STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535029	A. BUILDING _____ B. WING _____	C 04/07/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK CO MEDICAL SERVICE DISTRICT LONG TERM CARE	~~713 OAK STREET~~ SUNDANCE, WY 82729

(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 | TITLE | (X6) DATE

John Case | Interim CEO | 4-15-11

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.

RECEIVED
Wyoming Dept of Health

4/20/11 9:30 AM POC accepted as written with day of compliance 5/1/11 per telephone conversation with Donnase Karla Hetzler

APR 19 2011

Office of Healthcare Licensing and Surveys

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F 225	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on staff interview and review of the facility's investigation materials and employee time sheets, the facility failed to ensure 1 of 1 (Incident #2011-283-C) allegation of neglect of a resident was reported timely to the State. In addition, the facility failed to prevent the potential for further abuse during their investigation. The findings were: Review of an an entity reported incident revealed an allegation of neglect of resident #1 by certified nurse aide (CNA) #1 (employee #1). Review of the facility's incident investigation revealed the alleged incident occurred on 2/6/11, but was not reported to the facility's administration until 2/9/11, three days after the alleged incident. Further review of the incident investigation showed the facility's investigation was conducted between 2/9/11 and 2/17/11. The following concerns were noted: 1. Review of the incident documents submitted by the facility revealed the alleged incident was not reported to the state survey agency until 2/18/11, nine days after the facility's administration was made aware of the alleged incident. 2. Review of the facility's incident investigation revealed that although administration became aware of the allegation on 2/9/11, the employee's timesheet documented employee #1 worked on 2/11/11, 2/12/11, 2/13/11, 2/15/11, and 2/16/11. The facility investigation was concluded on 2/17/11, at which time employee #1 was terminated. Telephone interview on 4/5/11 at 1:20 PM with the director of nurses confirmed the employee was allowed to work during the 8 days of the investigation.	F 225	F225 - This requirement will be met by the Facility following its own abuse/ neglect policy. All allegations will be reported within 24 hours to the appropriate agencies. Any staff member will be removed/ suspended immediately pending investigation of abuse, and neglect. All staff members will be inserviced on the facility's abuse/neglect policy by the Social Service Director and Director of Nursing and all new hired CNA's/Nurses will be inserviced their first day of employment about the facility's abuse/neglect policy. A quality indicator has been developed and implemented for monthly monitoring through IDT program. 5/1/11	

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

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