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	535034	A. BUILDING _____ B. WING _____	11/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWARD HEIGHTS CARE CENTER	150 CARING WAY LANDER, WY 82520

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F 000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 10/31/22/22 to 11/3/22. In addition, a review for compliance with the Omnibus COVID-19 Health Care Staff Vaccination requirements was conducted. The following common abbreviations are used throughout this document: DON- Director of Nursing MAR- Medication Administration Record mg- milligrams NHA- Nursing Home Administrator PRN- Pro re nata, meaning "as needed" Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that---	F 758		12/1/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/27/2022

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F 758	Continued From page 1 §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure PRN orders for anti-psychotic medications were limited to 14 days for 1 of 3 sample residents (#95). The findings were:	F 758	Submission of the plan of correction shall not be construed as a waiver of this provider's right to contest any and all deficiencies, nor is such submission an admission that the facts are as alleged, or	

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F 758	Continued From page 2 1. Review of physician's orders for resident #95 showed an order dated 10/18/22 for Zyprexa (anti-psychotic) 5 mg every 24 hours as needed for agitation. Review of the MAR for October and November 2022 verified the medication was a PRN order, with a start date of 10/18/22. The resident received one dose on 10/27/22. 2. During an interview on 11/2/22 at 5:39 PM the DON confirmed the PRN order for Zyprexa was not limited to 14 days. She stated the medication order should have had a 14 day end date, but did not. She further stated the facility was aware that regulations required PRN orders for anti-psychotics be limited to 14 days and required the physician to evaluate the resident before renewing the order.	F 758	that any regulatory violation occurred. The following is to be considered our Credible Allegation of Compliance PRN Zyprexpa discontinued on 11/2/2022. Physician prescribing medication was notified 11/2/2022. Resident has scheduled follow up appointment with provider on 11/22/2022 for reevaluation. New order for PRN Psychotropic medications will be reviewed daily Monday-Friday by the MDS Coordinator or designee. All PRN psychotropic medications: if reviewed order does not contain stop date of 14 days from order, order will be updated with a stop date. The provider will be notified of need for stop date per regulations by MDS Coordinator or designee. Arrange follow up appointment as indicated if PRN anti-psychotic needs to be continued beyond the 14th day. Pharmacist will be notified on all admission and readmission to complete a medication review as a second check for stop dates on PRN psychotropics that are present on admission/readmission orders. Social Service Coordinator or designee will be a 3rd check for PRN psychotropics medications and stop date in order to follow behaviors r/t use of medication. Education provided to Charge nurse during the Charge nurse meeting on 11/16/2022 on entering a stop date of 14 days on all PRN psychotropic medications and request follow up schedule appointment with provider if PRN psychotropic medications needs to be	

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F 758	Continued From page 3	F 758	continued beyond 14 days. MDS Coordinator or designee will continue to audit system change daily Monday-Friday (during business days) for 3 months, if issue is found it will be resolved immediately and added to monthly QAPI meeting for review.	
F 888 SS=C	COVID-19 Vaccination of Facility Staff CFR(s): 483.80(i)(1)-(3)(i)-(x) §483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. §483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement. §483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff:	F 888		12/1/22

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F 888	Continued From page 4 (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section. §483.80(i)(3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section; (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses	F 888		

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F 888	Continued From page 5 as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received	F 888		

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F 888	Continued From page 6 monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19. Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This REQUIREMENT is not met as evidenced by: Based on review of policy and procedures, staff interview, and review of the facility's staff vaccination and COVID-19 testing records, the facility failed to ensure 100% of staff were vaccinated against SARS-CoV-2, held an exemption, or had a temporary delay. The facility's staff vaccination rate was 98.9%. In addition, the facility failed to ensure the policy was followed related to extra precautions for staff who were not fully vaccinated. The findings were: 1. Review of the facility's vaccination records showed CNA #1 was hired on 9/6/22 and was administered the first dose of a two dose COVID-19 vaccination series on 9/7/22. The vaccination log sheet showed a note dated 10/7/22 which stated the vaccine was unavailable at a local pharmacy and the pharmacy would contact the CNA when it was available. There was no evidence the CNA had received the second dose of the vaccine at the time of the survey.	F 888	One on one staff education was provided on 11/2/22 on COVID-19 vaccination requirement and COVID-19 testing at least once a week until fully vaccinated by CDC definition for fully vaccinated with employee that did not have second vaccine dose and did not have exemption and was not being tested weekly. Employee received second dose primary series of COVID-19 vaccine at the earliest availability at local public health on 11/09/2022. Team will continue to test at least once weekly for 14 days until employee meets CDC definition of fully vaccinated. DON Reviewed definition of full vaccinated and testing requirement to meet CMS guidelines and facility requirement for not-up-date on vaccination status with the IPN on 11/4/2022. Update tracking log to	

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F 888	Continued From page 7 2. Review of the facility's COVID-19 staff testing records showed CNA #1 had not been tested during the month of October 2022. Interview with the infection preventionist (IP) on 11/2/22 at 11:37 AM confirmed the unvaccinated CNA had not been tested for COVID-19 in October 2022. 3. Review of the "Mandatory COVID-19 Vaccination Policy", last updated 10/4/22, and required the signature of the employee, showed "New team members will be required to have their first vaccination prior to their first day on the job. The second dose would need to be administered within 30 days of the first dose." This policy failed to include what action would be taken if the deadline was not met. 4. Review of the COVID-19 Vaccine Mandate Policy and Procedure, last updated 10/5/22, showed "All team members are required to receive vaccinations as determined by CMS, unless an exemption is approved, and the team member accepts a reasonable accommodation. Team members not in compliance with this policy will be placed on unpaid leave until their employment status is determined by the administrator." In addition the policy stated "The facility will implement additional precautions to mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated for COVID-19 including but not limited to: COVID-19 testing once per week." This policy failed to include a deadline for newly hired staff to have obtained the second dose of the primary vaccination series. 5. Interview with the NHA and the IP on 11/2/22 at 4:28 PM revealed there was a communication	F 888	include(s) testing requirement (once weekly) if team is not-up-date of vaccination status. Review vaccination tracking log at least once a week and COVID-19 testing upon new hire. Infection Preventionist or designee will monitor system change on all employee including new hire COVID-19 vaccine status and testing requirement at least weekly indefinitely. Weekly audit will be completed for 90 days to ensure COVID vaccine requirements are done, any issues will be corrected immediately and will be reviewed monthly at QAPI.	

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F 888	Continued From page 8 breakdown which resulted in the CNA working past the 30 day deadline without receiving the second dose of the COVID-19 vaccination series and not being tested weekly as specified in the policy.	F 888		