STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535042	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shepherd of the Valley Rehabilitation and Wellness	60 Magnolia Casper, WY 82604

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35081 Based on resident and staff interview, medical record review, and policy and procedure review, the facility failed to ensure restorative nursing care was provided to maintain residents' ability to carry out activities of daily living for 2 of 3 sample residents (#22, #100) reviewed for restorative nursing. The findings were: 1. Review of the annual MDS assessment dated [DATE] showed resident #22 had a BIMS score of 15 out 15, which indicated the resident was cognitively intact, and had diagnoses which included an unspecified fracture of right lower leg, morbid obesity, and other muscle spasms. Further review showed the resident had functional limitation in range of motion for bilateral upper and lower extremities and no restorative programming was performed during the 7-day lookback period. The following concerns were identified: a. Interview with the resident on 10/29/24 at 2:12 PM revealed s/he recently declined with transfers and now had to use a full body mechanical lift instead of a sit-to-stand mechanical lift. The resident revealed s/he had an active restorative nursing plan, which was not being performed, and s/he would like to complete the restorative plan; however, the restorative staff was being pulled to the floor to work open shifts. Further interview revealed s/he mentioned his/her desire to participate in restorative during the last care plan meeting and was told the facility was short staffed. b. Review of the August 2024 Documentation Survey Report showed the resident was to receive Nursing Rehab/Restorative: Active ROM [range of motion] Program: Bike 1-2x/week [1 to 2 times per week] as tolerated and Nursing Rehab/Restorative: Transfer Program: Standing neurogym/parallel bars 1-2x/week as tolerated. Further review showed each of the programs were provided twice during the month, on 8/13/24 and 8/14/24. Review of the September 2024 Documentation Survey Report showed the resident received each program once during the month, on 9/19/24. Review of the October 2024 Documentation Survey Report showed the resident received each program once during the month, on 10/24/24. 2. Review of the quarterly MDS assessment dated [DATE] showed resident #100 had a BIMS score of 7 out 15, which indicated severe cognitive impairment, and diagnoses which included non-Alzheimer's dementia, fibromyalgia, inflammatory polyarthropathy, and unspecified neuralgia and neuritis. Further review showed the resident had no range of motion impairment and no restorative programming was performed during the 7-day look back period. The following concerns were identified: (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: 535042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Shepherd of the Valley Rehabilitation and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 60 Magnolia Casper, WY 82604	

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a. Review of the August 2024 Documentation Survey Report showed the resident was to receive Nursing Rehab/Restorative: Active ROM Program: Bike or NuStep 1-2x/week as tolerated and Nursing Rehab/Restorative: Walking Program: Ambulate distance tolerated with assist 1-2x/week as tolerated. Further review showed each of the programs were provided four times during the month, on 8/2/24, 8/15/24, 8/21/24, and 8/30/24. Review of the September 2024 Documentation Survey Report showed the resident received each program once during the month, on 9/30/24. Review of the October 2024 Documentation Survey Report showed the resident received each program twice during the month, on 10/8/24 and 10/24/24. 3. Interview with the DON and MDS coordinator on 10/31/24 at 8:30 AM confirmed the lack of restorative nursing was due to restorative aides working the floor. 4. Review of the policy titled Restorative Program, last updated March 2019, showed .The following residents may be appropriate for a restorative program: Any resident identified and evaluated to be appropriate on admission for a restorative program to reach their highest potential. Any resident who has a decline in level of function from baseline. Any resident discontinued from active therapy that requires ongoing restorative to maintain their functional gains. Any resident at risk for declining in function .

