PRINTED: 01/02/2013
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A050	A. BUILDING _____ B. WING _____	C 12/28/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR VALLEY CARE CENTER	110 HOSPITAL LANE AFTON, WY 83110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.	F 225		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cathy R Johnson RN BSN | TITLE: UHA | (X6) DATE: 1-8-13

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.

Changes made per phone call with Amy Johnson, UHA on 1/11/13 @ 9:38am. POC accepted. Janelle Cain ISTR/L

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F 225	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on review of policies and procedures and facility documentation, and staff interview, the facility failed to thoroughly investigate 1 of 2 allegations of abuse in a timely manner. The findings were: Review of facility documentation dated 11/7/12 revealed the facility investigated an allegation of abuse involving resident #1 and registered nurse (RN) #1. The allegation was reported to the State survey agency on 11/2/12. The allegation involved the RN shoving the resident with her elbow and speaking to the resident, and about the resident, in his/her presence, in a derogatory tone of voice. The following concerns were identified: a. The documentation further showed the facility "became partially aware of alleged incident on or around September 17, 2012. b. During an interview on 12/27/12 at 12 noon, the social services director (SSD) stated she received a phone call at home from certified nurse aide (CNA) #1 around the middle of September. The CNA told her that another CNA (#2) had reported to her an incident she witnessed involving RN #1 and resident #1. The CNA stated the RN had "shoved the resident forward" and used a sarcastic voice. The SSD said she told CNA #1 to write down what the other CNA had told her. The following day, the SSD gave the written note to the Administrator. She stated that although the resident was interviewed (who didn't recall anything), the witness (CNA #2) of the incident was not interviewed at that time, nor was an abuse investigation conducted. c. Review of SSD documentation showed the	F 226	The facility will ensure that all alleged violations are reported immediately and a thoroughly investigated. This will be accomplished by: 1) The facility will engage an experienced Nursing Home Administrator familiar with the requirement for timely investigations of abuse allegations. 2) The NHA will provide education to all Care Center employees regarding the Abuse Prohibition Program policy and their responsibility to immediately report any observations or suspected forms of abuse to their supervisor and/or charge nurse. 3) Each staff member will sign a document acknowledging their responsibility to immediately report any observations or suspected forms of abuse to their supervisor and/or charge nurse. 4) The DON will monitor for on-going compliance with the timely reporting and timely investigations requirements and report the results to the QI Committee. The results will be included in the facility-wide continuous quality improvement program.	01/12/13 02/01/13 02/01/13 02/01/13

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F 226	Continued From page 2 witness (CNA #2) was finally interviewed on 10/24/12. During the interview, the witness stated RN #1 "shoved [him/her] back up with her elbow" and "kept talking around the resident like [s/he] couldn't understand." She also said the nurse was speaking in a sarcastic tone. She further stated the resident was visibly upset. d. During an interview on 12/28/12 at 11:58 AM, the administrator stated he disclosed that the investigation was "late" when he reported it to the State survey agency. He stated that what CNA #1 wrote on the note did not appear to be an allegation of abuse, but acknowledged that not interviewing the witness was a mistake. e. Review of the facility's "Abuse Prohibition Program" policy (revised 6/12) revealed that an investigation would include "...interviewing witnesses and having the witnesses write a statement."	F 226		