STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535025	A. BUILDING _____ B. WING _____	C 08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POLARIS REHABILITATION AND CARE CENTER	**2700 E 12TH STREET 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 8/22/24 to 8/23/24. The survey was prompted by complaint intakes WY0003952, WY0003953, WY0003963. The following common abbreviations are used throughout this document. LPN: Licensed Practical Nurse RN: Registered Nurse DON: Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, resident and staff interview, review of staff training records, and review of the facility's policy, the facility failed to ensure tracheostomy care was performed as ordered for 1 of 1 resident with a tracheostomy (#4). The findings were: 1. Observation of resident #4 on 8/22/24 at 9:39 AM showed the resident had a capped	F 695	F695 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	9/19/24

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

Electronically Signed | 09/17/2024

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F 695	Continued From page 1 tracheostomy and was wearing oxygen per nasal cannula. There were a number of various supplies piled on the additional bed in the room and by 9:44 AM the supplies were organized and included the items needed to provide tracheostomy care to the resident. There was a suction machine with a suction catheter attached on the bedside table. The resident made gestures and could whisper words to communicate. Review of the medical record for resident #4 showed an admission date of 7/21/24 and diagnosis which include acute respiratory failure with tracheostomy placement, pneumonitis, chronic obstructive pulmonary disease and multiple comorbidities. Review of the care plan for resident #4 showed an admission date of 7/21/24 that included a diagnosis of acute respiratory failure and tracheostomy. In addition, the resident's care plan showed s/he was at risk for infection because of indwelling medical devices and included the tracheostomy as a focus area. The following concerns were identified: a. Interview with resident #4 on 8/22/24 at 2:30 PM revealed the dressing had not been changed that day and when asked how many days it had been since the last dressing change the resident held up 3 fingers. When asked how many days since the cannula had been cleaned or change the resident held up 5 fingers and nodded "yes" to confirm the answers. b. Review of the treatment administration record (TAR) for July and August 2024 showed "clean or change inner cannula...one time a day" was not performed on 7/20/24, 7/27/24, 8/1/24, 8/8/24, 8/12/24, 8/13/24, 8/20/24, and 8/21/24. c. Review of the TAR for July and August 2024 showed "change trach ties daily and PRN if soiled two times a day" was not performed on 7/20/24.	F 695	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: Resident #4 no longer has a tracheostomy. The resident’s care plan was updated on 17 Sept 2024 to reflect current needs. Interview with resident on 17 Sept 2024 by Social Services Director shows all his needs are currently being met and he is satisfied with care II. HOW THE FACILITY IDENTIFIED OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: There are currently no other residents with a tracheostomy who could be affected. An audit of treatment administration records for a two-week period was conducted on 16/17 Sept 2024 by Director of Nursing and providers were notified on and by 16/17 Sept 2024 and care plans updated as indicated, and (TARS) will be audited daily	

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F 695	Continued From page 2 d. Review of the TAR for July and August 2024 showed "observe for changes in skin integrity of stoma site...every shift during care" was not performed on the night shift of 7/19/24, neither the day or night shift on 7/20/24, nor the day shift on 8/8/24. e. Review of the TAR for July and August 2024 showed "suction tracheostomy tube as needed to clear airway. Document results...two times a day" and results were not documented on the night shift of 7/19/24, neither day or night shift on 7/20/24, nor the day shifts on 7/27/24, 8/8/24, 8/19/24, and 8/20/24. f. Review of the TAR for July and August 2024 showed "Tracheostomy Care every shift and PRN" was not performed on the day shifts of 7/20/24, 8/8/24, 8/13/24, 8/19/24, 8/20/24, and 8/21/24. g. Review of the TAR for July and August 2024 showed " Tracheostomy site dressing change every shift and PRN if soiled" was not performed on the shift of 7/19/24, neither day or night shift of 7/20/24, nor the day shift on 7/27/24, 8/8/24, 8/13/24, 8/19/24, 8/20/24, and 8/21/24. h. Review of the training records for staff who had provided care to the resident showed no evidence of education or competency for LPN #1 or RN #4. i. Review of the progress notes for resident #4 showed the resident coughed out the tracheostomy cannula at the facility on 8/3/24 and was transported by ambulance to the emergency room to have it replaced. The discharge instructions included directions related to tracheostomy care and included how to clean the cannula. 2. Interview with LPN#1 on 8/22/24 at 2:46 PM verified the resident required daily tracheostomy	F 695	III. MEASURES OR SYSTEMIC CHANGES MADE TO ENSURE THE DEFICIENT PRACTICE WILL NOT OCCUR AGAIN: Staff have been educated 16/17 Sept 2024 by Director of Nursing and Respiratory Therapist on the policy for Notification of Changes including notification and documentation of refusal of treatment. Also, education was conducted 16/17 Sept 2024 to nursing staff on timely documentation on MARS and TARS. A respiratory therapist has been hired on 1 Sept 2024. Education and competencies of trach care and suctioning will be provided to nursing staff by Director of Nursing and Respiratory Therapist on 16 and 17 Sept 2024. IV. HOW THE FACILITY PLANS TO MONITOR PERFORMANCE TO MAKE SURE THE SOLUTIONS ARE SUSTAINED: Audits of Treatments Administration Record will be conducted weekly for four weeks then monthly for 3 months and results reported to the Quality Assurance & Performance Improvement Committee.	

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F 695	Continued From page 3	F 695		

care and she had provided care a few times. Further interview revealed the resident preferred "minimal care" and s/he may have refused care on some shifts.

3. Interview with RN #3 on 8/22/24 at 4 PM confirmed she had cared for resident #4 and completed the daily assessment as ordered; however, the resident was at times "resistant" to tracheostomy care.

4. Interview with RN #2 on 8/23/24 at 8:46 AM revealed there is often a provider onsite and they should be notified of any changes in the residents care. Notification should be documented in the record.

5. Interview with the DON on 8/22/24 at 1:35 PM revealed resident #4 had daily orders for tracheostomy care and verified the omissions on the TAR were because either the resident had not received the care as ordered or staff had not documented the care but in either case, there should have been something documented for each treatment.

6. Interview with the administrator regarding competency of LPN #1 and RN #4 revealed he considered them "subject matter experts" based on their education and experience and confirmed the facility did not have documentation of competency for either of those nurses.

7. Review of the facility policy "Notification of Changes", dated 10/23/23, showed "The purpose of this policy is to ensure the facility promptly informs the resident, consults with the resident's physician...when there is a change requiring notification...3. Circumstances that require a need

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F 695	Continued From page 4 to alter treatment...iv. Care issues including refusals which should be documented and part of the care plan..."	F 695		