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 _____	C 11/04/2022

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 complaint survey was conducted by Healthcare Licensing and Surveys from 11/3/22 to 11/4/22. The survey was prompted by complaint intake WY00003473. The following common abbreviations are used throughout this document: DON- Director of Nursing Services MDS- Minimum Data Set SSD- Social Services Director BOM- Business Office Manager RN- Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice.	F 623		11/28/22

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

Electronically Signed | 11/28/2022

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F 623	Continued From page 1 (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State	F 623		

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F 623	Continued From page 2 Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on medical record review, resident representative and staff interview, and policy and	F 623	1) Resident # 7 transfer /discharge notice was not provided to the resident or	

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F 623	Continued From page 3 procedure review, the facility failed to ensure residents or residents' representatives received a written transfer notice for 1 of 3 sample residents (#7) reviewed for hospitalization. The findings were: 1. Review of the admission MDS assessment dated 9/4/22 showed resident #7 had a brief interview for mental status (BIMS) score of 1 out 15, which indicated severe cognitive impairment, and diagnoses which included Alzheimer's disease, non-Alzheimer's dementia, and depression. Further review showed the resident had hallucinations and delusions, physical behavioral symptoms directed toward others on 1 to 3 days during the look back period, and verbal behavioral symptoms directed toward others on 4 to 6 days during the look-back period. The following concerns were identified: a. Review of a progress note dated 10/6/22 and timed 12:29 PM showed "SSD attempted to reach [resident representative's name] to let her know that the Salt Lake City Regional Hospital has accepted [resident's name] and that [s/ he] is on [his/her] way at this time. b. Review of the medical record showed no evidence a written transfer notice was provided to the resident, or resident's representative at the time of transfer. c. Interview with the resident's representative on 11/3/22 at 4:14 PM revealed the family was aware the resident was having behavioral problems while at the facility; however, they did not receive a written discharge/transfer notice at the time of the resident's transfer. 2. Interview with the DON, SSD, MDS coordinator, and BOM on 11/4/22 at 9:34 AM confirmed a written transfer notice was not	F 623	responsible party at time of transfer. Resident #7 is no longer residing in the facility. 2) Initial audit of transfers/discharges over the last 90 days completed by SSD with no other concerns identified. Completed on 11/22/22. 3) Education provided by Exevutive Director to licensed nurses and SSD related to transfer/discharge notice requirements. 4) Ongoing audits for all incoming and current residents will be completed weekly times three months by IDT to review transfers and discharges for appropriate notices. 5) Results of inital and ongoing audits will be reviewed via the QAPI process monthly for futher recommendations. Date of compliance 11/28/22	

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F 623	Continued From page 4 provided to the resident's representative representatives at the time of transfer. 3. Review of the policy titled "Transfer and Discharge" last updated October 2022 showed "...5. When the transfer or discharge is initiated, the resident receives written notice using the Resident Notice of Transfer or Discharge which includes the includes the [sic] following items: a. Date notice is given. b. Effective date of the transfer/discharge. c. Reason for the transfer/discharge. d. Where the resident is to be moved. e. Contact information for the State Long-Term Care Ombudsman. f. Contact Information for protection and advocacy agency for residents with a mental disorder, intellectual disability, developmental disability, or other related disability. g. Explanations of right to appeal the transfer or discharge. h. Additional information required by applicable state law. i. If the discharge location and or date changes a new Resident Notice of Transfer or Discharge is to be given..."	F 623		
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;	F 625		11/28/22

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F 625	Continued From page 5 (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on medical record review and resident representative and staff interview, the facility failed to ensure residents or resident representatives received a written notice of bed-hold for 1 of 3 sample residents (#7) reviewed for hospitalization. The findings were: 1. Review of the admission MDS assessment dated 9/4/22 showed resident #7 had a brief interview for mental status (BIMS) score of 1 out 15, which indicated severe cognitive impairment, and diagnoses which included Alzheimer's disease, non-Alzheimer's dementia, and depression. Further review showed the resident had hallucinations and delusions, physical behavioral symptoms directed toward others on 1 to 3 days during the look back period, and verbal behavioral symptoms directed toward others on 4 to 6 days during the look-back period. The following concerns were identified: a. Review of a progress note dated 10/6/22	F 625	1) Resident #7 bed hold notice was not provided upon hospitalization. Resident #7 no longer resides in the facility. 2) Initial audit of transfers/discharges of all incoming and current residents over the last 90 days was completed to assess for other concerns related to bed hold notices. Date completed 11/22/22 3) Education provided by Executive Director to licensed nurses and SSD related to bed hold notice requirements. 4) Ongoing audits will be completed weekly times three months to review transfers/discharges of all current and incoming residents for appropriate bed hold notices. 5) Results of inital and ongoing audits will be reviewed via the QAPI process monthly for further recommendations. Date of compliance 11/28/22	

