STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535017	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUBLETTE CENTER	333 N BRIDGER AVE PINEDALE, WY 82941

(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 1/30/23 to 2/2/23. The following common abbreviations are used throughout this document: DON: Director of Nursing RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.	F 757		2/28/23

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

Electronically Signed | 02/24/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535017	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUBLETTE CENTER	333 N BRIDGER AVE PINEDALE, WY 82941

(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 757	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and review of facility documentation, the facility failed to ensure the drug regimen was free from unnecessary medications for 1 of 5 sample residents (#6) reviewed for unnecessary medications. Resident #6 received a medication for excessive duration due to the facility's failure to follow the physician's order. The findings were: 1. Review of the 12/27/22 admission Minimum Data Set (MDS) assessment showed resident #6 received opioid medications, was incontinent of bowel, and did not have constipation. Review of physician orders for February 2023 showed the resident was ordered Butrans (opioid) patch, 7.5 micrograms/hour, every week and oxycodone (opioid) 5 milligrams (mg) 1/2 tab four times a day PRN (as needed). Further review showed on 12/20/22 the resident was ordered loperamide (antidiarrheal) 2 mg twice a day, with instruction to hold for no bowel movement more than one day, and then resume after the first loose stool. Review of a 12/30/22 quarterly nursing assessment showed the resident had diarrhea. Review of a typed summary by the DON dated 2/2/23 showed the resident had a history of chronic diarrhea and "...giving [him/her] medication to induce a bowel movement only increased [his/her] discomfort and caused more diarrhea. Therefore, [resident] was removed from the bowel protocol...Currently, [resident] is prescribed Loperamide 2 mg PO BID with instructions to hold if no bm>1 day then resume after first loose stool." The following concerns were identified: a. Review of the bowel movement record showed the resident did not have a bowel	F 757	The facility failed to ensure the drug regimen was free from unnecessary drugs. " Resident #6 received a medication for excessive duration due to the facility□s failure to follow the physician□s order. " To correct the initial non-compliance, the facility added the task to record - Last Bowel Movement to the medication order on 2/2/23 which will require the nurse to document the last bowel movement before she can give the medication. " To ensure further compliance, all residents physician orders were reviewed for medications with special instructions on 2/22/23. If the medication had special instructions, then, if appropriate, a task to record was added. " Nursing staff received preliminary training on unnecessary drugs on 2/2/23 and will have a formal in-service on 2/28/23. " The Director of Nursing will audit physician orders for special instructions weekly and report as a function of QAPI.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535017	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUBLETTE CENTER	333 N BRIDGER AVE PINEDALE, WY 82941

(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 757	Continued From page 2 movement on 1/16/23 through 1/20/23. Per the physician's order, the loperamide should have been held starting on 1/18/23 (more than one day without a BM). However, review of the medication administration record (MAR) showed the medication was not held until 1/19/23. b. Review of the bowel movement record showed the resident did not have a bowel movement on 1/23/23 through 1/27/23. Per the physician's order, the loperamide should have been held starting on 1/25/23 (more than one day without a BM). However, review of the MAR showed the medication was not held during that time. c. During an interview on 2/2/23 at 10:08 AM the DON confirmed staff did not follow the physician's order to hold the loperamide when the resident did not have a bowel movement for more than one day.	F 757		
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 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.	F 761		2/28/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535017	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUBLETTE CENTER	333 N BRIDGER AVE PINEDALE, WY 82941

(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 761	Continued From page 3 §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 review, the facility failed to ensure medications available for use were not expired in 1 of 1 medication storage rooms. The findings were: 1. On 2/1/23 at 8:38 AM observation in the medication storage room showed in a cupboard marked "OTC" there were several prescription medications. The expired medications in the storage area included 1 tube of triamcinolone acetonide 0.1% ointment, lot number 1BT0433 with expiration date 12/22 and 1 bottle of ketoconazole 2% shampoo, lot number 151646 with expiration date of 09/2022. 2. Interview with RN #1 on 2/1/23 at 8:45 AM revealed the outdated medications should have been stored where they could not be used. 3. Interview with the DON on 2/1/23 at 4:55 PM revealed it was the expectation that all outdated medication be removed from service. 4. Review of the policy titled "Disposal/Destruction of Expired or Discontinued Medications" with the revision date of 10/10/22 showed: a. "Once an order to discontinue a	F 761	The facility failed to ensure medications available for use were not expired in medication storage rooms. " Observation showed expired medications in a cupboard marked OTC. " To correct the initial non-compliance, the facility removed the expired medications from the cupboard and placed them in the box labelled to destroy/return/donate on 2/2/23. " To ensure further compliance, all medications in the medication storage room were checked for expiration dates and were placed in the box labelled to destroy/return/donate on 2/8/23. " The night shift nurses were assigned the task of checking expiration dates on all medications in the medication storage room monthly. " Nursing staff received preliminary training on Storage of Drugs/Biologicals on 2/2/23 and will have a formal in-service on 2/28/23. " The Director of Nursing will audit the medication storage room quarterly and report as a function of QAPI.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535017	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUBLETTE CENTER	**333 N BRIDGER AVE PINEDALE, WY 82941**

(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 761	Continued From page 4 medication is received, the nurse will remove the medication from the medication cart." b. "The nurse will place all discontinued medications in the medication room for disposal/destruction."	F 761		