STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A050	A. BUILDING _____ B. WING _____	05/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR VALLEY CARE CENTER	130 HOSPITAL LANE AFTON, WY 83110

(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 5/8/23 to 5/11/23. The following common abbreviations are used throughout this document: DON- director of nursing MAR- medication administration record MDS- Minimum Data Set mg- milligrams mL- milliliter PRN- Latin term "pro re nata" meaning as needed Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 684 SS=D	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. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and review of facility policies, the facility failed to ensure interventions for constipation were implemented for 1 of 3 sample residents (#10) reviewed. The findings were:	F 684	F684 A) Immediate Action Taken: The Director of Nursing performed an audit on 5/30/2023, to ensure that residents on the bowel list had received the proper treatment according to the facility□s	5/30/23

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

Electronically Signed | 06/02/2023

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 1. Review of the 12/19/22 annual MDS assessment showed resident #10 had constipation. Review of the 3/19/23 quarterly MDS assessment showed the resident had diagnoses including other chronic pain and received scheduled pain medication. Review of the physician orders showed the resident was ordered MS Contin (morphine) 15 mg every 12 hours for pain, and Senna Plus (stool softener)three times per day and Colace (laxative) 100 mg three times per day for prevention of constipation. The resident was also ordered Milk of Magnesia 30 mL and Dulcolax 10 mg as needed for constipation. Review of the current care plan created 1/9/23 showed "Monitor for s/s [signs/symptoms] of constipation bowel protocol PRN." Review of the facility's "Bowel Protocol" (effective July 2021) showed "...2. On the second day with no bowel movement, the following will be given: Prune juice and/or prune jam, and/or PRN Miralax. 3. On the third day with no bowel movement, the following will be given: PRN Milk of Magnesia (MOM) will be given in the morning, followed by a PRN Dulcolax suppository later in the day if no results from the MOM. 4. On the fourth day with no movement, a Fleets enema will be given..." The following concerns were identified: a. Review of the bowel movement (BM) documentation for April 2023 showed the resident did not have a bowel movement on 4/6, 4/7, 4/8, or 4/9. Review of the MAR and nursing notes for those dates showed no PRN medications for constipation were administered. b. Further review of the April 2023 BM documentation showed the resident did not have a bowel movement on 4/20, 4/21, 4/22, or 4/23. Review of the MAR and progress notes for those dates showed no PRN medications for	F 684	bowel protocol. B) The Potential to Affect Other Residents: The facility has determined that all residents have the potential to be affected by this practice, especially those on narcotic medication. C) Systemic Changes: The Director of Nursing reviewed the bowel protocol, and applicable charting requirements, with staff nurses and nurse managers on 5/30/2023. The Director of Nursing, or designee, will conduct a random audit of two (2) residents weekly for four (4) consecutive weeks to ensure bowel protocol compliance. D) How Performance Will Be Monitored: Audit results will be reviewed at the weekly interdisciplinary team meetings, as well as the QAPI meetings, until such time substantial compliance has been achieved as determined by the committee.	

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F 684	Continued From page 2 constipation were administered. On 4/24/23 the resident was given MOM. c. During an interview on 5/11/23 at 9:58 AM the DON confirmed the bowel protocol was not followed during those timeframes.	F 684		