STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535029	A. Building B. Wing	05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crook County Medical Services District Ltc	713 Oak Street Sundance, WY 82729

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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37220 Based on staff interview, medical record review, and review of the Resident Assessment Instrument (RAI) manual, the facility failed to ensure MDS assessment information was an accurate reflection of resident status for 1 of 12 sample residents (#8) reviewed. The findings were: 1. Review of the 3/6/24 quarterly MDS assessment for resident #8 showed the resident was admitted to the facility on [DATE] and had a diagnosis of atrial fibrillation. Review of the November 2023, December 2023, January 2024, February 2024, and March 2024 medication administration records showed the resident was administered 5 milligrams of Eliquis (an anticoagulant) every 12 hours. The findings were: a. Review of the 12/6/23 and 3/6/24 quarterly MDS assessments showed the resident was not coded as receiving an anticoagulant during the 7-day look-back period. b. Interview with the ADON on 5/9/24 at 9:57 AM confirmed the MDS assessments had been coded incorrectly. 2. According to the MDS 3.0 RAI Manual version 1.18.11 page 483 N0415E1. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin): Check if an anticoagulant medication was taken by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days).

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37220 Based on medical record review and staff interview, the facility failed to ensure the comprehensive care plan was revised as needed to reflect the resident's current needs for 2 of 12 sample residents (#8, #9). The findings were: 1. Review of the 3/20/24 quarterly MDS assessment showed resident #9 was admitted on [DATE] with diagnoses which included a primary medical condition of moderate dementia without psychotic disturbance, heart failure, and depression. Review of an 3/19/24 Office Clinic Note Physician report showed the resident had been recently placed on comfort cares as his/her dementia seems to be progressing and [s/he] is no longer eating well and is losing weight. A discussion was had with the POA and a mutual decision was made to discontinue medications with the exception of liquid Tylenol. The following concerns were identified: a. Review of the care plan, last reviewed 3/20/24, failed to show revisions related to comfort care. b. Interview with the ADON on 5/9/24 at 9:54 AM confirmed the care plan had not been revised to reflect the resident's comfort care status. 2. Review of the 9/6/23 admission MDS assessment showed resident #8 was prescribed scheduled and as needed pain medication, and had mild pain almost constantly which did not interfere with sleep or activities. The following concerns were identified: a. Review of the 12/6/23 quarterly MDS assessment showed the resident had pain almost constantly at an intensity level of 10 out of 10 which affected both sleep and interfered with activities. b. Review of the 3/6/24 quarterly MDS assessment showed the resident had pain almost constantly at an intensity level of 10 out of 10 which frequently affected his/her sleep, interfered with therapy activities almost constantly, and occasionally interfered with day-to-day activities. c. Review of the resident's current physician orders showed the resident was prescribed acetaminophen 325 milligrams and tramadol (an opioid) 50 milligrams every 12 hours. d. Review of the resident's care plan, last reviewed 3/6/24, failed to show the care plan had been revised to include goals and interventions related to pain. e. Interview with the ADON on 5/9/24 at 9:50 AM confirmed the care plan should have been revised to include pain management.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Some	Post nurse staffing information every day. 37603 Based on daily staff posting review and staff interview, the facility failed to ensure the data requirements were included on the the daily staff postings. The findings were: The census was 20. 1. Review of 2 weeks look back of the daily staff postings showed the facility failed to include the facility's name. 2. Interview with the ADON on 5/8/24 at 11:37 AM revealed she was unaware the facility's name needed to on the daily staff postings, and confirmed the facility name was not on the daily staff postings.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37220 50485 Based on observation, staff interview, review of the dishwasher and refrigerator/freezer temperature log sheets, manufacturer's instructions, and the 2022 FDA Food Code, the facility failed to ensure a sanitary environment in 1 of 1 kitchen. The census was 20. The findings were: 1. Observation on 5/6/24 at 2:39 PM showed the facility used a [NAME] chemical sanitizing dishwashing machine. The temperature of the water and the concentration of the chlorine sanitizer solution were to be monitored at breakfast, lunch and dinner. Review of the [NAME] dishwashing machine manufacturer's instructions showed the minimum temperature of the wash and rinse water was 120 degrees Fahrenheit (F), with a recommended temperature of 140 degrees F. The concentration of the chlorine sanitizer should be between 50 and 100 parts per million (ppm). The following concerns were identified: a. Review of the March 2024 dish machine log sheet showed the required concentration of the sanitizer and temperature of the wash and rinse water was not documented on the form 32 out of 93 