STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535048	A. BUILDING _____ B. WING _____	C 05/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WORLAND HEALTHCARE AND REHABILITATION CENTER	**1901 HOWELL AVENUE WORLAND, WY 82401**

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F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 5/4/23 through 5/5/23. The survey was prompted by complaint intake WY00003584. The following abbreviations are used throughout this document: BP Blood Pressure BIMS Brief Interview for Mental Status c/o complain of CHF Congestive Heart Failure ER emergency room MAR Medication Administration Record MDS Minimum Data Set mg milligrams MI myocardial infarction (heart attack) NSTEMI Non ST Elevation Myocardial Infarction SOB Shortness of Breath UTI Urinary Tract Infection Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 684 SS=G	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.	F 684		5/23/23

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

Electronically Signed | 05/23/2023

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 684	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on medical record review, hospital medical record review, resident representative interview, and staff interview the facility failed to identify and assess for change of condition in accordance with professional standards of practice for 1 of 7 residents (#4) reviewed for possible change of condition assessments. This failure resulted in harm to resident #4, whose signs and symptoms of pneumonia, UTI, heart failure and/or heart attack went unaddressed until family intervention. The findings were: Review of the 12/6/22 admission MDS assessment for resident #4 showed resident had a BIMS score of 14 out of 15, which indicated intact cognitive ability. Further assessment review showed resident had a medically complex condition which included anemia, coronary artery disease, renal failure, diabetes mellitus, non-Alzheimer's dementia, history of myocardial infarction, and unspecified pain. Review of the care plan with a revision date of 12/14/22 showed the resident to have a risk for alteration in cardiovascular status and vital signs related to hypertension, history of MI, and atherosclerotic heart disease. Review of the care plan interventions dated 12/14/22 showed facility staff should monitor and document signs and symptoms of malignant hypertension which included headache, visual problems, confusion, disorientation, lethargy, nausea, vomiting, irritability, seizure activity and difficulty breathing. Further review showed interventions to provide anti-hypertension medications as ordered, and report tachycardia (increased heart rate) and unexplained shortness of breath. The following concerns were identified:	F 684	Preparation and execution of this 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 is prepared and/or executed solely because the provisions of federal and state law require it. 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 section 7305 of the state operations manual. F684 Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility will ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents□ choices. Corrective Action Resident no longer resides at community. Identification of others that may be affected: Residents who reside at the facility are at potential risk. Beginning May 22, 2023 the DON/Designee will review the 24 HOUR	

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F 684	Continued From page 2 1. Review of the resident's February 2023 MAR showed the resident received the medications losartan potassium 100 mg by mouth one time a day related to essential hypertension and metoprolol succinate extended release 50 mg by mouth one time a day related to essential hypertension. Each of these medications had a start date of 11/30/22. No end date was indicated. 2. Review of the resident's March 2023 MAR showed the medications losartan potassium 100 mg and metoprolol succinate extended release were no longer listed on the MAR and were not administered during the month of March. 3. Review of nursing progress notes for the resident showed the first entry for the month of April 2023 occurred on 4/15/23 at 3:02 AM. The note showed "Resident reported increased pain in neck and shoulder, scheduled Tylenol administered with noted improvement. Around midnight resident reported same pain. VS [vital signs] BP 141/80, P [pulse] 90, R [respirations] 20...PRN [as needed] Ibuprofen administered with noted pain improvement..." 4. Review of the progress note dated 4/15/23 at 11:59 AM showed "Resident's daughter here and concerned about [resident's] breathing, stating [s/he] may have pneumonia. Upon exam found LCTA [lungs clear to auscultation] X 4 [times 4]... [Resident's name] was exhibiting signs of anxiety and c/o upper neck pain...Tylenol given in AM med dose...After 15 minutes, anxiety ceased and resident was relaxing in lounge chair. Then roommate [name] called daughter and expressed [the resident] need a chest x-ray. Daughter arrived again and resident was transported, by	F 684	REPORT the last 14 days to identify residents who may be experiencing a change of condition Any residents experiencing a change in condition will be assessed at that time and assessment results will be communicated to the physician as well as family/responsible party. Systematic Changes: Residents will be assessed on admission, quarterly, annually and with significant changes in condition and/or prn when the residents is experiences a specific problem and/or has a complaint or describes a new problem such as change in vital signs. Residents identified as having a change of condition will be further assessed using the E Interact change of condition review. (a focused assessment). A Focused assessment is a detailed examination of a specific problem and takes place when the client has a complaint or describes a new problem such as shortness of breath and change in vital signs. Residents who are experiencing a change in condition will be placed on vital signs and 72-hour charting to monitor that resident□s condition. Condition changes will then be assessed, documented on the E Interact change of condition evaluation and communicated to the physician, resident and/or resident□s family. It will also be communicated to the IDT via the 24-hour reporting process. On or before the allegation of compliance the DON/ADON/Designee will Inservice all RN□s and LPN□s on assessment, use of the E Interact change of condition review,	

