STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535043	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTONWOOD HEALTH AND REHABILITATION	**503 S 18TH ST LARAMIE, WY 82070**

(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 on 11/30/22. The survey was prompted by complaint intakes WY00003495 and WY00003503. The following common abbreviations are used throughout this document. ADL: Activities of Daily Living ADON: Assistant Director of Nursing BIMS: Brief Interview for Mental Status CNA: Certified Nursing Assistant MDS: Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §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.	F 584		1/5/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/22/2022

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F 584	Continued From page 1 §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 sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and policy review the facility failed to implement measures to effectively ensure resident lifts were clean in 2 of 4 mechanical lifts observed. The findings were: 1. Observation on 11/30/22 at 9:45 AM showed a sit-to-stand lift in the hall by room 106. The foot rest had crumbs and clumps of brown and white substances all over it. 2. Observation on 11/30/22 at 10:37 AM showed a sit-to-stand lift by room 225. The lift had clumps of brown and white substance all over it, with two circular half dollar-sized areas of black substance on it.	F 584	1. Corrective Action The lifts that were identified during the survey were immediatley cleaned by CNA. 2. Identification of Others All residents residing at Cottonwood Health and Rehabilitation are at potential risk. 3. System Changes On or before date of compliance the facility shall complete the following actions:	

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F 584	Continued From page 2 3. Interview with CNA #1 on 11/30/22 at 10:42 AM revealed "We don't really clean it as a CNA. We do spray the handles between uses. Maintenance cleans the foot rest once a month." The CNA confirmed the lift was "dirty-dirty". 4. Interview with maintenance #1 on 11/30/22 at 10:55 AM revealed "We do clean the sit-to-stands occasionally; mainly housekeeping does it." He stated he was unsure of when the last time maintenance had cleaned one. 5. Interview with housekeeping #1 on 11/30/22 at 11:05 AM revealed "No, we do not clean the sit-to-stand lifts. It is the CNA's job. 6. Interview with the ADON on 11/30/22 at 11:35 AM revealed "The CNAs are to clean the lifts between uses and if dirty. The night nursing staff are to clean the sit-to-stands every night." 7. Review of policy "Cleaning and Disinfection of Resident-Care Items and Equipment" revised September 2022 showed "...5. Reusable items are cleaned and disinfected or sterilized between residents (e.g. stethoscopes, durable medical equipment)."	F 584	Educate all staff who perform lifts using the mechanical lifts on ensuring the lift is properly sanitized between residents and kept clean and sanitized. Team members on leave or paid time off will be educated upon return to work. 4. Monitoring Weekly for no less than 12 weeks, the DON, IP, SDC or a designee will conduct on-going monitoring to ensure, via observation, the approaches to correct deficient practice related to infection control and prevention are consistently implemented and effective. Such monitoring will include: Observations of staff utilizing lifts to ensure staff perform proper sanitation between residents Monthly monitoring will continue for no less than three months. All monitoring will be reported to the quality assurance performance improvement (QAPI) committee as part of QAPI activities. Monitoring will not be discontinued until the facility completes three consecutive rounds of monthly monitoring that demonstrate sustained compliance as approved by the QAPI committee.	
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	F 690		1/5/23

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F 690	Continued From page 3 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 restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and resident and staff interview, the facility failed to ensure residents with urinary catheters received appropriate treatment and services to prevent urinary tract infections for 1 of 2 sample	F 690	Corrective Action: CNA was educated by DON/Designee on proper placement of indwelling Foley catheter down drain bag while providing peri care and repositioning resident #6 and other residents with	

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F 690	Continued From page 4 residents (#6) with urinary catheters. The findings were: 1. Review of the 11/9/22 annual MDS assessment showed resident #6 had a BIMS score of 8 out of 15 (moderately impaired). The activities of daily living (ADL) section showed the resident needed extensive to total assistance. Diagnoses included indwelling catheter, benign prostatic hyperplasia, neurogenic bladder, and multiple sclerosis. Review of the physician orders showed the resident was given Macrobid capsule (antibiotic) 100 milligrams (mg) daily for urinary tract infection (UTI) prophylaxis from 11/3/22 through 11/16/22, nitrofurantoin macrocrystal capsule (antibiotic) 100 mg daily for UTI prophylaxis was started 11/21/22, and Renacidin solution (irrigating solution) 30 milliliter (ml) irrigation 1 time a day every Tuesday, Friday related to personal history of urinary tract infections start date of 11/23/22. In addition, sulfamethoxazole-trimethoprim tablet (antibiotic) 800-160 mg 1 tablet two times a day for UTI for 2 day with a start date of 11/20/22. The following concerns were identified: a. Observation on 11/30/22 at 12:10 PM showed the resident was up in a Hoyer lift. The resident's urinary catheter bag was attached to the strap on the harness and positioned above the resident's bladder. Dark yellow urine was observed in the Foley tubing returning to the resident's bladder. Further observation showed CNA #2 moved the urinary catheter bag down to the side of the wheelchair at 12:18 PM. b. Interview with the resident on 11/30/22 at 12:15 AM revealed s/he "...could have a urinary tract infect right now, I do have a history of them". c. Interview with CNA #1 on 11/30/22 at 12:22 PM revealed it was normal for her to hook the	F 690	catheters to prevent urine backflow. Identification: Residents with indwelling Foley catheters who reside at Cottonwood Health and Rehabilitation are at potential risk. An audit of residents with foley catheters was performed by the DON/Designee and no concerns were noted. System Changes: Licensed staff and C.N.A□s will be re-educated on or before the alleged date of compliance, yearly and upon hire and as needed throughout the year by the DON/Designee on proper placement of catheter down drain bags to prevent urine back flow. Staff that are on leave or vacation will be educated by the DON/Designee upon return. Monitoring: DON/Designee will perform catheter down drain bag proper placement audits on residents with catheters and new admits 3x weekly for 60 days then 1x weekly for 30 days and as needed thereafter. Non-compliance of proper placement will be addressed immediately. All compliance and non-compliance findings from the audits will be reported to the QAPI committee for further review and recommendations.	

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F 690	Continued From page 5 bag to the harness while transferring the residents. Further, she confirmed the urinary catheter bag was above the bladder. In addition CNA #1 and CNA #2 denied in-service education on peri-care and care of a Foley catheter. d. Interview with the ADON on 11/30/22 at 4 PM revealed the CNAs were trained yearly on peri-care and Foley catheters. Further, she revealed it was the expectation for the urinary catheter bag to be kept below the level of the bladder.	F 690		