Oct. 22. 2014 10:10AM

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WY Dept of Health
OCT 22 2014
Healthcare Licensing and Surveys

No. 4921 P. 2

PRINTED: 10/17/2014
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
	535030	A. BUILDING B. WING	C 10/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZONS CARE CENTER	1111 LANE 12 LOVELL, WY 82431

(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 226 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 226	The facility will 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 laws through established procedures (including to the State survey and certification agency). A.) The facility will report allegations of abuse to the state survey and certification agency for resident #1 and all residents. B.) Education will be provided to all nursing supervisors about the requirement of reporting all allegations of abuse to the State survey and certification agency. C.) Monitoring of compliance will be done by weekly review of the incident report log to ensure all allegations of abuse have been reported. D.) Supervisors not reporting allegations of abuse per facility policy will receive immediate in-servicing and corrective actions will be taken.	11/28/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	LNHA	10-22-14

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 Traci Hoffman, CNO on 11/14/14 @ 2:45pm. POC accepted. Janelle Cook, OHLS

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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 staff interview, the facility failed to report an allegation of abuse to the State survey and certification agency for 1 of 1 allegations since the last survey. The findings were: During an interview on 10/13/14 at 3:20 PM the director of nursing (DON) stated the Department of Family Services (DFS) came to the facility on 10/3/14 to investigate an allegation of abuse. The DON stated it involved four certified nurse aides (CNAs) and resident #1. The DON stated she had not reported the allegation of abuse to the State survey and certification agency, nor had she submitted the results of the investigation, because she thought DFS was taking care of the notifications. Review of the facility's policy "Abuse Prevention Plan for Care Center and Swing Bed" (revised 7/10/11) showed that "The incident will also be reported immediately to the CEO, the State Ombudsman, the appropriate law enforcement officials of DFS, as well as the State Survey and Licensing Agency...Results of the investigation will be reported to the CEO, compliance officer, and appropriate licensing or certification agencies, and the appropriate law enforcement officials within five (5) working days of the incident."	F 225	E.) Results will be reported quarterly at the Quality meeting as part of the facility Quality Assurance Program. The allegation involving Resident #1 will be Reported using the CMS-105 form.	dc