opportunities. Review of the April 2024 dish machine log sheet showed the required concentration of the sanitizer and temperature of the wash and rinse water was not documented on the form 23 out of 90 opportunities. b. The dinner wash cycle, rinse cycle and sanitizer concentration were missing on 3/1, 3/3, 3/4, 3/5, 3/6, 3/8, 3/13, 3/15, 3/18, 3/21, 3/22, 3/25, 3/27, 3/31, 4/1, 4/2, 4/3, 4/6, 4/8, 4/9, 4/15, 4/16, 4/18, 4/19, 4/25, 4/29, and 4/30. c. The breakfast, lunch, and dinner wash cycle, rinse cycle and sanitizer concentration were missing on 3/2, 3/30, 4/7, and 4/13. d. The breakfast and lunch wash cycle, rinse cycle and sanitizer concentration were missing on 3/9, 3/10, and 3/23. e. The breakfast sanitizer concentration was missing on 3/16. f. The lunch and dinner wash cycle, rinse cycle and sanitizer concentration were missing on 3/16, 3/17, 3/24, and 4/21. g. The dinner sanitizer concentration was missing on 4/17. h. The lunch wash cycle, rinse cycle and sanitizer concentration was missing on 4/28. 2. Review of the March and April 2024 Walk-In Cooler Temperature Log showed the temperature was to be documented on both the morning and afternoon shifts. The expected ranges of the refrigerator were not posted on the log sheet. The following concerns were identified: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	a. The morning and afternoon shift temperatures were missing on 3/1, 3/2, 3/3, 3/4, 3/5, 3/30, and 3/31. b. The afternoon shift temperature was missing on 3/18, 4/15, 4/23, and 4/30. c. The morning shift temperatures were missing on 3/28, 3/29, 4/11, 4/14, 4/15, 4/16, 4/20, 4/21, 4/22, 4/24, and 4/26. d. On the afternoon shift of 4/7 the temperature was recorded as minus 10 degrees F. e. On the afternoon shift of 4/8 the temperature was recorded as minus 12 degrees F. f. On the afternoon shift of 4/9 the temperature was recorded as 0 degrees F. g. On the afternoon shift of 4/10 the temperature was recorded as minus 8 degrees F. 3. Review of the March and April 2024 Walk-in Freezer temperature log showed the temperature was to be documented on both the morning and afternoon shifts. The expected ranges of the freezer were not posted on the log sheet. The following concerns were identified: a. The morning and afternoon shift temperatures were missing on 3/1, 3/2, 3/3, 3/4, 3/5, 3/30, 3/31, 4/11, 4/14, 4/15, 4/16, 4/20, 4/21, 4/22, 4/24, and 4/26. b. The afternoon shift temperature was missing on 3/18, 4/12, 4/19, and 4/30. c. The morning shift temperatures were missing on 3/28, 3/29, 4/10, 4/11, 4/16, 4/17, 4/20, 4/22, and 4/26. 4. Review of the February 2024 and May 2024 Reach-In Cooler Temperature Log showed the temperature was to be documented on both the morning and afternoon shifts. The expected ranges of the refrigerator were not posted on the log sheet. The following concerns were identified: a. The morning and afternoon shift temperatures were missing on 2/1, 2/2, 2/3, and 2/4. b. The afternoon shift temperature was missing on 2/18. c. The morning shift temperatures were missing on 2/19, 2/28, and 2/29, 5/1, 5/2, 5/3, and 5/4. 5. Interview with the administrator on 5/9/24 at 9:09 AM confirmed the temperature log and dish machine sheets were incomplete. 6. Review of the undated Dishwasher Temperature policy provided by the administrator on 5/8/24 showed .2. The wash temperature of the spray dishwasher will be at 150 degrees or above. 3. The rinse temperature of the dishwasher will be at 160 or above. 4. The final rinse temperature will be at 180 degrees or above. 5. Temperatures below 180 degrees require corrective actions. 6. Water temperatures will be measured prior to each meal and/or after the dishwasher has been emptied or re-filled for cleaning purposes and recorded on the Dishwasher Temperature Chart. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	7. Review of the undated Monitoring of Cooler/Freezer Temperature policy provided by the administrator on 5/8/24 showed .1. Logs for recording temperatures for each refrigerator or freezer will be posted in a visible location outside the freezer or refrigerator unit. Temperatures will be checked and logged at least twice per day by designated personnel. Logs will be changed out and filed each month. 2. Thermometers shall be placed inside each cooler/freezer and calibrated at least once per week. Calibration between the inside thermometer and the outside gauge of the unit will be checked as well. 3. All refrigerated storage must be maintained at or below 41 degrees F, unless otherwise specified by law. 4. All frozen storage must be maintained at or -4 degrees F, unless otherwise specified by law. 5. If temperatures are above 41 degrees for coolers or 10 F for freezer, the supervisor will be notified immediately for corrective action. 8. According to the 2022 FDA Food Code 4-703.11 Hot Water and Chemical. Efficacious sanitization depends on warewashing being conducted within certain parameters. Time is a parameter applicable to both chemical and hot water sanitization. The time hot water or chemicals contact utensils or food-contact surfaces must be sufficient to destroy pathogens that may remain on surfaces after cleaning. Other parameters, such as rinse pressure, temperature, and chemical concentration are used in combination with time to achieve sanitization. When surface temperatures of utensils passing through warewashing machines using hot water for sanitizing do not reach the required 71oC (160oF), it is important to understand the factors affecting the decreased surface temperature. A comparison should be made between the machine manufacturer's operating instructions and the machine's actual wash and rinse temperatures and final rinse pressure. The actual temperatures and rinse pressure should be consistent with the machine manufacturer's operating instructions and within limits specified in SS 4-501.112 and 4-501.113. If either the temperature or pressure of the final rinse spray is higher than the specified upper limit, spray droplets may disperse and begin to vaporize resulting in less heat delivery to utensil surfaces. Temperatures below the specified limit will not convey the needed heat to surfaces. Pressures below the specified limit will result in incomplete coverage of the heat-conveying sanitizing rinse across utensil surfaces.