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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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50485 Based on resident and staff interview and medical record review, the facility failed to ensure activities meet the interest/needs of each resident for 4 of 6 sample residents (#22, #30, #41, #61) reviewed for activities. The findings were: 1. Review of the significant change MDS assessment dated [DATE] showed resident #30 had a BIMS score of 15 out 15, which indicated the resident was cognitively intact, and diagnoses which included amputation. Further review showed the resident indicated it was very important to go outside and get fresh air when the weather was good and somewhat important to listen to music s/he liked and to do his/her favorite activities. Review of the care plan last revised on 10/22/24 showed the resident would like staff to continue to invite him/her to activities that may be of interest, and encourage him/her to participate in activities of interest. The following concerns were identified a. Interview with the resident on 10/28/24 at 2:45 PM revealed s/he was unaware of any group activities that were available. b. Review of the activity participation log for the resident showed the resident actively participated in the independent activities of watching television and sensory stimulation on 11 of 48 days reviewed, and actively participated in the independent activities of reading, puzzles, and newspaper on 3 of 48 days reviewed. There was no participation in any other activities indicated. c. Interview with the activity director on 10/31/24 at 1:31 PM revealed activity aides should tell residents about activities upon admission. 2. Review of the significant change MDS assessment dated [DATE] showed resident #61 had a BIMS score of 10 out of 15, which indicated moderate cognitive impairment, and diagnoses which included depression, partial amputation of right foot, and phantom limb syndrome with pain. Review of the care plan last revised on 10/8/24 showed the resident would like staff to continue to invite him/her to activities that may be of interest, and encourage him/her to participate in activities of interest. a. Interview with resident #61 on 10/29/24 at 8:59 AM revealed s/he would like to play BINGO. b. Review of the activity participation log showed the resident actively participated in the independent activities of watching television and sensory stimulation on 12 of 64 days reviewed, and actively participated in the independent activities of reading, puzzles, and newspaper on 5 of 64 days reviewed. There was no participation in any other activities indicated, including BINGO. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Review of the annual MDS assessment dated [DATE] showed resident #41 had a BIMS score of 15 out 15, which indicated the resident was cognitively intact, and had diagnoses which included hemiplegia or hemiparesis, seizure disorder or epilepsy, anxiety disorder, and depression. Further review showed the resident indicated it was very important to listen to music s/he liked, to be around animals, to do his/her favorite activities, to go outside to get fresh air when the weather was good, and to participate in religious services or practices. In addition, the resident indicated it was somewhat important to have books, newspapers, and magazines to read and do things with groups of people. Review of the care plan last revised on 10/21/24 showed the resident would like staff to continue to invite him/her to activities that may be of interest, and encourage him/her to participate in activities of interest. a. Interview with the resident on 10/29/24 at 10:23 AM revealed the resident would attend activities when . they're good enough to go to. I would go if they weren't for old people and if it was interesting. b. Review of the activity participation log for the resident showed s/he actively participated in the independent activities of watching television and sensory stimulation on 25 of 96 days reviewed, and actively participated in the independent activities of reading, puzzles, and newspaper on 4 of 96 days reviewed. There was no participation in any other activities indicated. c. Interview with the activity director on 10/31/24 at 1:26 PM revealed the resident participated in fishing, fair and rodeo events last summer; however, she revealed the facility was not able to do many outings at that time due to low staffing and the facility only having one van in use. She confirmed the resident did not participate in the group activities they provided at the facility. 4. Review of the annual MDS assessment dated [DATE] showed resident #22 had a BIMS score of 15 out 15, which indicated the resident was cognitively intact, and had diagnoses which included an unspecified fracture of right lower leg, morbid obesity, and other muscle spasms. Further review showed it very important to the resident to have books, newspapers, and magazines to read, listen to music s/he liked, keep up with the news, do his/her favorite activities, and go outside to get fresh air when the weather is good. Review of the resident's care plan, last revised on 9/16/23 showed activities of interest included animals and pets, helping others and volunteering, cooking and baking, dining out, movies, politics, listening to the radio, reading, shopping, television, and theater/plays. The following concerns were identified: a. Interview with the resident on 10/29/24 at 2:12 PM revealed s/he taught first and second grade and felt the activities s/he did with his/her classes were the same kind of activities offered at the facility and s/he did not care for them. b. Review of the activity participation record from 9/1/24 through 10/30/24 showed the resident was an active participant in independent activities on 26 out of 60 days reviewed. Further review showed no other type of activity participation was documented and the independent activities included reading, puzzles, television, sensory stimulation, mail delivery, newspaper, and snacks. c. Interview with the activity director on 10/31/24 at 1:11 PM revealed she was aware the resident did not like to participate in the offered group activities and the resident had been offered 1 to 1 activities. She revealed staff check in with the resident once each month and they try to have outings. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. Interview with the activity director on 10/31/24 at 1:31 PM revealed the facility needed to get better about activity aides inviting residents from all the units and the activity department had been without full staff for a few months. The activity director had been trying to hire two more staff for most of the summer. Further interview revealed they try to assess residents for activities they would like to participate in. 35081

