

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

PRINTED: 04/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535026		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/18/2022	
NAME OF PROVIDER OR SUPPLIER BIG HORN REHABILITATION AND CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1851 BIG HORN AVE SHERIDAN, WY 82801			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000			
F 887 SS=D	A complaint survey was conducted by Healthcare Licensing and Surveys from 3/16/22 through 3/18/22. The survey was prompted by complaint intake WY00003369. In addition, a review for compliance with the Omnibus COVID-19 Health Care Staff Vaccination requirements was conducted. COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80(d) (3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects associated with the COVID-19 vaccine, before requesting consent for administration of any			F 887			4/13/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/08/2022

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 887	Continued From page 1 additional doses; (v) The resident or resident representative, has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; Note: States that are not subject to the Interim Final Rule - 6 [CMS-3415-IFC], must comply with requirements of 483.80(d)(3)(v) that apply to staff under IFC-5 [CMS-3414-IFC] and (vi) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and (B) Each dose of COVID-19 vaccine administered to the resident; or (C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal; and (vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following: (A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine; (B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and (C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). This REQUIREMENT is not met as evidenced by: Based on medical record review, and staff and resident representative interview, the facility failed to develop and implement policies to ensure the COVID-19 booster immunization was made	F 887	On April 13, 2022, Public Health will be administering the booster vaccine to eligible residents and staff. This clinic will allow for all current residents requesting		

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F 887	Continued From page 2 available in a timely manner for 1 of 1 residents (#32) who requested booster vaccination. The findings were: 1. Review of the 1/23/22 quarterly minimum data set assessment showed resident #32 was admitted with diagnoses which included hypertension, and viral hepatitis. Review of the medical record titled "Immunization Report" showed the resident received the initial Moderna COVID-19 immunization on 1/6/21 with the second immunization on 2/8/21, but had not been offered a booster immunization. The following concerns were identified: a. Interview on 3/17/22 at 2:55 PM with the medical POA (power of attorney) for resident #32 revealed s/he had requested several times during December 2021 that the resident be provided the booster for COVID-19 shot (the second immunization of the series having been administered over 6 months earlier). b. Review of a nursing progress note dated 1/27/22 at 9:59 AM showed the POA had been called to inform them resident had not received the booster vaccination. Further review of the progress notes showed the resident tested positive for COVID-19 on 1/26/22. c. Interview with the infection prevention nurse on 3/17/22 at 10 AM revealed in Sheridan County the immunizations for COVID had been issued by the Public Health Nurse, and were scheduled to be done quarterly at the long term care facility. The last immunizations occurred on 10/13/21. The immunization event scheduled for January, 2022 was canceled due to a COVID-19 outbreak at the facility. Further interview revealed that other, more timely efforts for booster vaccination had not been pursued.	F 887	vaccination to be up to date ☐. Our Date of Compliance moving forward will be 4/13/2022. To maintain compliance the following plan will be implemented: Infection Prevention Registered Nurse (IP RN) will determine based on resident electronic health record (EHR), which residents are eligible to receive the COVID19 Booster Vaccine. Based on this list, the IP RN will provide vaccination consents to eligible residents along with all required risk vs. benefits and potential side effect information. Staff will be notified of booster availability by IP RN or designee. Those wishing to receive the available booster vaccine will be provided with consents, risk vs. benefit information and potential side effects education. Based on the number of individuals, residents and staff, consenting to receive the booster vaccine, the IP RN will contact our contracted pharmacy to obtain the appropriate number of doses of the available booster vaccine and supplies. If the available booster vaccine is not preferred by the resident, the IP RN or designee will make arrangements with Public Health or external agency for the resident to receive their preferred vaccine. If the available booster vaccine is not preferred by the employee, the IP RN or designee will provide the contact numbers for Public Health and external agency for the employee to receive their preferred vaccine. Once all consents are obtained, a booster vaccine clinic will be scheduled for the		

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F 887	Continued From page 3	F 887	month. The contracted pharmacy will ship the booster vaccine to the facility in which the facility will maintain the booster vaccine doses in accordance with manufacturer guidelines. Staff and residents will be notified of booster vaccine clinic date and time. On the designated clinic date, staff will arrive and receive their booster vaccine from a licensed professional. All required paperwork to be completed per federal requirements. Staff will be provided education on self-monitoring for side effects and adverse events. Staff to notify IP RN of any side effects or adverse events. On the designated clinic date, staff will assist residents to the designated clinic location and receive their booster vaccine from a licensed professional. All required paperwork to be completed per federal requirements. Residents will be monitored for 48 hours by licensed nursing staff for any side effects or adverse events. Nursing staff to notify IP RN of any side effects or adverse events. IP RN or designee will update resident EHR and state vaccination site to reflect administered booster vaccine. Resident vaccination consents to be scanned into EHR. IP RN or designee will update staff vaccination card to reflect administered booster vaccine. Staff vaccination consents to be placed in employee file. In the event the facility is unable to administer booster vaccines due to limited number of eligible residents or staff per the doses in available booster vial, IP RN		

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F 887	Continued From page 4	F 887	or designee will make arrangements for residents to receive the booster vaccine at Public Health or external agency. Staff will be provided with the contact information for Public Health or the external agencies in order to receive their booster vaccines. We will be conducting weekly audits for the next 6 weeks and then monthly audits for the following 3 months. We will discuss the Audits in Monthly QAPI to maintain Compliance going forward for the next 3 months.		