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

PRINTED: 08/09/2017
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
	535053	A. BUILDING _____ B. WING _____	C 07/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY LEGACY HOME	100 19TH ST WHEATLAND, WY 82201

(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 complaint survey was conducted by Healthcare Licensing and Surveys on 7/27/17. The survey was prompted by complaint intake WY00002450. The following common abbreviations are used throughout this document: CNA: Certified Nurse Aide Less commonly used abbreviations will be annotated in each deficiency.	F 000	This plan of correction is submitted as required under State and Federal law. This plan does not constitute admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency or that the scope or severity regarding the deficiencies cited are correctly applied.	
F 225 SS=E	483.12(a)(3)(4)(c)(1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 483.12(a) The facility must- (3) Not employ or otherwise engage individuals who- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. (4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee,	F 225		

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

Shane Fillipi — Administrator — 8/18/17

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
AUG 18 2017
Healthcare Licensing and Surveys

9/11/17 - 10:35 am Spoke with Shane Fillipi, administrator, Plan of correction accepted.

Tim

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F 225	Continued From page 1 which would indicate unfitness for service as a nurse aide or other facility staff. (c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: (1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. (2) Have evidence that all alleged violations are thoroughly investigated. (3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. (4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey 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:	F 225	F 225- The facility will ensure that all abuse allegations are reported to the appropriate state agencies as required by law and that all staff is educated on the abuse reporting requirements. Facility abuse policy and procedure was reviewed and updated on 8/23/17. All staff will receive education on the abuse reporting requirements and facility policy and procedure by 8/18/17. Social Services director will interview each interview able resident currently residing in the facility regarding the care they receive to ascertain if there has been other potential incidents of abuse by 9/7/17. Adult Protective Services will provide an in-service to staff on 8/18/17 further reviewing abuse and abuse reporting. Residents #30 and #49 allegations of potential abuse have been investigated and reported to the proper state agencies. Chart reviews will be completed to identify any unreported allegations of abuse over the last 3 months. DON or designee will conduct documentation audits at a minimum of five times / week for 4 weeks and weekly thereafter to ensure any concerning	9/07/17

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F 225	Continued From page 2 Based on medical record review, staff interview, policy and procedure review, the facility failed to appropriately investigate allegations of abuse for 2 of 6 sample residents (#30, #49) with identified allegations. The findings were: 1. Review of a nurse's note for resident #49 dated 7/12/17 and timed 1:43 PM showed "[resident's name] daughter was visiting with [resident's name] at the dining room table. After the daughter left [resident's name] seemed agitated [sic] and wanted to go to [his/her] room before [his/her] lunch was served. CNA took meal tray to [resident's name] room. CNA reported that the daughter returned to [residents name] room and was angry that [resident's name] was in [his/her] room and that [resident name] requested [his/her] tray to be in [his/her] lap instead of on [his/her] table. CNA explained that [resident's name] can choose what [s/he] wants. Daughter snapped at CNA stated [sic] that you have to force [resident's name] to do things right. A short time later the nurse heard a shout from down the hall and went to a different resident's room thinking it was the other resident shouting. Nurse heard a shout again from [resident's name] room. Nurse could hear [resident's name] daughter trying to get [resident's name] to understand the call light. She sounded frustrated. CNA later reported that [resident's name] daughter stated she was trying to teach [resident's name] how to use the call light and that she threatened to smack [resident's name] for [him/her] to use the call light properly. Social services notified." The following concerns were identified: a. Interview with the administrator on 7/27/17 at 3:45 PM revealed the incident was not investigated. Further, it was revealed the facility would consider "forcing" a resident to do	F 225	incidents have been investigated properly and reported to the proper agencies. All findings will be brought to QA&A monthly for further review and analysis.	

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F 225	Continued From page 3 something and the threat to "smack" the resident as allegations that should have been investigated. 2. Review of the 5/19/17 investigation of an allegation of staff to resident abuse for resident #30 showed the facility failed to complete interviews with other residents to determine whether additional residents might be affected, and the allegation of abuse was not substantiated. The following concerns were identified: a. Interview with the administrator on 7/27/17 at 3:45 PM revealed the facility should perform resident interviews during all investigations of abuse. 3. Review of the policy titled "Abuse Prevention" received from the facility on 7/27/17 showed "...Prevention...Procedure: 1. If abuse or injuries of unknown origin is suspected: The Nursing Home staff will immediately (including nights, weekends and holidays) report all alleged violations involving mistreatment, neglect or abuse, including injuries of unknown source and misappropriation of resident property, to the Administrator or his or her designee...V. Reporting/Investigation...V. Investigation Procedures:...4. The investigation team will interview any person(s) with information or knowledge of the incident. Appropriate clinical records will be researched. The team will interview witnesses separately, in order to accurately assess information...VI. Protection...Procedure: 1. During abuse investigations, residents will be protected by the following measures:...b. If the alleged abuse involves a resident's family member or visitor, such person(s) will not be permitted to have unsupervised visits with the resident until the	F 225		

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F 225	Continued From page 4 administrator has reviewed the findings...	F 225		