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 37603 Based on Payroll Base Journal (PBJ) review and staff interview, the facility failed to ensure direct care staffing information was submitted on schedule specified by CMS for 2 of 4 quarterly periods (1st quarter, 10/2023-12/2023, 3rd quarter, 4/2023-6/2023). The findings were: 1. Review of the [NAME] Payroll Base Journal showed the facility failed to submit data for quarter 1 (10/2023- 12/2023) and quarter 3 (4/2023-6/2023). 2. Interview with payroll management on 5/8/24 at 2:42 PM revealed the facility had missed the deadlines for submission of the data on both quarters. 3. Interview with the administrator on 5/9/24 at 10 AM confirmed the facility had missed the deadlines for submission to the PBJ on the 2 quarters.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 37603 Based on observation, staff interview, and professional standards review, the facility failed to ensure infection prevention techniques were followed during 1 of 1 wound care observation(#8). The findings were: 1. Observation of wound care for resident #8 on 5/8/24 at 11:27 AM showed RN #1 donned gloves, placed a barrier under the resident's legs, and set unopened supplies on the table. She removed an old dressing from the right leg. She cleaned the wound with gauze and wound cleaner. Doffing her gloves, she fanned the wound with a dressing packet. She performed hand hygiene, donned gloves and opened the packet and placed the calcium alginate. She then opened the abd pad packet and placed it over the calcium alginate and then opened the kerlix gauze packet and wrapped the right lower leg. The nurse then moved to the left lower leg, doffing, hand hygiene, donning gloves. She removed the old dressing, cleaned the wound with wound cleaner and gauze, and fanned the wound with an unopened dressing packet. She offed her gloves, performed hand hygiene, and donned new gloves. She then opened the calcium alginate packet and placed the dressing to the wound. She opened the abd pad packet and placed it over the calcium alginate, then opened the kerlix gauze package and wrapped the dressing around the lower leg. 2. Interview with RN #1 at the end of the dressing change revealed she was not wound care certified. She confirmed that was how she normally did the wound dressing change. She stated she fanned the wounds because the resident liked it. She confirmed that outer packets were dirty and were opened when she was in the clean process. 3. Interview with the ADON on 5/8/24 at 12:20 PM revealed it was the expectation for staff during wound care to keep clean procedures clean, change gloves between dirty and clean, and do not fan a wound. 4. Review of website https://www.ncbi.nlm.nih.gov/books/NBK593201/ on 5/17/24 showed . A break in the skin allows bacteria to enter and begin to multiply.Step 1. Gather supplies: 2. Perform safety steps: Perform hand hygiene, Check the room for transmission-based precautions, .Be organized and systematic . Perform hand hygiene immediately prior to arranging the supplies at the bedside. 6. Place a clean, dry, barrier on the bedside table. Create a sterile field if indicated by agency policy. 7. Pour sterile normal saline into opened sterile gauze packaging to moisten the gauze. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Normal saline containers must be used for only one patient and must be dated and discarded within at least 24 hours of being opened. Commercial wound cleanser may also be used. 8. Expose the dressing. 9. Perform hand hygiene and apply nonsterile gloves. 10. Remove the outer dressing. 11. Remove the inner dressing. Use transfer forceps, if necessary, to avoid contaminating the wound bed. 12. Remove gloves, perform hand hygiene, and put on new gloves. Wrap the old inner dressing inside the glove as you remove it, if feasible, to prevent contaminating the environment. 13. Assess the wound. 14. Drape the patient with a water-resistant underpad, if indicated, to protect the patient's clothing and linen. 15. Apply gloves and other PPE as indicated. Goggles, face shield, and/or mask may be indicated. 16. Cleanse the wound based on agency policy, using moistened gauze, commercial cleanser, or sterile irrigant. When using moistened gauze, use one moistened 2 x 2 sterile gauze per stroke. Work in straight lines, moving away from the wound with each stroke. Strokes should move from a clean area to a dirty area and from top to bottom. Note: A suture line is considered the least contaminated area and should be cleansed first. 18. Remove gloves, perform hand hygiene, and apply new gloves. 19. Apply sterile dressing (4 x 4 sterile gauze), using nontouch technique so that the dressing touching the wound remains sterile. 20. Apply outer dressing if required. Secure the dressing with tape as needed. 21. Remove gloves and perform hand hygiene.