STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535013	A. BUILDING _____ B. WING _____	C 03/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANITE REHABILITATION AND WELLNESS	**3128 BOXELDER DRIVE CHEYENNE, WY 82001**

(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 3/6/22 to 3/7/22. The survey was prompted by complaint intakes WY00003538, WY00003539, WY00003543, and WY00003553.	F 000		
F 697 SS=D	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on medical record review, resident interview, staff interview, and policy review, the facility failed to ensure opiod pain medications were available as ordered to manage resident pain for 1 of 4 sample residents (#1). The findings were: Review of the 2/10/23 significant change minimum data set (MDS) assessment showed resident #1 was admitted to the facility on 1/23/23 with diagnoses which included heart failure, atrial fibrillation, arthritis, diabetes mellitus II, and end stage renal disease. Further review showed the resident had a brief interview for mental status score of 15/15, indicating the resident was cognitively intact. Interview with the resident on 3/7/23 at 1:59 PM revealed s/he was experiencing generalized pain, with resident describing the pain as a "3" on a scale of 1 to 5 with 5 being the most severe pain. The resident also stated s/he normally took opiod pain	F 697	Reparation and execution of the response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction s prepared and/or executed solely because it is required by the provisions of the state and federal law. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility□s allegation of compliance in accordance with the State Operations Manual. Corrective Action Resident #1was discharged home on 3/8/23 per his discharge plan.	3/31/23

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

Electronically Signed | 03/23/2023

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F 697	Continued From page 1 medication to alleviate the pain when it reached that level. The resident further stated s/he experienced pain at this level or higher on a daily basis which was relieved daily with opiod pain medication. Review of physician orders showed the following 1/23/23 order, "Norco (opiod analgesic) Oral Tablet 5-325 MG (hydrocodone-Acetaminophen). Give 1 tablet by mouth every 6 hours as needed for Pain." The following concerns were identified: 1. Further interview with the resident on 3/7/23 at 1:59 PM revealed the facility had failed to have the ordered opiod pain medication available for several days. S/he confirmed the facility had administered Tylenol to him/her once, but s/he had received none of the ordered opiod pain medication. The resident was told the facility failed to order the medication in time to receive it before it ran out, and s/he stated the Tylenol had not helped with pain relief. The resident stated s/he would "just have to wait" until the medication became available. The resident further stated s/he had to take opiod pain medication for pain on most days in order to function normally, and s/he anticipated no change for this in the future. 2. Interview with licensed practical nurse (LPN) #1 on 3/7/23 at 2:05 PM revealed the resident's opiod pain medication had not been available since the morning of 3/6/23, as it had not been reordered in a timely manner. She stated the arrival of the resident's opiod pain medication should be at any time. She confirmed the same opiod pain medication was available as part of the facility emergency supply, and a call to the physician was the facility protocol to access that medication. The LPN stated this procedure had not been implemented the resident's opiod pain	F 697	Medication for resident # 1 was reordered from the backup pharmacy on 3/7/23. The facility received an order from the primary physician to immediately pull 4 tablets of Norco 5/325 from the Cube-ex on 3/7/23. Identification of Others The DNS/designee conducted and audit on 3/7/23 to ensure opioid medication was available for all residents who receive this type of medication. The pharmacy was contacted for any resident identified as needing additional medication. Systemic Change The Licensed Nurses were provided education on 3/7/23 regarding the policy of reordering medication and accessing the Cube-ex for out of stock medications. The Nursing Leadership team audits the availability of PRN opioid medication daily 5 times per week to ensure ample supply is available for the resident. If it is identified that an opioid medication needs to be reordered the nurse reorders it at the time it is identified. If an emergent need is arises the opioid is pulled from the Cube-ex. If it is identified that a medication is unavailable, the nurse will be re-educated. Monitoring The DNS/designee brings the results of	

