STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535040	A. BUILDING _____ B. WING _____	C 11/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUGLAS CARE CENTER LLC	1108 BIRCH STREET DOUGLAS, WY 82633

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F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 11/16/22 to 11/17/22. The survey was prompted by complaint intakes WY000003476.	F 000		
F 636 SS=D	Comprehensive Assessments & Timing CFR(s): 483.20(b)(1)(2)(i)(iii) §483.20 Resident Assessment The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. §483.20(b) Comprehensive Assessments §483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning.	F 636		1/1/23

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

Electronically Signed | 12/09/2022

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F 636	Continued From page 1 (xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS). (xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts. §483.20(b)(2) When required. Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs. (i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or therapeutic leave.) (iii)Not less than once every 12 months. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure comprehensive annual assessments were completed as required for 2 of 6 residents (#5, #6) reviewed. The findings were: 1. Review of MDS assessments for resident #5 showed the annual comprehensive assessment due date was 10/21/22. 2. Review of MDS assessments for resident #6	F 636	F636 Comprehensive Assessments and Timing 1. The facility will ensure comprehensive annual assessments are completed. 2. Resident #5 whose annual comprehensive Assessment that was due 10/21/22 was completed on 11/23/22 as a significant change. 3. Resident #6 whose annual comprehensive Assessment that was due	

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F 636	Continued From page 2 showed the annual comprehensive assessment due date was 10/28/22. 3. Interview with the MDS coordinator on 11/17/22 at 4:00 PM confirmed the annual comprehensive assessments had not been completed by the due date. She further stated she got behind with completing the MDS assessments.	F 636	10/28/22 was completed on 11/30/22. 4. All residents are at risk for having annual comprehensive assessments being late, a report of assessments, annual and quarterly will be brought to am briefing every Monday to be reviewed with IDT to ensure assessments are up to date for all residents. 5. MDS nurse will have more desk time to complete all assessments to ensure they are done in a timely manner and are not late, as well as closing office door to not be interrupted. 6. Weekly reports will be brought to am briefing on Mondays to review list of residents with assessments and due dates. MDS Coordinator or designee will provide reports. 7. An audit will be done on a monthly basis and brought to QAPI for 90 days or until resolved of what assessments were due and when completed. The audit will be done by MDS Coordinator or designee.	
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 requires interdisciplinary review or revision of the	F 637		1/1/23

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F 637	Continued From page 3 care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, medical record review and staff interview the facility failed to ensure a comprehensive assessment following a significant change in condition was completed as required for 1 of 1 residents (#3) reviewed for significant change. The findings were: 1. Observation on 11/16/22 at 11:55 PM showed resident #3 in wheelchair with an immobilizer on his/her right lower extremity. Interview with the resident at that time revealed s/he fell at church and broke his/her leg. Review of the care plan with a revision date 10/5/22 showed the resident had fallen trying to get into his/her family's minivan. The following concerns were identified: a. Review of the MDS assessment showed a significant change assessment was "in process"; however the completion due date was 9/27/22. b. Interview with the MDS coordinator on 11/17/22 at 4 PM confirmed the significant change assessment was not completed as required. She further stated she was behind on getting the assessments completed.	F 637	F637 Comprehensive Assessment After Significant Change 1. The facility will ensure a comprehensive assessment following a significant change in condition will be completed. 2. Resident # 3 significant change assessment has been completed 12/31/22. 3. All residents are at risk for not having a compressive assessment following a significant change. , a report of assessments, annual and quarterly will be brought to am briefing every Monday to be reviewed with IDT to ensure assessments are up to date for all residents. 4. All residents are at risk for having annual comprehensive assessments being late, a report of assessments, annual and quarterly will be brought to am briefing every Monday to be reviewed with IDT to ensure significant change assessments are up to date for all residents. 5. MDS nurse will have more desk time to complete all assessments to ensure they are done in a timely manner and are not late, as well as closing office door to not be interrupted. 6. Weekly reports will be brought to am briefing on Monday to review list of residents with assessments with significant change and due dates, MDS Coordinator or designee will provide. 7. An audit will be done on a monthly basis and brought to QAPI for 90 days or	

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F 637	Continued From page 4	F 637	until resolved of what assessment with significant changes were due and when completed. MDS Coordinator or designee.	
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to	F 690		1/1/23

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F 690	Continued From page 5 restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview and review of the Centers for Disease (CDC) guidance the facility failed to ensure services and assistance to prevent urinary tract infections were provided during 1 of 1 random observation of a resident with an indwelling catheter (#3). The findings were: 1. Observation on 11/16/22 at 1 PM showed resident #3 in a wheelchair. Further observation showed tubing from an indwelling catheter hanging underneath the wheelchair, and the bottom of the urine collection bag resting on the floor. Interview with the resident at the time stated s/he had the catheter since s/he went to the hospital after a fall and sustained a broken leg. The following concerns were identified: a. Interview with the NHA on 11/16/22 at 1:45 PM revealed the catheter bag should have been in a privacy bag and not touching the floor. b. Review of the CDC Guidance for Catheter Associated Urinary Tract Infections: retrieved from https://www.cdc.gov/infectioncontrol/guidelines/cauti/index.html#anchor_1552413731 on 11/17/22, showed, "...III. Proper Techniques for Urinary Catheter Maintenance: Recommendation...III.B.2. Keep the collection bag below the level of the bladder at all times. Do not rest the bag on the floor..."	F 690	F690 Bowel/Bladder Incontinence, Catheter, UTI 1. The facility will ensure services and assistance to prevent urinary tract infections are provided. 2. Resident #3 had a privacy bag placed over catheter bag and was not directly touching the floor. 3. All residents are at risk for not having a privacy bag over catheter bag and touching the ground. 4. All staff will be educated that residents who have catheter bags will have privacy bags placed and cannot touch the floor. 5. An audit done by the Staff Development Coordinator or designee will do monthly audits to ensure all residents have privacy bags and catheter bags are not touching the ground. 6. Monthly audits will be brought to QAPI for 90 days or until resolved.	