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 03/02/2023

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 3/1/23 to 3/2/23. The survey was prompted by complaint intakes WY00003534 and WY00003548. The following common abbreviations are used throughout this document: MDS- Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 712 SS=D	Physician Visits-Frequency/Timeliness/Alt NPP CFR(s): 483.30(c)(1)-(4) §483.30(c) Frequency of physician visits §483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. §483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. §483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. §483.30(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced by:	F 712		3/29/23

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

Electronically Signed | 03/24/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 712	Continued From page 1 Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure physician visits were performed at least every 60 days for 1 of 3 sample residents (#2). The findings were: 1. Review of the physician visits for resident #2 showed the resident was seen by a physician on 3/23/22, 84 days later on 6/15/22, 107 days later on 9/30/22, 12 days later on 10/12/22, and 104 days later on 1/24/23. 2. Interview with the MDS coordinator on 3/2/23 at 9:25 AM revealed she tracked all the physician visits and made sure they were performed on time; however, she thought physician's visits were to be performed every 90 days not every 60 days. 3. Review of the policy titled "Physician Visits" last updated October 2022 showed "...After the first 90 days, visits must be conducted at least every 60 days thereafter..."	F 712	Plan of Correction : F712/D 1) Resident #2 is current with required Physician visits since survey exit. 2) Initial audit completed by DNS on 3/8/23 of current residents to identify others who may be affected by this deficient practice with any discrepensies corrected. 3) Education of regulation related to timely Physician visits provided to Center Managment team, Licensed Nurses, Medical Director and other Physicians/Nurse Practitioners/Physician assistants who may be responsible for timely visits. Ongoing audits of timely Physician visits will be completed by DNS/Designee to ensure timeliness per regulation weekly times eight weeks, then every other week times four weeks at a minimum per recommendations of the QAPI commitee. 4) Results of initial and ongoing audits will be reviewed via the QAPI process monthly times at least three months to monior and ensure compliance. QAPI recommentations will be made as needed. 5)Date of compliance 3/29/23.	