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F 684	Continued From page 3 facility van, to hospital for x-ray." Review of the progress note dated 4/15/23 at 7:23 PM showed "Nurse report from ER nurse [nurse's name]. Resident has slight pneumonia and UTI." 5. Interview with the resident's daughter on 5/2/23 at 11:40 AM revealed the family did not know the resident was not receiving his/her anti-hypertension medications, but they did note the resident developed new symptoms of mood swings, loss of appetite, fatigue, restlessness and edema. 6. Review of the resident's medical record showed a weight of 154.3 pounds was recorded on 4/3/23, and a weight of 170.2 pounds was recorded on 4/28/23, an increase of 15.9 pounds. 7. Review of the 4/24/23 at 9:29 AM "eINTERACT SBAR Summary for Providers" showed "Situation: The Change of Condition/s reported on this CIC [change in condition] evaluation are/were: Edema (new or worsening), Shortness of breath...Pulse: P 101..." 8. Review of the progress note dated 4/24/23 at 9:48 AM showed "Daughter notified nurse this am that herself and siblings had decided that they would like [the resident] seen in the ER [emergency room] for evaluation of the increased edema, SOB [shortness of breath] and overall decline. I offered to contact clinic if need be to address issue. Family requests that [s/he] be seen in ER at this time. ER contacted and notified of condition change and need for evaluation...Resident transported via facility van..." 9. Review of the 4/24/23 at 1:15 PM hospital	F 684	and specifically assessment of a resident with change in Vital signs. An attendance sheet will be utilized and reconciled with the current active Nursing staff roster. Nursing staff unable to attend will be provided with one-on-one in-servicing. Ongoing monitoring: IDT will review daily the medical record of residents entered on the 24 hour report as having a change of condition, specifically vital signs, to ensure appropriate assessment, documentation, and notification of change of condition has occurred. Continued follow up and review of Residents with condition changes until the resident□s condition has stabilized. Issues identified will be followed up on at that time and the trended and reviewed in QA&A to ensure plan is implemented, sustained and evaluated for its effectiveness.	

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F 684	Continued From page 4	F 684		

history and physical showed "Patient is a 90-year-old nursing home resident with known coronary artery disease (status post stenting), congestive heart failure, stage III chronic kidney disease, and mild dementia...At [his/her] nursing home they have been noticing increasing lower extremity edema and decreasing exercise tolerance including difficulty with transfers. Patient is also having some mild shortness of breath...Patient was seen and evaluated in the emergency department secondary to acute exacerbation of congestive heart failure along with concerningly elevated troponin to 1184 with a proBNP of over 32,000 [laboratory results indicative of heart damage]...[the patient's cardiologist] opined that [s/he] likely has ischemic heart disease causing and aggravated by fluid overload...Assessment/Plan: 1. Acute on chronic congestive heart failure...Patient with acute CHF and NSTEMI [a type of myocardial infarction/heart attack]...2. Acute non-ST segment elevation myocardial infarction...3. Chronic kidney disease..."

10. Interview with the DON on 5/4/23 at 2:15 PM revealed the facility failed to identify the resident's anti-hypertension medications had been dropped off of the MAR, and should have recognized the medications were not being administered, stating, "If we had recognized that was happening we might have prevented [the resident's] decline."

11. Review of the Centers for Disease Control and Prevention's (CDC) "Women and Heart Disease" found at https://www.cdc.gov/heartdisease/women.htm and accessed on 5/5/23 showed symptoms of heart disease in women include pain in the neck, jaw, or throat, and "When to Call 9-1-1...In some

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F 684	Continued From page 5 women, the first signs and symptoms of heart disease can be: Heart attack: Chest pain or discomfort, upper back or neck pain, indigestion, heartburn, nausea or vomiting, extreme fatigue, dizziness, and shortness of breath...Shortness of breath, sudden fatigue, or swelling of the feet, ankles, legs, or abdomen..."	F 684		