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 50665 Based on resident and staff interviews and medical record review, the facility failed to ensure sufficient staffing to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident on 2 of 5 resident care units (south, east). The census was 155. The findings were: 1. Interview with 10 residents during the resident council meeting on 10/29/24 at 9:28 AM revealed turnover in CNAs and the facility being short-staffed has resulted in care not being provided timely, call lights were not answered for 30 to 40 minutes, beds were not made, and rooms did not look nice. The group felt the facility needed more staff. 2. Interview with resident #41 on 10/29/24 at 10:21 AM revealed there was never enough staff. 3. Interview with resident #67 on 10/29/24 at 2:42 PM revealed sometimes the facility did not have enough staff. 4. Interview with resident #24 on 10/29/24 at 10:03 AM revealed s/he felt the facility could use more staff and call lights were not always answered timely. 5. Interview with resident #22 on 10/29/24 at 2:12 PM revealed s/he did not always receive showers. The resident revealed s/he went without showers for a while at the end of September and beginning of October and then was only provided 1 shower per week due to staffing issues. S/he revealed s/he recently declined with transfers and now had to use a full body mechanical lift instead of a sit-to-stand mechanical lift. The resident revealed s/he had an active restorative nursing plan, which was not being performed, and s/he would like to complete the restorative plan; however, the restorative staff was being pulled to the floor to work open shifts. Further interview revealed s/he mentioned his/her desire to participate in restorative during the last care plan meeting and was told the facility was short staffed. The following concerns were identified: a. Review of the 30-day bathing record on 10/30/24 showed the resident received no showers prior to 10/21/24 and the resident was marked not applicable on 10/10/24 and 10/16/24. Review of the updated 30-day bathing record on 10/31/24 showed the resident received showers on 10/3/24, 10/8/24, and 10/14/24, which were not previously documented. Further review showed the showers were documented by the DON. Review of East Station Bath Schedule logs for 10/3/24, 10/8/24, and 10/14/24 showed the resident was listed with other residents, there were 8 columns, and there was no evidence the resident received showers. b. Review of the August 2024 Documentation Survey Report showed the resident was to receive Nursing Rehab/Restorative: Active ROM [range of motion] Program: Bike 1-2x/week [1 to 2 times per week] as tolerated and Nursing Rehab/Restorative: Transfer Program: Standing neurogym/parallel bars 1-2x/week as tolerated. Further review showed each of the programs were provided twice, on 8/13/24 and 8/14/24. Review of the September 2024 Documentation Survey Report showed the resident received each program once, on 9/19/24. Review of the October 2024 Documentation Survey Report showed the resident received each program once, on 10/24/24. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6. Review of the 30-day bathing record on 10/30/24 showed resident #27 received a bath 10/8/24 and was marked not applicable on 10/1/24, 10/15/24, 10/17/24, 10/22/24, and 10/24/24. Review of the updated 30-day bathing record on 10/31/24 showed the resident received showers on 10/1/24, 10/15/24, 10/24/24, and 10/29/24 which were not previously documented. Further review showed the showers were documented by the DON. Review of East Station Bath Schedule logs for 10/1/24, 10/15/24, 10/24/24, and 10/29/24 showed the resident was listed with other residents, there were 8 columns, and there was no evidence the resident received showers. 7. Review of the 30-day bathing record on 10/30/24 showed resident #130 received no bathing and was marked not applicable on 10/16/24 and 10/23/24. Review of the updated 30-day bathing record on 10/31/24 showed the resident received showers on 10/3/24, 10/10/24, 10/17/24, and 10/24/24 which were not previously documented. Further review showed the showers were documented by the DON. Review of East Station Bath Schedule logs for 10/3/24, 10/10/24, 10/17/24, and 10/24/24 showed the resident was listed with other residents, there were 8 columns, and there was no evidence the resident received showers. 8. Review of the August 2024 Documentation Survey Report showed resident #100 was to receive Nursing Rehab/Restorative: Active ROM Program: Bike or NuStep 1-2x/week as tolerated and Nursing Rehab/Restorative: Walking Program: Ambulate distance tolerated with assist 1-2x/week as tolerated. Further review showed each of the programs were provided four times, on 8/2/24, 8/15/24, 8/21/24, and 8/30/24. Review of the September 2024 Documentation Survey Report showed the resident received each program once, on 9/30/24. Review of the October 2024 Documentation Survey Report showed the resident received each program twice, on 10/8/24 and 10/24/24. 9. Interview with the DON and MDS coordinator on 10/31/24 at 8:30 AM revealed the shower information was updated in the system because the bath aides keep a bath schedule log list in the bath house with showers that were provided. They confirmed the system was updated, after the bathing records were requested, with information from the bath schedule logs and the staff member who completed the logs no longer worked at the facility. Further interview confirmed the lack of restorative nursing was due to restorative aides working the floor. 10. Interview with the administrator and regional clinical director on 10/31/24 at 1:55 PM revealed the East Station Bath Schedule logs were not part of resident records. Further interview confirmed bathing was expected to be documented in resident records when they occurred.

