

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>535031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WIND RIVER REHABILITATION AND WELLNESS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1002 FOREST DRIVE RIVERTON, WY 82501</b>	
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 0552  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that residents are fully informed and understand their health status, care and treatments.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on medical record review, review of facility Action Plan, and staff interview the facility failed to provide notification of resident treatment to the patient representative for 1 of 6 residents (#1) reviewed for notification of treatment. Corrective measures were implemented by the facility prior to the survey and compliance was determined to be met on 3/6/20. The findings were: 1. Review of the quarterly minimum data set assessment dated [DATE] showed resident #1 was admitted with [DIAGNOSES REDACTED]. Review of the nursing progress note dated 12/5/19 at 14:25 PM showed Spoke with daughter .would like to go ahead with the surgery. Scheduling asked to set up appointment with (specialist) . Review of the nursing progress note dated 12/11/19 at 14:44 PM showed Resident seen by (specialist). Pessary fitted . Further review of the medical record failed to show evidence the daughter was notified of the resident having the procedure. Interview on 3/12/20 at 10:34 with the director of nursing services (DNS) revealed the resident's spouse knew of the procedure, but the daughter, who was the resident's power of attorney was not notified. She stated the facility discovered they were not notifying the resident representatives of upcoming appointments and developed an action plan. 2. Review of the facility Action Plan' and interview with the DNS on 3/12/20 at 10:34 AM revealed the facility implemented corrective actions to prevent re-occurrence. The actions taken by the facility included: a. Identified resident representatives were not notified of appointments. A certified nurse aide (CNA) was assigned to review the scheduling book for the upcoming week and made calls to notify the resident representatives. b. The process was evaluated by the DNS who reviewed the schedule book and ensured proper notifications were made. She also met with the CNA to discuss any potential conflicts or concerns. c. Staff education was completed on 2/10/20. d. The target due date was 3/6/20.</p>		
F 0584  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>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.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, staff interview, and policy and procedure review, the facility failed to ensure housekeeping services necessary to maintain a sanitary environment were provided for 3 of 3 units. The findings were: 1. Observation of resident bathrooms on 3/11/20 from 1:25 PM to 3:45 PM showed the following rooms had dried stool or dried urine on the toilets: #7, #20, #24, #35, #42, #43. Observation of the bathroom for room [ROOM NUMBER] showed dried stool on the floor and was malodorous. a. Interview on 3/11/20 at 2:45 PM with the family member of resident #7 revealed the room and bathroom could be cleaned more often. Interview on 3/11/20 at 3:37 PM with certified nurse aide (CNA) #1 revealed they were responsible for cleaning the toilets and commodes. Interview on 3/11/20 at 3:52 PM with the director of nursing services (DNS) revealed the CNA's were responsible for cleaning the toilets and commodes. b. Review of the Cleaning Spills or Splashes of Blood or Body Fluids policy, with a review date of 5/15 showed .Spills or splashes of blood or other body fluids are cleaned and the spill or splash area decontaminated as soon as practical 2. Observation on 3/11/20 at 2:30 PM of the Secure Unit activity area showed 3 cloth chairs under the television were stained and one chair had a small tear by the left side of arm rest. Further observation showed a recliner by the exit door had dried stains. Observation on 3/11/20 at 2:35 PM of room [ROOM NUMBER] in the secure unit showed a recliner that had dried stains. a. Interview on 3/11/20 at 3:52 PM with the DNS revealed housekeeping should have a schedule to check chairs, and if there was an immediate issue the chair should be removed from resident use.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.