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 10/11/2023

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 10/10/23 through 10/11/23. The survey was prompted by complaint intakes WY00003660, WY00003666, WY00003681, and WY00003682. The following common abbreviations are used throughout this document: DNS: Director of Nursing Services MDS: Minimum Data Set SBAR: Situation, Background, Assessment, Recommendation Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 684 SS=E	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, receiving facility staff interview, and staff interview, the facility failed to obtain and/or implement physician orders for follow-up care for 2 of 4 sample residents(#1, #11) admitted following a hospitalization. The findings were:	F 684	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	10/29/23

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

Electronically Signed | 10/27/2023

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F 684	Continued From page 1 1. Review of the surgeon's operative notes, dated 7/16/23, showed resident #11 had a procedure to repair an intertrochanteric hip fracture. Upon completion of the procedure the wound was irrigated and closed with absorbable sterile sutures and skin staples, and a sterile dressing was applied. Review of the 7/19/23 admission nursing evaluation, signed as complete on 7/21/23, showed the resident had a surgical wound on his/her left trochanter which measured 22 centimeters, had sutures, and had a wound dressing that was dry and intact. Further review showed the wound had no signs of infection. Review of the 7/26/23 admission MDS assessment showed the resident was coded as having a surgical wound. Review of a nurse progress note, dated 7/19/23 and timed 4:40 PM, showed the resident had a small bruise with stitches on the outer side of the fractured left hip and "According to hospital's report the surgery site has to be cleaned every 5 days." The resident was discharged to another facility on 8/31/23. The following concerns were identified: a. Review of the physician orders failed to show instructions for follow-up care had been obtained. b. Review of the "Daily Skilled Evaluation" notes beginning on 7/20/23 and ending on 8/20/23 showed no indication wound care had been provided to the surgical site. c. Interview with the DNS on 10/11/23 at 11:29 AM revealed the surgeon usually removed the surgical site staples after 10 to 14 days in his office. An additional interview with the DNS at 2:26 PM confirmed the resident had not seen the surgeon for a follow-up appointment and there was no documentation wound care had been performed, or the resident's staples had been	F 684	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. F 684 Corrective Action Resident #11 was discharged from the Center on 8/31/23 to assisted living. Monitoring orders were put into place for resident #1 on 10/7/23 and orders to leave the wound open to air were transcribed on 10/11/23. The DNS was provided in-service education related to transcribing orders immediately after receipt to the medical record by the District Director of Clinical Services on 10/11/23. Identification of Others The Director of Nursing Services audited the residents residing in the Center who have surgical wounds for implementation of physician follow-up orders, the Electronic Record for notes indicating wound care has been provided as ordered, audited the After-Visit Summaries to ensure surgical follow-up	

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F 684	Continued From page 2 removed by the facility. Further, the DNS revealed the orders noted for wound care in the nurse progress notes should have been transcribed into the resident's medical record to ensure the task was completed. d. Interview with the director of nursing (DON) of the receiving facility on 10/11/23 at 4:22 PM revealed the resident's staples were in place upon admission to the receiving facility and were removed by an in-home provider. The DON stated the surgical site showed no signs of infection and the staples were removed without incident. 2. Review of a 9/27/23 SBAR showed resident #1 was found on the floor after a fall and sent to the emergency department for evaluation. Review of a nurse progress note, dated 10/1/23, showed the resident was readmitted from the hospital with a 4 centimeter by 1 centimeter incision to his/her left hip with 8 staples noted. Review of a nurse progress note, dated 10/5/23 and timed 7:41 PM showed the resident was seen by the wound physician which noted the wound was to be left open to air and it showed no signs or symptoms of infection. The note stated the resident would be evaluated for staple removal in approximately one week. The following concerns were identified: a. Review of the physician orders failed to show instructions for wound care had been obtained. b. Review of the October 2023 treatment administration record showed the facility was to "Monitor Staples to left hip until they are removed. Notify MD of any changes." This order had a start date of 10/7/23 and an end date of 10/10/23. c. Interview with the DNS on 10/11/23 at 12:40 PM revealed she had received verbal orders for wound care from the physician when	F 684	appointments have been scheduled and/or completed and reviewed TARs to ensure any staples have been removed. This audit was completed on 10/20/23. Systemic Change In-service education was provided to the licensed nurses by the Director of Nursing Services prior to 10/29/23 related to transcription of physician follow-up orders including removal of staples, documentation of wound care provided and communication of follow-up appointments with the scheduler. A member of the nurse management team reviews the transcription of the physician's follow-up orders and progress notes for verbal orders after the nurse has transcribed the orders to validate orders are complete and accurate to include removal of staples and follow-up appointments are communicated with scheduler. The DNS/designee reviews the TARs 5 days per week to validate documentation of wound care. Monitoring The Director of Nursing Services brings the results of the of transcription and TAR audits to the Quality Assurance Performance Improvement Committee monthly for their review and resolution. These audits will continue 5 times a week for 4 weeks, 3 times per week for 4 weeks and then 1 time per week for 4 weeks. If no concerns are identified these audits will	

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F 684	Continued From page 3 the resident was readmitted from the hospital; however, she had failed to transcribe the orders into the medical record. Further, the DNS stated the resident's wounds had been evaluated with the daily skilled nursing assessments.	F 684	be discontinued at that time unless the QAPI Committee deems it prudent to continue.	