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F 0758

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 35081

Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure target symptoms were identified for 5 of 5 sample residents (#45, #96, #72, #114, #120) reviewed for unnecessary psychotropic medications. The findings were:

1. Review of the quarterly MDS assessment dated [DATE] showed resident #45 had a BIMS score of 7 out of 15, which indicated severe cognitive impairment, and diagnoses which included non-Alzheimer's dementia, seizure disorder, anxiety disorder, depression, psychophysiological insomnia, and severe intellectual disabilities or severe mental retardation. Further review showed the resident received antipsychotic medication, antianxiety medication, and antidepressant medication during the look back period. Review of the physician orders showed the resident received Ativan (antianxiety) 1 milligram (mg) by mouth three times per day for anxiety, bupropion (antidepressant) 300 mg by mouth daily for depression, buspirone (antianxiety) 10 mg by mouth three times per day for anxiety, sertraline (antidepressant) 60 mg by mouth daily for major depressive disorder, and trazadone (antidepressant) 25 mg by mouth daily for insomnia.

a. Review of the physician orders showed no evidence the facility had identified or was monitoring medication or resident specific target symptoms to evaluate the effectiveness of each medication.

b. Review of the care plan showed no evidence the facility had identified medication or resident specific target symptoms.

2. Review of the quarterly MDS assessment dated [DATE] showed resident #96 BIMS score of 12 out 15, which indicated the resident was cognitively intact, and had diagnoses which included non-Alzheimer's dementia, depression, unspecified sequelae infarction, cognitive communication deficit, and suicidal ideation. Further review showed the resident received antipsychotic and antidepressant medication during the look back period. Review of the physician orders showed the resident received quetiapine (antipsychotic) 25 mg by mouth daily for sleep and agitation and sertraline (antidepressant) 150 mg by mouth daily for major depressive disorder. The following concerns were identified:

a. Review of the physician orders showed no evidence the facility had identified or was monitoring medication or resident specific target symptoms to evaluate the effectiveness of each medication.

b. Review of the care plan showed no evidence the facility had identified medication or resident specific target symptoms.

