STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535051	A. Building B. Wing	03/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thermopolis Rehabilitation and Wellness	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41190 Based on review of facility medical records and hospital medical records, review of facility incident reports, review of the facility grievance logs, resident and staff interview, and review of facility policy and procedure, the facility failed to protect the resident's right to be free from deprivation of goods and services necessary to avoid physical harm and pain for 1 of 8 sample residents (#1) reviewed for abuse and neglect, and further failed to protect the resident's right to be free from verbal or mental abuse by a staff member for 1 of 8 sample residents (#2) reviewed for abuse and neglect. This failure resulted in harm to resident #1, who required evaluation at the emergency department and admission to the hospital for an indwelling urinary catheter that was degraded. The findings were: 1. Review of the admission MDS assessment dated [DATE] showed resident #1 was admitted to the facility on [DATE]. The resident had a BIMS score of 13 of 15 indicating the resident was cognitively intact. Admission diagnoses included hypertension, viral hepatitis, seizure disorder, hepatic failure, cirrhosis of the liver, and indwelling urinary catheter. Review of the resident's care plan, undated, showed the resident required extensive assist of 1 person for ADLs, and had a Foley catheter, and cirrhosis of the liver with ascites. The following concerns were identified: a. Review of the nursing progress notes dated 3/5/23 as a late entry for 12:43 AM showed the resident was sent to the hospital emergency department by ambulance at approximately 11 PM for abdominal pain, and non-functioning Foley catheter. Attempts to flush the catheter were unsuccessful and the catheter was not draining. The resident's penis, scrotum and pubic area had increased pain and swelling. b. Review of the medical record from the local hospital dated 3/5/23 showed the resident was seen in the emergency department for a blocked Foley catheter, and swelling and inflammation in the perineal area including the scrotum and penis. The records noted the resident's Foley catheter was badly deteriorated and the probable cause of the infection. The resident was admitted to the hospital for antibiotic therapy. The penis was so swollen the only access obtained was by inserting an 8 French (a small catheter usually used on small children) Foley. c. Interview with the risk management nurse at the local hospital on 3/10/23 at 1 PM revealed the resident's Foley catheter was in deplorable condition when the resident came to the emergency department, and when they asked the resident when it was last changed the resident indicated the catheter had not been changed since October, 2022. (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

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F 0600 Level of Harm - Actual harm Residents Affected - Few	d. Interview with the resident while at the hospital on 3/10/23 at 1:20 PM confirmed the Foley catheter had never been changed at the nursing home, and that s/he had been admitted last October. e. Review of the resident's care plan, undated, showed Foley catheter related to terminal condition of cirrhosis of liver with ascites and interventions included catheter changes as protocol. f. Review of the physician orders failed to show any specific orders for care of the Foley catheter. g. Review of the facility standing orders showed catheter care to be as directed by nursing staff. h. Interview with the interim administrator on 3/10/23 at 9 AM revealed the urinary catheter care in this instance was very poor care and did not meet facility expectations. 2. Review of the admission MDS assessment dated [DATE] showed resident #2 was admitted to the facility with diagnoses which included diabetes mellitus, and anxiety disorder. Further review indicated the resident had a BIMS score of 15 of 15 indicating the resident was cognitively intact. The following concerns were identified: a. Review of the facility grievance log indicated on 2/15/23 the resident complained the former administrator of the facility had approached the resident in his/her room and wanted the resident to take a particular medication for his/her blood sugar. The resident refused and expressed concerns about the medication. The resident reported the former administrator then indicated to the resident if s/he did not want to work with the facility to fix their condition s/he would be kicked out and have to go someplace else. b. Interview with resident #2 on 3/9/23 at 3 PM revealed the grievance was accurate and reiterated the occurrence. Further interview revealed the resident had been a lifelong diabetic and felt the condition was controlled with Humalog (insulin). The resident regarded the former administrator's statement as a threat, but felt safe at the facility since the former administrator was no longer working at the facility. The resident stated the former administrator had also called his/her parents and threatened them in the same manner. c. Review of the facility's 2/23/23 incident report showed the former administrator refused to be interviewed for the facility's investigation of this incident, and her employment was terminated. d. Interview with the interim administrator on 3/10/23 at 9 AM confirmed that verbal or mental abuse would not be tolerated and that was the expectation for all of their facilities. 3. Review of the facility policy titled, Freedom from Abuse, Neglect, Corporal Punishment, Involuntary Seclusion, Mistreatment, Misappropriation of Resident Property, and Exploitation updated October 2022, showed Each resident has the right to be free from abuse, including verbal, mental, sexual, or physical abuse .neglect .The center implements policies and processes so that residents are not subjected to abuse by staff . and .Neglect: Failure of the Center, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress. Neglect occurs when the facility is aware of, or should have been aware of, goods or services that a resident(s) requires but the facility fails to provide them to the resident(s), resulting in physical harm, pain, mental anguish, or emotional distress.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41190 Based on medical record review, resident and staff interview, and review of facility investigation documentation, the facility failed to ensure residents received medication according to physician order for 2 of 8 sample residents (#1, #5) reviewed for medication administration. The findings were: Interview with the interim administrator on 3/9/23 at 10:30 AM revealed when they took over interim supervisory operation at the nursing home they received complaints about the special cream being used on residents and its nature, and investigated on 2/19/23. Further interview confirmed the cream had been used on resident #1 and resident #5. Review of the facility's investigation showed the former administrator had applied an ointment called Dragon Balm to residents #1 and #5. Law enforcement were called and tested the ointment, which was determined to contain significant levels of THC. The ointment was taken by law enforcement as evidence. The following concerns were identified: 1. Review of the February, 2023 MARs for residents #1 and #5 showed no evidence of a physician's order for Dragon Balm ointment. 2. Review of the admission MDS assessment dated [DATE] for resident #1 showed the resident was admitted to the facility on [DATE]. The resident had a BIMS score of 13 of 15 indicating the resident was cognitively intact. Interview with the resident on 3/10/23 at 1:20 PM revealed the resident did not know what medications s/he took, or what ointments or creams might have been applied. 3. Review of the quarterly MDS assessment dated [DATE] for resident #5 showed the resident was admitted to the facility on [DATE]. The resident had a BIMS score of 15 of 15 indicating the resident was cognitively intact. Interview with resident #5 on 3/9/23 at 2:30 PM revealed s/he knew exactly what medications the facility was administering to him/her, because s/he insisted on being told. In further interview the resident declined to discuss their medications further. 4. Interview with the interim administrator on 3/9/23 at 10:30 AM confirmed the facility expectation that all medications administered to residents must be ordered by a physician.