4/22/16

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

PRINTED: 04/05/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535039	A. BUILDING _____ B. WING _____	C 03/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW HEALTH CARE CENTER	1990 WEST LOUCKS STREET SHERIDAN, WY 82801

(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 000	INITIAL COMMENTS A survey was conducted by Healthcare Licensing and Surveys on 3/22/16. The survey was prompted by complaint intake WY00002118 and WY00002213. The following common abbreviations are used throughout this document: CNA: Certified Nurse Aide DON: Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	F 000	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of the state and federal law. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with the State Operations Manual	
F 225 SS=E	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).	F 225	F225- Investigate/Report Allegations/Individuals 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)	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tonya M

TITLE: Executive Director

(X6) DATE: 4-15-16

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
WY Dept of Health
APR 20 2016
Healthcare Licensing and Surveys

Accepted by Lori Rues on 4/22/16

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: WO1611 Facility ID: WY0035 If continuation sheet Page 1 of 4

No changes needed. NHA Tonya Mumm was notified on 4/22/16 JBeadle

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F 225	Continued From page 1 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. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and policy and procedure review, the facility failed to investigate or report allegations of abuse for 3 of 4 sample residents (#45, #51, #56) with reportable incidents. The findings were: 1. Review of an incident investigation dated 3/16/16 showed resident #51 was identified as alleged victim of abuse. Review of the investigation revealed a note dated 3/4/16 which showed two CNAs reported another CNA "grabbed" resident #51's hands and "hit them very forcefully." Review of a note dated 3/16/16 showed the DON assessed the resident on 3/4/16 after it was verbally reported that the resident had been abused. Further, the DON asked the resident if s/he was afraid of any staff members and at that time the resident replied "no." Review of the cognitive loss care plan dated 2/20/16 showed the resident had impaired cognitive skills and memory loss related to advanced age and	F 225	1. Residents # 45, #51, and #56 remain in the facility. No other reportable occurrences have taken place and no negative outcomes have resulted in the incidents. Resident # 45 and #56 are eating in separate areas of the dining room resulting in limited contact. 2. Any resident involved in allegations of staff to resident abuse/neglect or resident to resident altercations are at risk of Administration failing to report the incident to appropriate agencies within 24hours per federal requirements. 3. A.) Executive Director will educate all staff regarding timeliness for reporting any allegation of staff to resident abuse/ neglect as well as reporting any resident to resident altercations to Executive Director, Director of Nursing and/or Social Service Director. Report should be submitted no later than 24 hours upon knowledge of incident per Federal requirements. B.) Executive Director will implement check list for all allegations including resident to resident altercations which will be completed upon initiation of investigation. This will ensure proper notification to State and local agencies.	5-3-16 5-3-16 5-3-16

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F 225	Continued From page 2 diagnosis of dementia. Further, the approaches included "calmly approach and explain all care before providing it in terms the resident is able to understand." The following concerns were identified: a. Interview with the DON on 3/22/16 at 6:19 PM revealed the 3/4/16 note was not provided to her until 3/16/16, and that it when she began the investigation. She further revealed although she had knowledge of the incident as of 3/4/16 and questioned the resident, it was not treated as an allegation. It was instead seen as the staff member needed training on approach because the CNA had reportedly "pushed the resident." b. Interview with CNA #1 on 3/22/16 at 7:50 PM revealed the allegation of abuse was verbally reported on 3/4/16 and a note was written that was not provided until approximately 1 week later. Her verbal report, and the note included that a CNA had hit the resident. 2. Review of a resident to resident incident report dated 2/22/16 showed resident #56 was in the dining room and resident #45 grabbed his/her arm and s/he "cried out in pain." Review of a progress note for resident #45 dated 2/22/16 and timed 5:43 PM showed the "resident grabbed another resident's arm and caused [him/her] to yell out in pain. Combative, Irritable, non-compliant with care..." Review of a progress note for resident #45 dated 2/22/16 and timed 5:51 PM showed "Incident occurred at approximately 5 PM. No vitals taken as resident was the one who initiated the altercation. Resident removed from the dining room for safety reasons and provided dinner at the nurse's station." Interview with the administrator and DON on 3/22/16 at 6:19 PM revealed the 2/22/16 incident was not reported to the State Survey	F 225	4. Investigations will be discussed monthly at our Performance Improvement meetings for three months or until substantial compliance has been achieved. Performance improvement meetings consistent of at a minimum the Executive Director, Director of Nursing, and Medical Director, and additional staff as needed. The Performance Improvement committee identifies issues with respect to which quality assessment and assurance activities are necessary and develops and implements appropriate plans of action to correct identified quality deficiencies.	5-3-16

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F 225	Continued From page 3 Agency. 3. Review of the facility policy titled "Abuse and/or Neglect Investigation" revised 02/09 showed "...All Reports of abuse will be promptly and thoroughly investigated and shall remain confidential...4. If it is determined that alleged abuse and/or neglect has occurred, the administrator, director of nursing, or his/her designee will promptly notify officials in accordance with state laws and corporate practices...10. Federal requirements mandate facilities must ensure all allegations of abuse are reported immediately to their state survey agencies...The immediate reports should be submitted as soon as possible, but no later than 24 hours of a facility learning of the allegation. Failure to do so will mean that the facility is not in compliance with the federal regulations.	F 225		