

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  535058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Mountain View Skilled Nursing Community at Wlrc		STREET ADDRESS, CITY, STATE, ZIP CODE 8204 Wyoming State Highway 789 Lander, WY 82520	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>37220</p> <p>Based on medical record review, staff interview, and policy and procedure review, the facility failed to provide a written notice of transfer for 1 of 2 sample residents (#4) reviewed for facility-initiated transfers. The findings were:</p> <ol style="list-style-type: none"> <li>1. Review of a 12/16/24 nurse progress note showed resident #4 was transferred to the hospital for an acute change of condition. Further review showed no evidence the facility issued a written transfer notice to the resident or the resident's representative.</li> <li>2. Interview with the social services director on 1/24/25 at 10:51 AM revealed she was unable to locate the transfer notice.</li> <li>3. Review of the 10/28/24 Transfer or Discharge; notice of; Appealing and Emergency Discharge policy showed .When a resident is temporarily transferred on an emergency basis to an acute care facility, the Social Worker, designee, or Nurse will provide verbal confirmation of transfer to the resident and family member or legal representative immediately or as soon as practicable. The resident and/or representative will also be notified by the Social Worker or designee in writing (i.e., a completed Notice of Resident Transfer or Discharge form) .</li> </ol>

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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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>37220</p> <p>Based on medical record review, staff interview, and policy and procedure review, the facility failed to provide written information on the bed-hold policy for 1 of 2 sample residents (#4) reviewed for facility-initiated transfers. The findings were:</p> <ol style="list-style-type: none"> <li>1. Review of a 12/16/24 nurse progress note showed resident #4 was transferred to the hospital for an acute change of condition. Further review showed no evidence the facility issued written information on the bed-hold policy to the resident or the resident's representative at the time of the hospitalization .</li> <li>2. Interview with the social services director on 1/24/25 at 10:51 AM revealed she was unable to locate the bed-hold notice.</li> <li>3. Review of the 9/24/24 Bed Hold and Return policy showed .a. Upon admission and prior to any transfer, residents and/or their representatives will be provided written information regarding State and facility bed hold policies, which address holding a resident's bed during periods of absence (hospitalization or therapeutic leave) .</li> </ol>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37220</p> <p>Based on medical record review and staff interview, the facility failed to arrange for specialized services to meet the resident's needs as identified on the Preadmission Screening and Resident Review (PASARR) level II for 1 of 2 sample residents (#9) reviewed. The findings were:</p> <p>1. Review of the 8/8/24 annual MDS assessment showed resident #9 was admitted to the facility on [DATE] from an inpatient psychiatric hospital. The resident was coded as having been evaluated by a Level II PASARR and determined to have a serious mental illness. The resident had a BIMS score of 3 out 15, which indicated severe cognitive impairment, with inattention and disorganized thinking. In addition, the resident had diagnoses which included anxiety disorder, depression, bipolar, and psychotic disorder. Review of the 1/13/23 PASARR Level II Determination Summary Report showed the resident met the state definition of mental illness and recommended rehabilitative services to be provided in the nursing facility to include a minimum of annual comprehensive psychiatric evaluation to clarify the current psychiatric diagnosis and appropriate treatment plan. The following concerns were identified:</p> <p>a. Review of the resident's medical record showed the last psychiatric evaluation was completed on 2/1/21.</p> <p>b. Interview with the social services director on 1/24/25 at 9:56 AM confirmed an annual comprehensive psychiatric evaluation had not been completed as indicated on the PASARR Level II Determination Summary Report.</p>

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<p>F 0880</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37220</p> <p>Based on staff interview and policy and procedure review, the facility failed to conduct an annual review of its infection prevention and control program (IPCP). The census was 13. The findings were:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's IPCP policies showed the following concerns:               <ol style="list-style-type: none"> <li>a. The Antibiotic Stewardship policy showed it was approved on 3/11/22 with no evidence the policy had been subsequently reviewed.</li> <li>b. The Written Exposure Control Plan &amp; Health Outbreak Guidelines policy was approved on 4/5/22 with no evidence the policy had been subsequently reviewed.</li> <li>c. The Vaccination of Residents policy was approved on 4/5/22 with no evidence the policy had been subsequently reviewed.</li> <li>d. The Infection Prevention and Control policy was approved on 5/18/23 with no evidence the policy had been subsequently reviewed.</li> </ol> </li> <li>2. Interview with the DON on 1/24/25 at 12:47 PM confirmed the IPCP policies had not been reviewed annually as required.</li> </ol>

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37220</p> <p>Based on medical record review, staff interview, policy and procedure review, and review of CDC immunization recommendations, the facility failed to ensure residents were offered pneumococcal immunizations based on CDC recommendations for 1 of 5 sample residents (#3) reviewed for immunizations. The findings were:</p> <ol style="list-style-type: none"> <li>1. Review of the 10/21/24 quarterly MDS assessment showed resident #3 was admitted to the facility on [DATE]. The resident was [AGE] years old. The following concerns were identified: <ul style="list-style-type: none"> <li>a. Review of Section O of the 10/21/24 quarterly MDS assessment showed the resident's pneumococcal vaccine was not up-to-date and had not been offered.</li> <li>b. Review of the resident's medical record showed no evidence the resident had been previously vaccinated.</li> <li>c. Interview with the DON on 1/24/25 at 12:47 PM confirmed the resident had not been offered the vaccine.</li> </ul> </li> <li>2. Review of the 4/5/22 Vaccination of Residents policy showed All residents will be offered vaccines that aid in preventing infectious disease unless the vaccine is medically contraindicated or the resident has already been vaccinated.</li> <li>3. According to the CDC Vaccines and Immunizations by age located at <a href="https://www.cdc.gov/vaccines/by-age/index.html">https://www.cdc.gov/vaccines/by-age/index.html</a> (accessed on 1/30/25) showed CDC recommends pneumococcal vaccination for all adults who never received a pneumococcal conjugate vaccine and are age [AGE] years or older.</li> </ol>