STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535017	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sublette County Health	333 N Bridger Ave Pinedale, WY 82941

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure adequate monitoring of psychotropic medications for 2 of 6 sample residents (#2, #90) reviewed for unnecessary medications. In addition, the facility failed to ensure as needed (PRN) psychotropic medications were limited to 14 days unless there was a documented rationale for 1 of 6 sample residents (#89) reviewed for unnecessary medications. The findings were: 1. Review of the quarterly MDS assessment dated [DATE] showed resident #2 had diagnoses which included non-Alzheimer's dementia, anxiety disorder, and depression. Review of the physician orders showed the resident had an order for duloxetine (antidepressant) 60 mg daily. The following concern was identified: a. Review of the medical record showed there were no identified target symptoms for the antidepressant. 2. Review of the medical record for resident #90 showed the resident admitted on [DATE] and had diagnoses which included disorientation, history of falling, and depression. Review of the resident's physician orders showed the resident had orders for mirtazipine (antidepressant) 7.5 mg and citalopram (antidepressant) 10 mg. The following concerns were identified: a. Review of the medical record showed no evidence the facility had identified or was monitoring target symptoms for the either antidepressant medication. 3. Review of the medical record showed resident #89 admitted to the facility on [DATE] with diagnoses which included dementia with psychotic disturbance, depression, and personal history or suicidal behavior. Review of the resident's physician orders showed an order for trazadone 50 mg PRN which was ordered on 6/9/25 and there was no stop date indicated. The following concerns were identified: a. Review of the medical record showed no evidence the physician provided a rationale for the PRN trazadone to not have a stop date. 4. Interview with the facility administrator on 6/12/25 at 9:02 AM confirmed some medications only have diagnosis and the facility did not identify target symptoms. Further she confirmed the physician did not provide a rationale for not indicating stop dates for the prn psychotropic medications. (continued on next page)

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.

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

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5. Review of the facility policy titled Psychotropic Utilization last reviewed 2/14/25 showed . (4) PRN orders for psychotropic are limited to 14 days. Except as provided in §483.45 (e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order .Medication Management: The regulations associated with medication management include consideration of: adequate monitoring for efficacy and adverse consequences .Monitoring for Efficacy and Adverse Consequences .Monitoring and accurate documentation of the resident's response to any medication(s) is essential to evaluate the ongoing benefits as well as risks of various medications. Monitoring should also include evaluation of the effectiveness of non-pharmacological approaches, such as prior to administering PRN medications .

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and review of the CMS RAI manual review, the facility failed to ensure MDS assessments were transmitted within 7 days of completion for 1 of 15 sample residents (#3) reviewed. The findings were: 1. Review of a progress note for resident #3 dated [DATE] and timed 10:03 AM showed the resident expired at the facility. Review of the MDS data for the resident showed the discharge assessment had been completed; however, it had not been submitted. 2. Interview with the MDS coordinator on [DATE] at 3:36 PM confirmed the resident was discharged from the facility in February 2025, the assessment had been completed, and the assessment had not been transmitted. Further interview revealed she transmitted the assessment at that time. Further interview confirmed it should have been submitted prior. 3. Review of the CMS Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual version 1.19.1 dated [DATE] showed .Tracking Information Transmission: For Entry and Death in Facility tracking records, information must be transmitted within 14 days of the Event Date (A1600 +14 days for Entry records and A2000 + 14 days for Death in Facility records) .

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, staff interview, and policy and procedure review, the facility failed to ensure proper infection control practices for 1 of 2 sample residents (#10) with foley catheter placement and during 2 meal observations. The census was 35. The findings were: Regarding residents with foley catheters: 1. Review of the quarterly MDS assessment dated [DATE] showed resident #10 had a brief interview for mental status score of 13 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included neurogenic bladder, diabetes mellitus, and dementia. Further review showed the resident required substantial/maximal assistance with toileting, showers, upper body dress, lower body dress, putting on footwear, and personal hygiene and had an indwelling urinary catheter. Review of the resident's care plan dated 3/13/25 showed Problem: NURSING: Resident requires a suprapubic catheter related to neurogenic bladder with history of UTI and the interventions included Cath to be emptied every 4 hours with resident checked for incontinent bowel during each encounter to prevent increased risk for infection. Cath care every shift & PRN [as needed] .Do not allow tubing or any part of the drainage system to touch the floor .The following concern was identified: a. Observation on 6/9/25 at 7 PM showed the resident was sitting in the recliner with his/her leg rest up. Under the leg rest, the urinary catheter bag was lying directly on the floor. No barrier was seen between the bag and floor and dark yellow urine was noted in the bag and in the catheter tubing. 2. Interview with CNA #1 on 6/10/25 at 3:38 PM revealed the urinary drainage bag was to be in a basin, and never on the floor. 3. Interview with the infection preventionist on 6/11/25 at 11:25 AM revealed it was the facility expectation for the urinary drainage bags to never be on the floor and to be covered. 4. Review of the procedure Care of an indwelling Catheter hand delivered on 6/11/25 at 11:30 AM by the infection preventionist showed .9.g. Ensure drainage bag is secure in an opaque bag or wash basin. Bags may not rest on the floor or remain uncovered. Regarding meal service: 1. Observation on 6/10/25 at 7:59 AM staff member #1 was assisting with passing resident meal trays. While passing the trays, the staff member was observed touching residents' arms and wheelchairs. Without performing hand hygiene, the staff member approached a resident and assisted the resident by using her ungloved left hand to hold the resident's toast and applying butter with a knife in her right hand. 2. Observation on 6/11/25 at 11:53 AM showed dietary staff member #1, who was wearing gloves, rubbed his face with his left hand. Without removing the gloves, the staff member held the bun of a sandwich using his left hand, and cut the sandwich in half. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Interview with the infection preventionist on 6/12/25 at 10:43 AM revealed if staff were touching residents' food items, hand hygiene should be performed before contact with the food items and gloves were to be worn. Further interview revealed after staff touched contaminated surfaces, contaminated gloves should be doffed, hand hygiene should be performed, and new gloves should be donned. 4. Review of the facility policy titled Hand Hygiene last reviewed on 1/23/25 showed .A. Indications for hand hygiene included: 1. Before touching a patient or resident .4. After touching a patient or resident .11. After contact with inanimate surfaces and objects in the immediate vicinity of the patient or resident . 14. After blowing or wiping the nose, coughing, or sneezing, even if a tissue is used .