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	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

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44506 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 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 admitted [DATE] 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 admitted [DATE] 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. 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. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 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 to alter treatment .iv. Care issues including refusals which should be documented and part of the care plan .