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F 697	Continued From page 2 medication should arrive at any time. 3. Review of the resident's care plan showed a 2/3/23 problem as follows, "[Resident #1] has chronic pain RT (related to) diagnosis of Osteoarthritis." The goal initiated on 2/3/23 and revised on 2/21/23 was as follows, "[Resident #1] will not have an interruption in normal activities due to pain through the review date." The intervention/tasks were as follows, with initiation date of 2/3/23: "Administer analgesic per MD (medical doctor) order. Anticipate [resident #1's] need for pain relief and respond immediately to any complaint of pain. Monitor/record pain characteristics every shift and PRN (as needed): Quality (e.g. sharp, burning); Severity (1 to 10 scale);Anatomical location; Onset; Duration (e.g. continuous, intermittent); Aggravating factors; Relieving factors...Monitor/record/report to Nurse resident complaints of pain or requests for pain treatment. Notify physician if interventions are unsuccessful or if current complaint is a significant change from resident's past experience of pain." 4. Review of the February 2023 MAR showed the resident received Norco on 25 of 28 days for pain levels ranging from 3 to 10. 5. Review of the resident's March 2023 medication administration record (MAR) showed the following: a. On 3/1/23 Norco was administered for a pain level of 4/10. b. On 3/2/23 Norco was administered for a pain level of 8/10. c. On 3/3/23 Norco was administered for a pain level of 6/10. d. On 3/4/23 Norco was administered for a	F 697	the PRN opioid medication availability audits to the Quality Assurance Performance Improvement Committee monthly for their review and resolution. These audits will continue 5 times a week for 2 weeks, 3 times per week for 4 weeks and then 1 time per week for 7 weeks. If no concerns are identified these audits will be discontinued at that time unless the QAPI Committee deems it prudent to continue.	

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F 697	Continued From page 3	F 697		

pain level of 8/10. Norco was not administered again until 3/7/23 at 3:14 PM (after facility staff were interviewed about the resident's pain management).

e. On 3/5/23 at 6 PM the resident reported a pain level of 6/10. No pain medication was administered.

f. On 3/6/23 at 6 AM the resident reported a pain level of 7/10. No pain medication was administered.

g. On 3/6/23 at 6 PM the resident reported a pain level of 6/10. No pain medication was administered.

h. On 3/7/23 at 6 AM the resident reported a pain level of 5/10. Tylenol 650 mg was administered at 1 PM.

6. Interview with the DON on 3/7/23 at 4:45 PM confirmed Norco was available in the Cubex (emergency supply), and her expectation was for staff to contact the physician and pharmacy if a resident's medication was not available, and an order should be obtained to access the Cubex for medications such as Norco when needed.

7. According to the facility policy titled, "Pain Management" last updated June 2016, the policy statement shows, "The Center evaluates for, and attempts to manage/minimize, pain in residents." The procedure included, "1. Residents are evaluated by a Licensed Nurse (LN) at admission using the Pain Evaluation, as needed (PRN) medication review, and record review. 2. Resident's pain level is evaluated every shift by the LN. Noted pain is evaluated and treated accordingly by the LN. Pain is also evaluated quarterly and PRN using the RAI/nursing process...a. Pain level is monitored and documented on the MAR using the Wong-Baker

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F 697	Continued From page 4 Pain Scale. 3. When pain is not adequately controlled by current regimen, I, or if there is newly identified pain, the LN contacts the physician for consideration of new or modified treatment orders..." 8. According to the facility policy titled, "Emergency Pharmacy Service and Emergency Kits (E-Kits) dated 01/20, the policy stated, "Emergency pharmaceutical service is available on a 24-hour basis. Emergency needs for medication are met by using the nursing care center's approved emergency medication supply or by special order from the provider pharmacy. Emergency medications and supplies are provided by the pharmacy in compliance with applicable state and federal regulations. The procedures include, ..."5. Medications are not borrowed from other residents. The ordered medication is obtained either from the emergency kit or from the provider pharmacy..."	F 697		