STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535024	A. BUILDING _____ B. WING _____	C 06/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASPER MOUNTAIN REHABILITATION AND CARE CENTER	**4305 S POPLAR CASPER, WY 82601**

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F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 6/15/23 through 6/21/23. The survey was prompted by complaint intakes WY00003583 and WY00003618.	F 000		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;	F 842		6/26/23

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

Electronically Signed | 06/26/2023

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 842	Continued From page 1 (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and hospital record review, the facility failed to ensure a timely assessment for 1 of 5 sample residents (#1) reviewed regarding change in	F 842	PREPARATION AND EXECUTION OF THIS RESPONSE AND PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION OR	

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F 842	Continued From page 2 condition assessments. The findings were: Review of the admission documentation showed resident #1 was admitted to the facility on 6/8/23 with diagnoses which included end stage renal disease, hyponatremia, diabetes mellitus II, hyperglycemia, and hypertension. Review of the 6/8/23 "Nursing Admission Data Collection" documentation showed the resident's vital signs on admission included a temperature of 97.5, pulse of 84, respirations of 20, blood pressure of 155/99, and an oxygen saturation of 89%. The resident was alert and confused, had long-term memory loss, and difficulty being understood. Further review showed the resident was in no acute distress and was calm. The review showed the resident received hemodialysis. The following concerns were identified: a. Review of the nursing progress notes for resident #1 showed the following: "On 6/9/23 at 1400 [2 PM]...Resident [spouse] called back and writer was able to notify [spouse] of hospital transfer. We then discussed medication given while [s/he] was at the facility." Further review of the nursing progress notes showed no assessment or progress notes was documented explaining the resident's health status or why the resident was transferred to the local hospital. b. Review of the entire medical record showed no documented assessment or explanation as to why or when the resident was transferred to the local hospital. Interview with the director of nursing (DON) on 6/15/23 at 2:15 PM revealed she was unable to find an assessment or other documentation related to the resident having a decline in condition and subsequently being transferred to the local hospital on 6/9/23. She stated the internet was down at that time, and her expectation was for staff to manually	F 842	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 IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE 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 THEFACILITY'S ALLEGATION OF COMPLIANCE IN ACCORDANCE WITH SECTION 42 C.F.R. 488.18 AND SECTION 7317A OF THE STATE OPERATIONS MANUAL. I. CORRECTIVE ACTION FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: A late entry note to Resident #1 medical record was made and uploaded to the resident's record on 6.15.23. II. HOW THE FACILITY IDENTIFIED OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents are at risk to be affected should the internet go down.	

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F 842	Continued From page 3 document in resident records in the absence of an internet connection, as their electronic medical record system was internet-based. c. Review of the hospital record showed resident #1 was discharged on 6/8/23 to the facility, and readmitted to the hospital on 6/9/23. Review of the 6/9/23 hospital admission History and Physical included the following, "Assessment/Plan...1. AMS (altered mental status) I suspect this is related to not having been to dialysis today with a component of uremia ([s/he] is likely oversensitive to this given [his/her] recent stroke and metabolic derangements from prior hospitalization plus urinary tract infection. As the discharging physician [s/he] was not sent out on any narcotics or other controlled substances. Although a potential infarct is mentioned on the CT scan, this is likely related to [his/her] previous stroke and this is already treated with Plavix and aspirin..." d. Review of additional documentation provided on 6/16/23 at 11 AM by email from the DON showed LPN #1 (the nurse on duty when the resident was sent to the hospital on 6/9/23) had sent the DON an email on 6/15/23 documenting her 6/9/23 assessment of the resident and the reason for the transfer to the hospital. Interview with LPN #1 on 6/19/23 at 11:38 AM confirmed she wrote the email note to the DON on 6/15/23 at 4:41 PM. She further stated she had not previously documented the 6/9/23 assessment for the resident because the internet was down.	F 842	III. MEASURES OR SYSTEMIC CHANGES MADE TO ENSURE THE DEFICIENT PRACTICE WILL NOT OCCUR AGAIN: All nurses were educated by DON/designee on 06/26/23 on assessment and progress note requirements for residents' if/when the power is down. All nurses and CNAs have been educated by the DON/designee on 06/26/23 for the process of paper documentation if computers are down as well as location of paperwork. The facility revised a process for nursing staff to complete paper documentation for any residents' assessments. eMAR is backed up automatically via an eMAR laptop. Any residents' paper assessments/paper charting will be uploaded to residents' medical record. The facility DON/designee will be responsible to monitor for proper documentation completion when the internet is down. IV. HOW THE FACILITY PLANS TO MONITOR PERFORMANCE TO MAKE SURE THE SOLUTIONS ARE SUSTAINED: DON/designee will review all hospital transfers weekly for four weeks then monthly for two months to ensure proper documentation in place and report those findings to the monthly Quality Assurance Performance Improvement (QAPI) Committee a summary of findings for review and recommendations for three	

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F 842	Continued From page 4	F 842	months. QAPI Committee will evaluate and determine the effectiveness of the plan to ensure substantial compliance is achieved and determine if further monitoring and evaluation is required. The DON/Designee will be responsible to follow up on any recommendations made by the QAPI Committee. Date of Compliance 6/26/2023	