monitors have been in serviced by the DON on how to assess meal intake percentage, this will be completed by 01-14-22. Department Heads are being assigned to Dining Rooms and part of this duty is to document the intakes of Resident meals and to collect all the meal tickets from hall trays, to make sure percentages have been documented on them. The meal tickets are then passed to the designated person for input into PCC.

DON/designee will monitor meal documentation by checking PCC follow up report at the AM Clinical Meeting.

The IDT will continue reviewing Residents with triggering weight loss/gain per policy at the weekly RISK Meeting.

Monitoring:

DON/designee will submit a report on issues identified on the monitoring of the meal documentation from the review completed at the Clinical Meeting to the Monthly QAPI Committee x3. RD will submit a report monthly on weight gain/losses, interventions to the Monthly QAPI Committee x3 to ensure that compliance is maintained.