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 05/08/2018

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 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys on 5/8/18. The survey was prompted by complaint intake WY000002604. 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		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(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. §483.12(c)(4) Report the results of all	F 609		6/8/18

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

Electronically Signed | 05/23/2018

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.

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F 609	Continued From page 1 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: Based on staff interview, review of facility investigations, and communications, and policy and procedure review, the facility failed to ensure allegations of abuse were reported as required for 1 of 2 abuse allegations reviewed (involving resident #5). The findings were: Review of a "Fall/ Injury Event Report" dated 4/18/18 showed a student nurse assistant (NA) reported an incident that occurred on 4/13/18 at 8:30 AM. The report showed the student NA was teamed with staff CNA #1 on 4/13/18. The staff CNA and the student NA "were toileting resident [#5] after breakfast. While [the resident] was sitting on the toilet [the staff CNA] sprayed [the resident] in the face with peri-wash. [The resident] responded by covering [his/her] face with [his/her] face [sic] with her hands and being very upset. [The staff CNA] responded by ignoring [the resident's] response and preceded [sic] to spray the peri-wipes with the wash." Additional comments documented by the student NA on the report were "[The staff CNA] verbalized that she was angry about working day shift because she was a night CNA." Review of an email dated 5/3/18 and timed 1:51 PM showed the student NA's instructor contacted the facility DON to follow up on the student's report, and wrote the action of the staff CNA was "considered abuse." The following concerns were identified: a. Interview with the DON and social worker	F 609	The Facility will ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported no later than 2 hours after the allegation is made. This will be accomplished by: 1) The allegation of abuse mentioned has since been reported and an investigation was completed, and concluded that no abuse had occurred. 2) No other allegations of abuse have been made at this time, and we are unaware of any reportable concerns. 3) Education will be provided to all staff at the Care Center on ensuring that all allegations of abuse are reported to the DON immediately for follow-up. In addition, all staff will be educated on the 2 hour requirement for reporting to the state on allegations of abuse. 4) DON or designee will perform audits 5 times per week for 2 weeks, then weekly for 8 weeks, then monthly on ensuring that all allegations of abuse are reported no later than 2 hours after the allegation	

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F 609	Continued From page 2 on 5/8/18 at 11 AM revealed they did not report an allegation of abuse to the State Survey Agency after the initial 4/18/18 report. During an interview on 5/8/18 at 1:17 PM, the DON and social worker confirmed the incident was not reported to the State Survey Agency until 5/7/18, following receipt of the 5/3/18 email from the student NA's instructor. b. Review of the State Survey Agency incident log showed the abuse allegation was reported on 5/7/18. c. Review of the policy and procedure titled "Abuse Prohibition Program," revised 03/2017, showed "Any allegations of abuse and other allegations involving harm are to be reported... within 2 hours."	F 609	was made. Results of these findings will be reported on the monthly quality calendars and reviewed by the quality advisory committee monthly	
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(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	F 610		6/8/18

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F 610	Continued From page 3 by: Based on medical record review, staff interview, review of facility investigations, and communications, review of the employee time sheets, and policy and procedure review, the facility failed to ensure abuse allegations were thoroughly investigated and residents were protected from further potential abuse for 1 of 2 abuse allegations reviewed (involving resident #5). The findings were: Review of a "Fall/ Injury Event Report" dated 4/18/18 showed a student nurse assistant (NA) reported an incident that occurred on 4/13/18 involving resident #5. The report showed that on 4/13/18, staff CNA #1 and the student NA "were toileting resident [#5] after breakfast. While [the resident] was sitting on the toilet [the staff CNA] sprayed [the resident] in the face with peri-wash. [The resident] responded by covering [his/her] face with [his/her] face [sic] with her hands and being very upset. [The staff CNA] responded by ignoring [the resident's] response and preceded [sic] to spray the peri-wipe with the wash." Additional comments documented by the student NA showed "[The staff CNA] verbalized that she was angry about working day shift because she was a night CNA." Further review showed the DON and social worker documented on the back of the form "CNA was interviewed regarding this incident. She stated the peri-wash spray bottle nozzle spurted and some of the peri-wash sprayed in the resident's face. This was unintentional. The CNA wiped the liquid from the resident's face and made sure none of it had gotten into [his/her] eyes." The following concerns were identified: a. Review of the resident's medical record, including nursing notes for April and May 2018,	F 610	The Facility will ensure that all allegations of abuse, neglect, exploitation, or mistreatment are thoroughly investigated, as well as prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. This will be accomplished by: 1) The allegation mentioned has been reported and thoroughly investigated, and concluded that no abuse had occurred. The CNA mentioned in the incident has since left of her own volition to seek employment elsewhere. 2) No other allegations of abuse have been made at this time, and we are unaware of any reportable concerns. 3) Education to be provided to the Interdisciplinary team on ensuring that all allegations of abuse are treated such that all residents are immediately protected from any further potential for abuse by suspension of any named individuals during the investigation process. In addition, thorough documentation of the investigation and findings must be completed and reported to the state within the required timeframe. 4) DON or designee will perform audits 5 times per week for 2 weeks, then weekly for 8 weeks, then monthly on ensuring that all allegations of abuse are thoroughly investigated, and all residents are protected from any further potential abuse while the investigation is in progress, and	

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F 610	Continued From page 4 showed no evidence the incident was documented. b. Review of an email from the student NA's instructor, dated 5/3/18 and addressed to the DON, showed she was concerned the facility did not contact the student NA to obtain an interview regarding the incident. She also stated the action of the staff CNA was "considered abuse." c. Interview with the DON and social worker on 5/8/18 at 11 AM revealed resident #5 was cognitively impaired and could not be interviewed regarding the incident. They stated they had interviewed other staff members informally after receiving the initial "Fall/ Injury Event Report" on 4/18/18, but they were not able to recall how many staff members were interviewed and did not have anything documented. They also revealed no other residents were interviewed at that time. d. Interview with the administrator, DON, and social worker on 5/8/18 at 11:20 AM revealed they did not feel the original "Fall/ Injury Event Report" filled out by the student NA was an allegation of abuse because it did not state the CNA intentionally sprayed the resident with peri-wash. They added they had initiated an investigation following receipt of the 5/3/18 email from the student NA's instructor because the word abuse was explicitly used. Additionally, they stated CNA #1 had resigned from her position at the facility early the morning of 5/8/18. e. Review of the time sheet for CNA #1 showed she worked 7 shifts after the date the facility received the initial allegation on 4/18/18. f. Review of the policy and procedure titled "Abuse Prohibition Program," revised 03/2017, showed: "Investigation... The Alleged Abuse Incident Investigation will include: Interviewing witnesses and having the witnesses write a statement... Interviewing other key staff	F 610	any employees that have been accused of a potential abusive situation were suspended immediately pending investigation results. Results of these findings will be reported on the monthly quality calendars and reviewed by the quality advisory committee monthly.	

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F 610	Continued From page 5 members... Interviewing other patients or residents, as appropriate, Completing the Alleged Abuse Incident Investigation Report form..." Further review showed: "Protection The patient or resident will be immediately protected from any threat or abuse and placed in an environment that is not threatening. The alleged perpetrator (s) will be removed from the immediate area of all patients or residents...The goal is to assure all patients or residents are safe at all times. The purpose of this strict procedure is to assure that the Facility is doing all that is within its control to prevent occurrences."	F 610		