STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535036	A. BUILDING _____ B. WING _____	03/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAWLINS REHABILITATION AND WELLNESS	**542 16TH STREET RAWLINS, WY 82301**

(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 A recertification survey was conducted by Healthcare Licensing and Surveys from 3/21/22 to 3/28/22. The following common abbreviations are used throughout this document: ADLs- Activities of Daily Living 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 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis,	F 550		5/11/22

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

Electronically Signed | 04/18/2022

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 550	Continued From page 1 severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and medical record review, the facility failed to ensure 1 of 14 sample residents (#12) were provided care and services in a manner that honored their dignity. The findings were: Review of the 2/4/22 quarterly MDS assessment showed resident #12 was cognitively intact with a BIMS score of 15 out of 15. Section C1310 of the MDS assessment showed the resident's base line included fluctuating behavior for inattention and disorganized thinking, and a constant behavior present for altered level of consciousness. The assessment further showed the resident had diagnoses that included cancer, paraplegia,	F 550	This plan of Correction is the center□s credible allegation of compliance. Preparation and/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 the deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law. Corrective Action: Resident #12 is provided care and services in a manner which honors his	

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F 550	Continued From page 2 seizure disorder, and anxiety disorder. Review of the 12/2/21 physician visit notes showed the resident had a new diagnosis of esophageal carcinoma and treatment options were being discussed. The visit notes further showed the resident had diagnoses of personal history of traumatic brain injury, severe intellectual disabilities, pain in the left shoulder and pain in the left upper quadrant. Review of the care plan revised 3/20/19 showed the care plan addressed limited physical mobility related to left-sided paralysis with interventions that included "Encourage [the resident] to do as much as [s/he] can", and to "Provide supportive care, assistance with mobility as needed..." The care plan did not address pain as a problem area. Review of the March 2022 MAR showed the resident had orders for pain monitoring every day and night shift. There was one day shift where pain was identified as a 2 out of 10 on 3/17/22. The orders for pain medications included acetaminophen 650 mg every 4 hours as needed for pain, hemorroidal ointment one application rectally every 6 hours as needed for pain, and aspercreme lotion applied twice daily to the right knee as needed for pain. The MAR showed the resident was administered the acetaminophen pain medication on 3/8/22 for a pain rated at 3 out of 10 and it was effective. The hemorroidal ointment was administered on 3/12/22 and was shown to be effective, the aspercreme had not been used. The following concerns were identified: a. Interview with the resident on 3/22/22 at 9:42 AM revealed s/he had pain in his/her shoulder, and stated s/he "endures a lot." The	F 550	dignity. Identified licensed nurse, RN #1, has been provided education by DNS/ designee on 4/14/22 related to appropriate follow up regarding pain concerns, treating residents with dignity, and appropriate documentation. ID of Others: Initial audit completed by DNS/Designee on 4/15/22 to assess for other residents who have a history of pain concerns to confirm pain is under control and that current residents feel they are treated in a dignified manner. Systemic Change: Education provided to staff by SDC/Designee related to treating residents in a dignified manner, addressing pain concerns including follow through, and appropriate documentation. Ongoing audits completed by SDC/Designee for five-ten random residents per week, weekly for at least three months to assess for appropriate treatment of residents related to dignity and pain including appropriate follow through combined with appropriate documentation. Monitoring: Results of initial and ongoing audits will be reviewed via the QAPI process monthly times three months for further recommendations and to determine frequency of ongoing monitoring.	

