PRINTED: 06/28/2011
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
	565024	A. BUILDING _____ B. WING _____ 7/21/11	6/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR LIVING CENTER	4305 S POPLAR CASPER, WY 82601

(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 225	"Preparation and/or execution of this plan of correction does not constitute 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 federal and state law." This plan of correction is the facility's credible allegation of compliance. F225 It is the practice of the facility to ensure that any allegation of mistreatment, neglect, or abuse is reported and investigated within the timeframe required by regulation. It is the practice of the facility to ensure that any resident injuries of unknown origin are reported and investigated within the timeframe required by regulation. Corrective Action 1.An investigation has been completed on 6/15/11 regarding the allegations of abuse toward resident #90 and found to be unsubstantiated. 2.A review of resident #29's fall was completed on 5/6/11. The resident was sent to the hospital on 5/7/11 and was diagnosed with a facture of the right hip.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dennis R Topham — TITLE: Administrator — (X6) DATE: 7/8/11

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.

FORM CMS-2567(02-99) Previous Versions Obsolete — Event ID: QVDY11 — Facility ID: WY0023 — If continuation sheet Page 1 of 4

This POC accepted with corrections on 7/21/11 @ 0815 per phone conversation between Dennis Topham, Adm, and Betty Nelson, RN, State Health Surveyor

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	535024	A. BUILDING _____ B. WING _____	C 06/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR LIVING CENTER	4305 S POPLAR CASPER, WY 82601

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F 225	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, family and staff interview, and review of internal investigations and policies and procedures, the facility failed to report and/or thoroughly investigate, within the timeframe required by regulation, 2 of 6 incidents reviewed. One of the incidents was an allegation of abuse to resident #90. The other incident resulted in injuries of unknown origin for resident #29. The findings were: 1. Review of an allegation of verbal and physical abuse in the secure unit dated Saturday, 6/11/11, but which occurred on 6/10/11 at 7:30 PM, revealed an unidentified CNA allegedly yelled at resident #90 to "...get in bed now." When the resident responded that s/he did not want to go to bed yet, the CNA allegedly walked him/her to the bed and again yelled, "...get into bed." When the resident refused, the CNA was reported to bend down and "hit [resident's name] in the back of the knees, lifted [him/her] up & dropped [him/her] on the bed. [Resident's name] started crying & screaming." Medical record review showed the last documentation was dated 6/8/11 and concerned a routine physician's visit. Observation of the resident's skin on 6/15/11 at 4:40 PM revealed no bruising or other injuries on the arms or legs. An interview with a family member on 6/15/11 at 2:42 PM prior to the observation revealed s/he denied any bruising and had no concerns about the resident's care. On 6/15/11 at 5:23 PM the administrator stated the complainant called him at home on 6/11/11 around 8:30 PM to notify him of the	F 225	Identification of Others DON/Designee will conduct an audit of all incident/accident reports for the last 60 days to identify trends, interventions, reporting patterns, and/or policy and procedure modifications necessary to ensure timely reporting and investigation of occurrences. The DON/Designee will conduct a facility wide audit of all nurses' notes for 30 days to review for any resident bruises, skin tears or other injuries of unknown origin. Systemic Changes The NHA/Designee will complete an investigation of any allegation of mistreatment, neglect or abuse of resident, and resident injuries of unknown origin within 5 days of the allegation. The NHA/Designee will report any allegation of mistreatment, neglect or abuse of resident, and resident injuries of unknown origin to the Wyoming State Health Department within 24 hours of the allegation. Any employee named in an allegation of mistreatment, neglect, or abuse of a resident will be suspended immediately, pending the outcome of the investigation.	

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F 225	Continued From page 2 incident the previous evening. The administrator reiterated the date and time of notification on 6/16/11 at 1:50 PM. He further stated he had not yet notified the State Survey Agency of the allegation as the investigation was not complete. Review of documentation related to the investigation confirmed it was not completed within five working days. Nor did the notes show that a thorough investigation was conducted. According to the facility's policy and procedure, "Abuse & Neglect Prohibition," released February 2010, the facility "...will report such allegations.." and "...all investigation findings" to the state "...as per state regulations." 2. According to the facility's 6/11/11 incident report, on 5/6/11 resident #29 was "...found lying on his/her right side in the hallway, no apparent injuries, able to move all extremities, Hips approximated." Review of nursing documentation showed "...Fall unwitnessed..." and that the resident complained of pain "...which is not knew for [him/her]." At 2 AM on 5/7/11 the documentation indicated the resident was complaining of pain in the right lower extremity, but the nurse was "...unable to assess properly due to will not cooperate." At 2:17 AM external rotation of the right leg was noted and the physician was notified; the resident transferred to the emergency department at 2:50 AM. Review of a hospitalist's progress note dated "5/6/11" at 8:55 AM showed the resident sustained a fractured right hip. Upon request for the incident investigation, the surveyor was told there was no documentation of an investigation to rule out the possibility of abuse. On 6/16/11 at 12:21 PM, the DON confirmed documentation of an investigation was lacking. However, she	F 225	The DON/Designee will conduct an in-service with all employees to reinforce the understanding of what constitutes mistreatment, neglect, or abuse of a resident. DON/Designee will also reinforce with all employees the proper reporting procedures for an incident of alleged mistreatment, neglect, or abuse of a resident or injury of unknown origin. The Staff Development Director/ Designee will continue to educate all new hires on the definition of mistreatment, neglect, or abuse of resident and on the proper procedure for reporting allegations. The Staff Development Director/Designee will also continue to provide annual training for all employees on these topics. Monitoring Through the analysis of the QA&A committee, the facility will continue to monitor the investigation process for all patterns, trends or incidents that suggest the possible presence of mistreatment, neglect or abuse of a resident. The QA&A committee will analysis data reported by the DON or Designee at each monthly QA&A Meeting to determine interventions, reporting or policy/procedure modification as appropriate. Date of Correction ~~On or before July 15, 2011~~	7/15/11

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F 225	Continued From page 3 reiterated that the fall was unwitnessed. According to the facility's policy and procedure, "Abuse & Neglect Prohibition", released February 2010, "The facility will conduct an investigation of any alleged ...injuries of unknown origin..."	F 225		