STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535048	A. BUILDING _____ B. WING _____	C 12/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WORLAND HEALTHCARE AND REHABILITATION CENTER	1901 HOWELL AVENUE WORLAND, WY 82401

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F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys on 12/5/18. The survey was prompted by complaint intake WY00002740. The following common abbreviations are used throughout this document: CNA- Certified Nurse Aide DON- Director of Nursing MDS- Minimum Data Set RN- Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 600 SS=G	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on medical record and personnel file review, staff interview, and review of facility documentation, logs and policies, the facility	F 600	The facility will not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.	1/8/19

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

Electronically Signed | 12/28/2018

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F 600	Continued From page 1 failed to ensure staff provided needed services for 1 of 6 sample residents (#6) who had a fall. Resident #6, who was cognitively impaired, did not receive a thorough assessment following a fall, and was found to have a fractured hip three days later. The findings were: 1. Review of nursing notes showed on 11/27/18 it was documented resident #6 was grimacing and having increased behaviors when rolling to the left side. The physician ordered an x-ray, which revealed a left hip fracture. Review of the facility's incident log showed on 11/27/18 the resident had left hip pain and an x-ray revealed a left hip fracture. The facility initiated an investigation for an injury of unknown origin. The following concerns were identified: a. Review of the facility's investigation report (completed 11/30/18) showed the resident sustained two unwitnessed falls that had not been documented or reported by the RN on duty. A fall occurred on 11/24/18 was believed to be the fall that resulted in the resident's fractured hip. b. Review of progress notes from 11/1/18 through 12/5/18 showed no documentation of a fall or a nursing assessment following a fall. c. During an interview on 12/5/18 at 2 PM CNA #1 stated she helped RN #1 get the resident off the floor for both falls. When asked if the nurse assessed the resident after either fall, the CNA stated "not really, just asked about pain, the resident spoke in gibberish." d. On 12/5/18 at 2:05 PM CNA #2 stated she was working when the resident fell on Saturday [November 24]. She stated the nurse (RN #1) asked the resident if s/he was OK, and then instructed the CNA to get the resident off the floor. She further stated she was unsure if the nurse did anything else for an assessment.	F 600	Corrective Action: 1. Resident was sent to ER for x-ray due to change in pain rating, decline in ADL□s, and increased behaviors. 2. Investigation started immediately upon radiology report findings 11/27/18. 3. Nurse suspended pending investigation 11/27/18. Identification: All residents that reside in the facility are at potential risk as every resident has the potential of falling. Facility will review the last 30 days of Resident falls to identify any injury that might have occurred and went unreported. Issues identified will be addressed at that time. Systematic Changes: Starting 11/28/18 all nursing staff will be educated by Director of Nursing and/or Designee on the facility Fall Management and Investigation Policy, the facility SRM Policy, the QAPI Post Fall Investigation, and use of the Stop and Watch when a resident is exhibiting a change from his/her baseline. Starting 12/17/18 all staff will be educated by Director of Nursing and/or Designee on the facility Abuse, Neglect, and Exploitation Prohibition and Prevention Program. An attendance sheet will be reconciled with an active staff roster and nursing staff that were unable to attend will be provided with 1:1 reeducation. Monitoring: The IDT will review each business day	

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F 600	Continued From page 2 e. During an interview on 12/5/18 at 3:06 PM RN #1 stated the resident had two falls in the last couple of weeks. She stated the first one the resident was found on the floor next to the bed, and she didn't consider that a fall. She stated the second fall [November 24] the resident was found on the floor in the hallway near his/her room. She stated she performed a "minimal assessment" which consisted of "I just checked to see if [s/he] was feeling OK." She stated she did not get vital signs or assess neuro signs. She stated after she instructed the CNAs to get the resident up, an alarm sounded that she needed to respond to, and she "just forgot about it." She stated she did not report or document either fall. She confirmed the facility had provided her education, prior to these incidents, on what to do following a fall. f. During an interview on 12/5/18 at 2:45 PM the DON stated the facility's investigation revealed RN #1 did not report or document two falls for the resident. She stated there was no evidence of an assessment following the falls. She confirmed the RN was terminated for not reporting and following up on falls and resident change in condition. g. Review of the 10/13/18 significant change MDS assessment showed the resident had a BIMS score of 3 (severely impaired cognition). The resident was interviewed for pain, but was unable to state how often s/he had pain, or how severe the pain was. The resident required extensive assistance for transfers and bed mobility. Review of the activities of daily living tracking (ADL) showed the resident required limited to extensive assistance for transfers and bed mobility 11/15/18 through 11/23/18. From 11/24/18 (day of fall) through 11/27/18 the resident required extensive assistance to total dependence.	F 600	any concerns from the prior business day through the 24 hour report, E-interact, Stop and Watch, and resident chart reviews. The DON/designee will ensure that residents who have experienced any change in condition have been appropriately assessed and any follow up has been documented. The Director of Nursing and/or Designee will conduct random interviews with nursing staff and record reviews post fall to ensure policy and procedures were followed. Any non-compliance finding will be dealt with immediately. All findings will be tracked & trended and reported to the Quality Assurance Performance Improvement Committee monthly for 3 months and then as needed to ensure plan is implemented, sustained, and evaluated for its effectiveness.	