50665

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Review of the 5-day Medicare MDS assessment dated [DATE] showed resident #120 had a BIMS score of 3 out of 15, which indicated severe cognitive impairment, and diagnosis which included non-Alzheimer's dementia, depression, and post-traumatic stress disorder (PTSD). Review of the physician orders showed the resident received escitalopram (antidepressant) 5mg by mouth daily for major depressive disorder, olanzapine (antipsychotic) 10mg by mouth daily for mood disorder, and divalproex (anticonvulsant) 500 mg by mouth three times a day for unspecified dementia with other behavioral disturbance. The following concerns were identified: a. Review of the physician orders showed no evidence the facility had identified or was monitoring medication or resident specific target symptoms to evaluate the effectiveness of each medication. b. Review of the care plan showed no evidence the facility had identified medication or resident specific target symptoms. 4. Review of the annual MDS assessment dated [DATE] showed resident #72 had a BIMS score of 0 out of 15, which indicated severe cognitive impairment, and diagnosis which included non-Alzheimer's dementia and anxiety disorder. Review of the physician orders showed the resident received Seroquel (antipsychotic) 50 mg by mouth daily for unspecified dementia, behavioral, psychotic and mood disturbance, mirtazapine (antidepressant) 7.5mg by mouth daily for unspecified dementia and anxiety disorder, and fluoxetine (antidepressant) 40mg by mouth daily for unspecified dementia. The following concerns were identified: a. Review of the physician orders showed no evidence the facility had identified or was monitoring medication or resident specific target symptoms to evaluate the effectiveness of each medication. b. Review of the care plan showed no evidence the facility had identified medication or resident specific target symptoms. 5. Review of the significant change MDS dated [DATE] showed resident #114 had a BIMS score of 5 out of 15, which indicated severe cognitive impairment and diagnosis which included dementia, depression, and bipolar disorder. Review of the physician orders showed the resident received fluoxetine (antidepressant) 20mg by mouth daily for bipolar disorder and olanzapine (antipsychotic) 10 mg by mouth daily for bipolar disorder. The following concerns were identified: a. Review of the physician orders showed no evidence the facility had identified or was monitoring medication or resident specific target symptoms to evaluate the effectiveness of each medication. b. Review of the care plan showed no evidence the facility had identified medication or resident specific target symptoms. 6. Review of the policy titled Psychotropic Drugs last updated October 2022, showed .2. Psychotropic drugs can be therapeutic and enhancing quality of life for residents suffering from mental illnesses (schizophrenia, depression, etc.), the Interdisciplinary Team (IDT) validates there are appropriate diagnoses of behavioral symptoms, so the underlying cause of the symptoms is recognized, and the condition is treated appropriately .5 .d. The Interdisciplinary Team (IDT) evaluates the resident's medication regime to validate the resident is not receiving duplicate drug therapy. Duplicate drug therapy is any drug that duplicates a particular drug effect on the resident, whether from the same drug class or not .

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 50665 Based on observation, staff interview, and policy review, the facility failed to label and provide the date medications were opened in 2 of 6 medication storage areas (south hall medication cart #1, south hall medication cart #2). The findings were: 1. Observation of the South Hall medication cart #1 on 10/29/24 at 2:50 PM showed the following three Lantus Solostar Insulin pens, two Novolog Insulin Aspart pens, and a Humalog Insulin pen which were opened and not dated. 2. Observation of the South Hall medication cart #2 on 10/29/24 at 2:35 PM showed the following one Novolog Insulin Aspart pen which was opened and not dated. 3. Interview with the RN #1 on 10/29/24 at 2:35 PM revealed insulin pens should be labeled with the date they were opened. 4. Interview with the DON on 10/31/24 at 10:41 AM revealed the nursing staff were responsible for labeling multidose medications with the resident's name and the date the medication was opened. 5. Review of the policy titled Medication Storage and Handling dated 6/23 showed .multi-dose vials which have been opened or accessed should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial .

