

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535051		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/27/2024	
NAME OF PROVIDER OR SUPPLIER THERMOPOLIS REHABILITATION AND WELLNESS				STREET ADDRESS, CITY, STATE, ZIP CODE 1210 CANYON HILLS RD THERMOPOLIS, WY 82443			
(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 6/24/24 through 6/27/24. The following common abbreviations are used throughout this document: CDC- Centers for Disease Control and Prevention DDCO- Divisional Director of Clinical Operations DON- Director of Nursing MDS- Minimum Data Set PCV- pneumococcal conjugate vaccine PPSV- pneumococcal polysaccharide vaccine Less commonly used abbreviations will be annotated in each deficiency.			F 000			
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes			F 883			7/31/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/19/2024

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 883	Continued From page 1 documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview,	F 883			
			F883		

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F 883	Continued From page 2 and review of facility policies and CDC immunization recommendations, the facility failed to ensure residents were offered pneumococcal immunizations based on CDC recommendations for 1 of 5 sample residents (#11) reviewed for immunizations. The findings were: 1. Review of the medical record showed resident #11 was admitted on 9/21/23 and was 80 years old. Review of the 9/21/23 initial and 3/17/24 quarterly MDS assessments showed the resident was not up to date on pneumococcal immunizations. The reason was "not offered." Further review of the medical record showed the resident received the following pneumococcal vaccines: PPSV23 on 6/10/2003 and PPSV23 on 7/18/2008. There lacked evidence the resident was offered a pneumococcal immunization since admission. 2. During an interview on 6/27/23 at 1:39 PM the DON and DDCO stated the resident had received two doses of PPSV23 and confirmed there lacked evidence to show the resident was offered a pneumococcal vaccine since admission. 3. Review of the facility's policy "Pneumococcal Vaccination of Residents," (updated March 2022) showed "...PCV-20 is recommended for all adults 65 years or older...Residents 65 years or older should get a dose of PCV-20 even if they have already gotten one or more doses of the vaccine before they turned 65." 4. Review of "Adult Immunization Schedule by Age" by CDC located at https://www.cdc.gov/vaccines/schedules/hcp/adult.html (accessed 7/2/24) showed individuals 65 years or older who previously received only	F 883	Corrective Action: Resident #11and/or resident representative was offered the Pneumococcal vaccine, PCV-20 along with education regarding the benefits and potential side effects of the immunization on or before date of compliance. Identification: An audit of current resident's medical records was completed on or before the date of compliance by the NHA/designee to ensure they were educated on the benefits and total side effects of the Pneumococcal vaccine, PCV-20. Resident and/or representatives not educated or offered the vaccine were offered and educated on or before the date of compliance. Systemic Changes: All licensed nurses will be educated by DNS/designee on or before date of compliance on educating, offering, and administration of the PCV-20 Vaccine at admission or shortly after when available. Education will also include updating the Electronic Health Record on each resident who was offered, educated, consented and refused the vaccine. Licensed nursing staff on leave will be educated on or before their next scheduled shift. Monitoring: DNS/Designee will audit each new admissions medical record through weekly clinical meeting to ensure compliance. All non-compliance will be addressed at time of the audit and corrected. Non-compliance trends to be		

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F 883	Continued From page 3 PPSV23 should receive 1 dose of PCV15 or 1 dose of PCV20 at last 1 year after the last PPSV23 dose.	F 883	tracked and brought forward to QAPI for review.		