

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535051	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Thermopolis Rehabilitation and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 1210 Canyon Hills Rd Thermopolis, WY 82443	

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)
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16146</p> <p>Based on medical record review, staff interview, and review of facility policies and CDC immunization recommendations, the facility failed to ensure residents were offered pneumococcal immunizations based on CDC recommendations for 1 of 5 sample residents (#11) reviewed for immunizations. The findings were:</p> <ol style="list-style-type: none"> 1. Review of the medical record showed resident #11 was admitted on [DATE] and was [AGE] years old. Review of the 9/21/23 initial and 3/17/24 quarterly MDS assessments showed the resident was not up to date on pneumococcal immunizations. The reason was not offered. Further review of the medical record showed the resident received the following pneumococcal vaccines: PPSV23 on 6/10/2003 and PPSV23 on 7/18/2008. There lacked evidence the resident was offered a pneumococcal immunization since admission. 2. During an interview on 6/27/23 at 1:39 PM the DON and DDCO stated the resident had received two doses of PPSV23 and confirmed there lacked evidence to show the resident was offered a pneumococcal vaccine since admission. 3. Review of the facility's policy Pneumococcal Vaccination of Residents, (updated March 2022) showed . PCV-20 is recommended for all adults [AGE] years or older .Residents [AGE] years or older should get a dose of PCV-20 even if they have already gotten one or more doses of the vaccine before they turned 65. 4. Review of Adult Immunization Schedule by Age by CDC located at https://www.cdc.gov/vaccines/schedules/hcp/adult.html (accessed 7/2/24) showed individuals [AGE] years or older who previously received only PPSV23 should receive 1 dose of PCV15 or 1 dose of PCV20 at last 1 year after the last PPSV23 dose.

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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