STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535043	A. Building B. Wing	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cottonwood Health and Rehabilitation	503 S 18th St Laramie, WY 82070

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 35081 Based on observation and resident and staff interview, the facility failed to ensure a clean environment for 1 of 3 sample residents (#5) reviewed for bowel and bladder incontinence and activities of daily living. The findings were: 1. Observation of resident #5's room on 10/7/24 at 2:28 PM showed the resident was in his/her room with a visitor and there was a strong urine odor present, which could be smelled in the hallway. 2. Observation of resident #5's room on 10/8/24 at 8:22 AM showed the room had a very strong urine odor and the floor was sticky. 3. Observation of resident #5's room on 10/9/24 at 10:24 AM showed a housekeeper #1 was cleaning the resident's room. Upon completion at 10:32 AM, the housekeeper #1 exited the room; however, the urine odor and sticky floors remained. Interview with the resident at that time revealed s/he could not smell the odors; however, s/he asked housekeeper #1 to mop again due to the floors remaining sticky. 4. Observation of resident #5's room on 10/10/24 at 9 AM showed the room smelled of urine, the bathroom ventilation was not working, and the resident's floor was sticky. 5. Interview with the housekeeping manager on 10/10/24 at 9:13 AM revealed the facility was aware of increased urination on the floor in resident #5's room and revealed they did not perform a heavy mop on the floor while the resident was in the room due to potential fall risk. She revealed nursing staff had a mop bucket available to clean if housekeeping was not available.

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 and monitoring of target symptoms was completed for 1 of 5 sample residents (#2) reviewed for unnecessary psychotropic 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 received Sertraline (antidepressant) 100 milligrams (mg) by mouth daily for anxiety with depression. The following concerns were identified: a. Review of the physician orders showed behaviors related to the use of Sertraline were to be monitored every shift; however, there were no medication or resident specific target symptoms identified; b. Review of the care plan, last revised on 10/7/24, showed no medication or resident specific target symptoms were identified related to the use of the Sertraline. c. Review of the medication administration record for October 2024 showed no evidence of medication or resident specific target symptoms were identified related to the use of the Sertraline. d. Review of the Anti-Depressant Informed consent for medication dated 8/23/24 showed the consent was for Sertraline; however, there was no medication or resident specific target symptoms were identified related to the medication use. e. Interview with the DON and regional nurse on 10/9/24 at 3:09 PM revealed target symptoms should be on the care plan, medication administration record, or medication consent. f. Interview with the DON and regional nurse on 10/10/24 at 10:16 AM confirmed the resident did not have resident or medication specific target symptoms identified. 2. Review of the policy titled Psychotropic Medication Use dated July 2022 showed .Resident Evaluations .3. When determining whether to initiate, modify, or discontinue medication therapy, the IDT conducts an evaluation of the resident. The evaluation will attempt to clarify whether: b. signs and symptoms are clinically significant to warrant medication therapy .

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35081 Based on observation, staff interview, and policy and procedure review, the facility failed to ensure medications were labeled with an open date or not expired in 2 of 5 medication storage areas (100 hall medication cart, 200 hall medication cart). The findings were: 1. Observation of the 100 hall medication cart on [DATE] at 8:52 AM showed an Insulin Glargine 100 units/milliliter pen for resident #5 was not labeled with an open date and did not indicate when the medication should be discarded. The following concerns were identified: a. Interview with LPN #1 on [DATE] at 8:57 AM revealed the person who opened the insulin should label it with the date it was opened and with a 28-day expiration date. She confirmed she did not know if the insulin, which she administered to the resident, was within the useable timeframe or was expired. b. Interview with the DON on [DATE] at 10:39 AM confirmed insulin pens should be labeled with the open date. She revealed nurses should not administer the medication and should discard the pen if it was not labeled. 2. Observation of the 200 hall medication cart on [DATE] at 8:29 AM showed a multidose bottle of Aspirin 81 milligram (mg) tablets with a manufacturer's expiration date of ,d+[DATE]. Interview with RN #2 at that time revealed multidose medication bottles should not be used after the manufacturer's expiration date on the bottle. 3. Interview with the DON on [DATE] at 4:10 PM stated her expectation is that the nurse who dispensed the medication should check the expiration date prior to administration. 4. Review of the policy titled Administering Medications, provided by the DON on [DATE], showed .The expiration/beyond use date on the medication label is checked prior to administering . 50665

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 50485 Based on staff interview, the facility failed to ensure the dietary manager met the required qualifications. The facility census was 48. The findings were: Interview with the dietary manager on 10/9/24 at 11:24 AM revealed the manager had one more month to complete the certified dietary manager coursework. Further interview with the dietary manager revealed the facility had two part time dietitians who were not on site. Interview with the administrator on 10/10/24 at 10:57 AM confirmed the facility did not have a qualified dietary manager or a full-time dietitian.