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F 625	Continued From page 6 and timed 12:29 PM showed "SSD attempted to reach [resident representative's name] to let her know that the Salt Lake City Regional Hospital has accepted [resident's name] and that [s/ he] is on [his/her] way at this time. b. Review of the medical record showed no evidence written information about the bed-hold policy was provided to the resident, or resident's representative at the time of transfer. c. Interview with the resident's representative on 11/3/22 at 4:14 PM revealed the family was aware the resident was having behavioral problems while at the facility; however, they did not receive bed-hold information at the time of the resident's transfer. Further interview revealed she believed the resident would be allowed to return to the facility following the hospital stay. 2. Interview with the DON, SSD, MDS coordinator, and BOM on 11/4/22 at 9:34 AM confirmed written bed-hold information was not provided to the resident or the resident's representative at the time of transfer.	F 625		
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	F 758		11/28/22

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F 758	Continued From page 7 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; §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, staff interview, and review of policy and procedure, the facility failed to ensure appropriate behavior monitoring	F 758	1) Residents #2 and # 7 target symptoms / behavior monitoring are being monitored as ordered.	

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F 758	Continued From page 8 and interventions were in place for 2 of 4 sample residents (#2, #7) who received psychotropic medications. The findings were: 1. Review of the admission MDS assessment dated 9/4/22 showed resident #7 had a brief interview for mental status (BIMS) score of 1 out 15, which indicated severe cognitive impairment, and diagnoses which included Alzheimer's disease, non-Alzheimer's dementia, and depression. Further review showed the resident had hallucinations and delusions, physical behavioral symptoms directed toward others on 1 to 3 days during the look back period, and verbal behavioral symptoms directed toward others on 4 to 6 days during the look-back period. Review of the physician orders showed at the time of discharge, the resident received Ativan (antianxiety) 1 milligram (mg) by mouth twice daily for anxiety/agitation, sertraline hydrochloride (antidepressant) 100 mg by mouth daily for depression, and olanzapine (anti-psychotic) 5 mg by mouth twice daily for dementia in other disease classified elsewhere with behavioral disturbance. The following concerns were identified: a. Review of the psychotropic medication care plan initiated on 8/24/22 showed interventions which included "...Monitor/record occurrence of for [sic] target behavior symptoms pacing, wandering, disrobing, inappropriate response to verbal communication, violence/aggression towards staff/others, and document per facility protocol..." Further review showed no evidence specific target symptoms were identified for the use of each individual psychotropic medication. a. Review of the medication administration record (MAR) and treatment administration	F 758	2) Initial audit completed by IDT for all incoming and current residents on psychotropics medications to assess for other concerns related to monitoring of target symptoms /behavior monitoring. completed on 11/22/22. 3) Education to be provided by Executive Director to licensed nurses and SSD related to the monitoring of target symptoms/behavior monitoring. 4) Ongoing audits of all incoming and current residents will be completed by the IDT weekly times four weeks then every other week times eight weeks to assess for appropriate target syptoms/behavior monitoring documentation. 5) Results of initial and ongoing audits will be reviewed via the QAPI process monthly times three months for further recommendations. Date of compliance 11/28/22	

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F 758	Continued From page 9	F 758		

record (TAR) for August 2022, September 2022, and October 2022 showed the facility had monitoring in place for withdrawal symptoms related to the use of psychotropic medication; however, there was no evidence the facility was monitoring the resident for identified target symptoms specific to the use of each psychotropic medication.

2. Review of the quarterly MDS assessment dated 9/13/22 showed resident #2 had a BIMS score of 0 out of 15, which indicated the resident was severely cognitively impaired, and diagnoses which included non-Alzheimer's dementia and adjustment disorder with mixed anxiety and depressed mood. Review of the physician orders on 11/3/2022 showed the resident received aripiprazole (anti-psychotic) 7.5 mg by mouth one time daily for adjustment disorder with mixed anxiety and depressed mood and citalopram hydrobromide (antidepressant) 30 mg by mouth daily for unspecified dementia without behavioral disturbance. The following concerns were identified:

a. Review of the psychotropic medication care plan dated 2/11/2022 showed no evidence the facility identified target symptoms specific to the use of each individual psychotropic medication.

b Review of the MAR and TAR for August 2022, September 2022, October 2022 and November 2022 showed the facility had monitoring in place for side effects related to the use of psychotropic medication; however, there was no evidence the facility was monitoring the resident for identified target symptoms or effectiveness specific to the use of each psychotropic medication.

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F 758	Continued From page 10 3. Interview with the DON, SSD, MDS coordinator, and BOM on 11/4/22 at 9:34 AM revealed residents on psychotropic medications were to have identified target symptoms for each psychotropic medication used and staff were expected to document the frequency of the target symptoms on the MAR. Further interview confirmed the residents did not have specific target symptoms identified for the use of the psychotropic medications and no monitoring was on the residents' MARs. 4. Review of the policy titled "Psychotropic Drugs" last updated October 2022 showed "...2. Psychotropic drugs can be therapeutic and enhancing quality of life for residents suffering from mental illness (schizophrenia, depression, etc.), the Interdisciplinary Team (IDT) validates there are appropriate diagnoses of behavioral symptoms, so the underlying cause of the symptoms is recognized, and the condition is treated appropriately...5. Prior to initiating any psychotropic drug, the IDT:...c. Investigates the causal factors triggering the behavior symptoms for residents exhibiting behaviors..."	F 758		