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F 550	Continued From page 3	F 550		

resident further stated s/he was "scared of people and has always been", and "worries the staff don't understand." Additional interview with the resident on 3/24/22 at 10:40 AM revealed the resident had pain that "comes and goes" in his/her "upper chest on both sides, and has hemorrhoids" The resident also stated s/he had shoulder pain when s/he touched it, and pain in his/her abdomen. The resident stated s/he did not report pain to staff because "I'm used to ignoring my pain" and "I don't want to be trouble to the nurses." The resident went on to say "Some of these nurses, especially the late night nurses don't understand or believe me. I can't make myself understood to them...I can endure pain, maybe too much pain."

b. Review of a 3/12/22 nurse's communication with resident note showed the resident was having a painful bowel movement and the nurse was notified and provided hemorroidal ointment for the resident to apply. RN #1 documented the resident was unsure of what to do with the ointment and the nurse documented "simple instructions given several times and resident still unsure. This nurse encourages resident to attempt application as resident is capable of transfers and personal cares, as [s/he] does on a daily basis." The note further showed later staff answered the bathroom call light and the resident was saying, "'it hurts, it hurts so bad, get the nurse.' Staff advise that the nurse is doing a dressing change and inquire as to how they can assist the resident. Resident verbalizes that [s/he] wants staff to 'wipe [his/her] butt for [her/him]' and give him something else for the pain. Staff inquire as to why resident is suddenly unable to do such cares now and resident states because [s/he] is in pain. [The resident] then asks staff what [s/he] should do. Staff encourage [him/her] to clean [him/herself]

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F 550	Continued From page 4 up and get into bed to finally get some sleep. Resident continues to sit there, despite being advised on multiple occasions that prolonged sitting on the toilet can worsen hemorrhoids. This nurse goes to assess. Resident wants more hemorrhoid cream, advised that the prn order states he can only have every 6 hours. Resident states [s/he] wants something else. Resident is again encouraged to clean self up and ambulate to bed to get some rest and give [his/her] body a break from all the straining. No further c/o discomfort this night." c. Interview with RN #1 on 3/28/22 at 2:34 PM revealed she had provided the ointment to the resident on 3/12/22 and provided instructions for the resident to apply to him/herself. The nurse confirmed she did not stay to ensure the application of the ointment. The nurse verified nothing further was provided for pain, once in bed the resident had no further complaints of pain. She confirmed the resident had orders for Tylenol as needed and she could have administered that for additional pain relief. Additionally, the RN confirmed it was part of the care plan to encourage the resident to perform ADLs for him/her self; however, if unable to perform the staff were expected to provide the necessary assistance for ADLs. The nurse further stated it was "hard to determine if the resident was unable or unwilling to do cares." d. Interview with the DON on 3/22/22 at 3 PM confirmed the documentation was concerning and education and investigation was required to ensure the resident's care delivery was appropriate.	F 550		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)	F 584		5/11/22

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F 584	Continued From page 5	F 584		

§483.10(i) Safe Environment.
The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.

The facility must provide-
§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.
(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.
(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.

§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;

§483.10(i)(3) Clean bed and bath linens that are in good condition;

§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);

§483.10(i)(5) Adequate and comfortable lighting levels in all areas;

§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and

§483.10(i)(7) For the maintenance of comfortable

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F 584	Continued From page 6 sound levels. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the floor covering in 1 of 5 resident areas (front hall area) was clean and sanitary. The findings were: 1. Observation during the survey beginning 3/21/22 and ending on 3/28/22 of the front hallway including the front entrance, nurses station, and the entrance into the dining room showed the carpet was soiled with stains and ground-in debris. The condition appeared to be years of use that resulted in the carpet no longer being able to be cleaned effectively. 2. Interview with the maintenance manager on 3/22/22 at 3:48 PM revealed the carpeting was in need of replacement and he had contacted a company to come out to estimate the job. However, there was nothing currently scheduled for the replacement of the carpet.	F 584	Corrective Action: Carpeting in the front hallway including front entrance, nurses station, and the entrance into the dining room will be replaced with new flooring. ID of others: Audit of resident care areas to identify flooring in need of repair, cleaning, and/or replacement completed on 4/15/22. Identified areas will be added to housekeeping or maintenance schedule log as appropriate. Systemic Changes: Identified carpeted area to be replaced pending contractor agreement. Weekly audits completed by Executive Director/ designee times three months to assess for needed repairs, cleaning, and/or replacement. Monitoring: Housekeeping and maintenance logs relating to repair, replacements and cleaning of floors in resident care areas will be reviewed via the QAPI process monthly for three months for further recommendations and to determine compliance and frequency of ongoing monitoring.	
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary	F 761		5/11/22