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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. 35081 Based on observation, medical record review, staff interview, and policy review, the facility failed to ensure infection control procedures were implemented for 4 of 4 sample residents (#2, #14, #23, #41) who required enhanced barrier precautions. The findings were: 1. Observation on 10/9/24 at 9:56 AM showed CNA #1 and CNA #2 assisted resident #41 to transfer from the bed to the wheelchair. Prior to the transfer, CNA #1 applied gloves, disconnected the resident's wound vacuum, and placed the tubing over the bed. Following the transfer, the end of the tubing for the wound vacuum dropped on floor and CNA #1 picked it and reconnected the tubing, without disinfecting the open end of the tubing which was on the floor. Further observation showed neither CNA used enhanced barrier precautions during the care. Interview with the DON and regional nurse on 10/9/24 at 11:35 AM revealed open tubing dropped on the floor should not have been reconnected without disinfection of the tubing. 2. Observation on 10/9/24 at 3:51 PM showed CNA #3 and CNA #4 entered resident #2's room with a sit to stand lift, applied gloves, and positioned the lift sling behind the resident. The CNAs assisted the resident to stand and removed his/her pants. The resident had a dressing present on his/her coccyx which was not attached on bottom right side. CNA #4 performed perineal care and without removing her soiled gloves, touched a bottle of silicone cream, the outside of the resident's clean brief, and the resident's pants when she pulled them up. The CNA also touched the lift, the lift sling, a wipe container, and a bedside table without removing the gloves. Further observation showed no enhanced barrier precautions were used. Interview with the DON on 10/10/24 at 9:41 AM revealed gloves should be changed prior to touching clean surfaces. 3. Observation of catheter care performed on resident #14 on 10/9/24 at 9:44 AM showed the CNA #3 performed the catheter care while wearing only gloves. Observation of resident #14's room at that time showed no enhanced barrier precaution signage posted in the room or additional personal protective equipment (PPE), other than gloves, was available. Interview with the CNA on 10/9/24 at 9:52 AM revealed she was not aware of the need for enhanced barrier precautions when performing catheter care. 4. Observation of resident #23 on 10/7/24 at 2:08 PM, 10/8/24 at 9:43 AM, and 10/9/24 at 8:31 AM, showed the resident was in his/her wheelchair, his/her bilateral lower legs were wrapped with a dressing, and the resident's bare feet were on the floor. Observation of the resident's room on 10/8/24 at 8:31 AM showed no PPE, other than gloves, was available. Interview with LPN #1 on 10/9/24 at 10:40 AM revealed she was not aware of any interventions in place to prevent reinfection of the resident's legs, or keep his/her bare feet off of the floor. The LPN revealed there were no residents on enhanced barrier precautions on South or North Birch Halls, which was where the resident's room was located. Interview with the DON on 10/9/24 at 10:55 revealed she was unaware the resident did not have foot pedals on his/her wheelchair or that his/her bare feet were on the floor. 5. Interview with CNA #1 on 10/9/24 at 9:52 AM revealed she was not aware of enhanced barrier precautions until 10/9/24 when education was provided by the DON. 6. Interview with CNA #2 on 10/9/24 at 9:52 AM revealed she was not aware of enhanced barrier precautions until 10/9/24 when education was provided by the DON. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7. Review of policy titled Enhanced Barrier Precautions, provided by the DON on 10/9/24, showed . Enhanced barrier precautions are used as an infection prevention and control intervention to reduce the spread of multidrug resistant organisms (MDRO) to residents. EBP's employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. EBP's are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization . 8. Review of the policy titled Briefs/Underpads dated 2001 showed .12. Perform perineal care the resident's back side .14. Remove gloves, sanitize hands and replace with clean gloves .

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 35081 Based on staff interview and policy and procedure review, the facility failed to ensure a qualified individual was designated as the facility infection preventionist. The facility Census was 48. The findings were: Interview with the DON on 10/10/24 at 9:41 AM revealed she had been covering the infection control program since May and she had not completed any specialized training in infection prevention. Review of the facility policy titled Infection Preventionist last revised September 2022 showed .Specialized Training .1. The infection preventionist has obtained specialized IPC beyond initial professional training or education prior to assuming the role .2. Evidence of training is provided through a certificate(s) of completion or equivalent documentation .