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 35081 Based on resident and staff interview, medical record review, bath schedule log review, and policy and procedure review, the facility failed to ensure medical records were accurately documented for 3 of 5 sample residents (#22, #27, #130) reviewed for bathing. The findings were: 1. Interview with resident #22 on 10/29/24 at 2:12 PM revealed s/he did not always receive showers. The resident revealed during the beginning of October, s/he went without showers for a while at the end of September and beginning of October and then only provided 1 shower per week due to staffing issues. Review of the 30-day bathing record on 10/30/24 showed the resident received no showers prior to 10/21/24 and the resident was marked not applicable on 10/10/24 and 10/16/24. Review of the updated 30-day bathing record on 10/31/24 showed the resident received showers on 10/3/24, 10/8/24, and 10/14/24, which were not previously documented. Further review showed the showers were documented by the DON. Review of East Station Bath Schedule logs for 10/3/24, 10/8/24, and 10/14/24 showed the resident was listed with other residents, there were 8 columns, and there was no evidence the resident received showers. 2. Review of the 30-day bathing record on 10/30/24 showed resident #27 received a bath 10/8/24 and was marked not applicable on 10/1/24, 10/15/24, 10/17/24, 10/22/24, and 10/24/24. Review of the updated 30-day bathing record on 10/31/24 showed the resident received showers on 10/1/24, 10/15/24, 10/24/24, and 10/29/24 which were not previously documented. Further review showed the showers were documented by the DON. Review of East Station Bath Schedule logs for 10/1/24, 10/15/24, 10/24/24, and 10/29/24 showed the resident was listed with other residents, there were 8 columns, and there was no evidence the resident received showers. 3. Review of the 30-day bathing record on 10/30/24 showed resident #130 received no bathing and was marked not applicable on 10/16/24 and 10/23/24. Review of the updated 30-day bathing record on 10/31/24 showed the resident received showers on 10/3/24, 10/10/24, 10/17/24, and 10/24/24 which were not previously documented. Further review showed the showers were documented by the DON. Review of East Station Bath Schedule logs for 10/3/24, 10/10/24, 10/17/24, and 10/24/24 showed the resident was listed with other residents, there were 8 columns, and there was no evidence the resident received showers. 4. Interview with the DON and MDS coordinator on 10/31/24 at 8:30 AM revealed the shower information was updated in the system because the bath aides keep a bath schedule log list in the bath house with showers that were provided. Further interview confirmed the system was updated, after the bathing records were requested, with information from the bath schedule logs and the staff member who completed the logs no longer worked at the facility. 5. Interview with the administrator and regional clinical director on 10/31/24 at 1:55 PM revealed the East Station Bath Schedule logs were not part of resident records. Further interview revealed bathing was expected to be documented in resident records when it occurred.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Shepherd of the Valley Rehabilitation and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 60 Magnolia Casper, WY 82604	

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 50665 Based on observation, staff interview, and policy review, the facility ensure infection control procedures were implemented for 1 of 2 sample residents (#77) reviewed for enhanced barrier precautions. The findings were: 1. Observation of resident #77's room door on 10/29/24 at 9:56 AM revealed an Enhanced Barrier Precaution (EBP) stop sign posted on the outside of the room door. Observation of personal care for the resident at that time showed RN #2, wore gloves and no gown and was crawling on the residents' mattresses, which were on the floor. The RN removed the resident's gastric tube dressing then assisted CNA #1 to reposition the resident to the edge of the mattress. RN #1 bear hugged the resident and lifted him/her up and onto the shower chair while CNA #1 held and positioned the shower chair. Further observation showed there were no gowns in the room; however, the RN stated there was a whole box at one time. Further interview with the RN at that time revealed the EBP sign on the door indicated that staff were supposed to wear a gown along with gloves for high contact resident care; however, she stated we didn't. 5. Interview with CNA #2 on 10/30/24 at 11:10 AM revealed she had never heard about wearing gowns when assisting residents until 10/29/24. Further interview revealed staff were told to wear PPE when caring for residents with wounds and catheters; however, she was unsure why. 6. Interview with infection preventionist (IP) #1 and #2 on 10/31/24 at 12:45 PM revealed EBP are to be used with high contact care on residents with wounds, catheters, feeding tubes, central lines, PICC lines, and residents receiving dialysis. IP #2 stated stop signage was on the door to make staff aware of EBP. IP #1 stated the expectation of staff and EBP was for gowns and gloves to be worn with high contact care. 7. Review of policy titled Enhanced Barrier Precautions last revised on 3/26/24 showed EBP were used in conjunction with standard precautions and to expand the use of PPE to donning of gown and gloves during high contact resident care activities that provide opportunities for transfer of multi-drug resistant organisms to staff hands and clothing. Further review showed EBP were indicated for residents with indwelling medical devices and examples included feeding tubes. 35081