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F 761	Continued From page 7 instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and policy and procedure review the facility failed to ensure medications available for use were not expired in 1 of 3 medication storage units (front hall medication cart). The findings were: 1. Observation on 3/23/22 at 3:16 PM of the front hall medication cart showed 1 bubble pack of spironolactone 25 mg tablets which expired on 2/26/22. Further, the cart contained 1 bubble pack of donepezil 5 mg tablets which expired on 3/2/22. Interview at that time with LPN #1 confirmed the medications were available for resident use and were expired. 2. Interview with the DON on 3/23/22 at 3:58 PM revealed it was the facility's expectation for	F 761	Corrective action- Expired medications were removed from medication cart during survey on 3/23/2022. Id of others: Medication carts were audited on 3/26/22 to identify if there were any other medications that had expired with none noted. Systemic changes: DNS/Designee provided education to licensed nursing staff on medication storage and expired medications on 4/14/22. Ongoing audits of med carts and med storage areas will be completed by DNS/Designee weekly times three months to assess for appropriate med storage.	

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F 761	Continued From page 8 medication to be checked frequently and expired medications discarded. 3. Review of policy "Medication Storage" dated 01/21 showed "... 14. Outdated, contaminated, discontinued or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication disposal..."	F 761	Monitoring: Results of initial and ongoing audits will be reviewed via the QAPI process monthly times three months for further recommendations and to determine frequency of ongoing monitoring.	
F 812 SS=F	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, review of the Food Code, and maintenance record review, the facility failed to ensure food storage areas (the walk-in cooler, ice machine) were kept	F 812	Corrective action- The walk-in cooler condenser unit was tightened to eliminate leak by maintenance during survey on 3/22/22. Ice machine was emptied and	5/11/22

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F 812	Continued From page 9 sanitary. The census was 40. The findings were: 1. Observation on 3/21/22 at 1:05 PM showed the condenser unit in the walk-in-cooler was leaking. The condenser unit was located above the slatted food storage shelves and there was a bucket on the top shelf collecting the water. Next to the collection bucket were bags of bread and buns. There were also boxes of food stored on the shelves below. Interview with cook #1 on 3/21/22 at 1:05 PM revealed she was unsure how long the leak had been there. 2. Observation of the ice machine on 3/22/22 at 2:54 PM showed there was a speckled blackish discoloration on the interior plastic located above the ice in the bin. There was also what appeared to be mineral deposits built up on the interior edges. 3. Interview with the consultant RD and the administrator on 3/22/22 at 2:54 PM confirmed the ice machine was in need of cleaning/sanitizing. Further, they confirmed the drip in the walk-in cooler needed to be contained in a way that ensured food stored in the area was not at risk of becoming contaminated. 4. Interview with the maintenance manager on 3/22/22 at 3:48 PM revealed the ice machine was last cleaned and the filter was changed on 2/22/22. Review of the maintenance record confirmed this information. He stated there must have been an issue since the last cleaning. Additionally, regarding the condenser unit on the interior of the walk-in cooler, the maintenance manager stated he was not aware of the leak until that day.	F 812	cleaned by maintenance on 3/22/22. Id of others: Audit conducted by maintenance on 3/22/22 to assess for other leaks in refrigeration units or ice storage concerns with no other concerns identified. Systemic changes: Education provided to kitchen staff on appropriate sanitary food storage and the routine cleaning of ice storage compartments on 4/14/22. Executive Director/Designee will complete audit of refrigeration units and ice machines to assess for leaks and cleanliness weekly times three months. Monitoring: Results of initial and ongoing audits will be reviewed via the QAPI process monthly times three months for further recommendations and to determine frequency of ongoing monitoring.	

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F 812	Continued From page 10 5. According to Food Code 2017, U.S. Public Health Service: 3-305.11 Food Storage. (A) Except as specified in (B) and (C) of this section, FOOD shall be protected from contamination by storing the FOOD: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination; and (3) At least 15 cm (6 inches) above the floor.	F 812		