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F 600	Continued From page 3	F 600		

h. Review of the facility investigation report (dated 11/30/18) showed "...The fall [s/he] sustained on 11/24/18 is believed to have been the fall that fractured [resident's name] left hip as [his/her] ADL status and behaviors changed on and after that date. Resident's scheduled opiod analgesic and recent changes in antipsychotics along with resident's cognitive deficit of Alzheimers disease, and frontal lobe tumor made it difficult to identify [his/her] pain."

i. During an interview on 12/5/18 at 2:45 PM the DON stated the resident was tapering off Seroquel so behavior changes happened at the same time as the fall. She stated the resident wasn't interviewable. She stated the resident had a change in transfer status after November 24th. She further stated on Monday night [November 26] the resident expressed pain when staff were rolling him/her, so the following day the resident's physician was contacted, and the physician then ordered an x-ray.

2. Review of the personnel file for RN #1 showed the facility had provided education on falls, including quizzes dated 12/18/17 and 10/9/16.

3. Review of the facility's "Fall Management and Investigation" policy (dated 9/1/18) showed "E. Post Fall Procedures. 1. A licensed nurse evaluates the resident immediately. The resident is NOT moved until the evaluation is completed, unless there is an immediate safety concern. The evaluation includes but is not limited to: a. Position of resident b. Bleeding, swelling, bruising, redness of skin c. Pain symptoms (verbal/nonverbal) d. Vital signs e. Neuro signs if head injury present or suspected or if the fall is not witnessed. 11. 72-hour post-fall follow-up licensed notes are documented in the resident's

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F 600	Continued From page 4 record." 4. Review of the facility's policy "Abuse, Neglect, and Exploitation Prohibition and Prevention Program" (dated 9/1/18) showed the definition of neglect was "the failure of the Community, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress. Neglect may be intentional (such as withholding or omitting care) or unintentional (e.g., the caregiver should have known that care was needed, but it was not provided)."	F 600		
F 684 SS=G	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and review of facility documentation, logs and policies, the facility failed to ensure a thorough assessment and follow-up for 2 of 6 sample residents (#2, #6) who had a fall. Resident #6, who was cognitively impaired, did not receive a thorough assessment following a fall, and was found to have a fractured hip three days later. In addition, the facility failed to ensure that care following a fall was in accordance with facility	F 684	The facility will ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and resident choices. The facility will ensure that the fall management policy is followed per Corporate and State regulations. Corrective Action:	1/8/19

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F 684	Continued From page 5 policy for 1 of 6 sample residents (#6) who fell. The findings were: 1. Review of nursing notes dated 11/27/18 showed resident #6 was grimacing and having increased behaviors when rolling to the left side. The physician ordered an x-ray, which revealed a left hip fracture. Review of the facility's incident log showed on 11/27/18 the resident had left hip pain and an x-ray revealed a left hip fracture. The facility initiated an investigation for an injury of unknown origin. The following concerns were identified: a. Review of the facility's investigation report (completed 11/30/18) showed the resident sustained two unwitnessed falls that had not been documented or reported by the RN on duty. A fall that occurred on 11/24/18 was believed to be the fall that resulted in the fractured hip. b. Review of progress notes from 11/1/18 through 12/5/18 showed no documentation of a fall or a nursing assessment following a fall. c. During an interview on 12/5/18 at 2 PM CNA #1 stated she helped RN #1 get the resident off the floor for both falls. She stated a lift was not used after either fall to get the resident off the floor. When asked if the nurse assessed the resident after either fall, the CNA stated "not really, just asked about pain, the resident spoke in gibberish." d. On 12/5/18 at 2:05 PM CNA #2 stated she was working when the resident fell on Saturday [November 24]. She stated the nurse (RN #1) asked the resident if s/he was OK, and then instructed the CNA to get the resident off the floor. She stated a lift was not used to get the resident off the floor. She further stated she was unsure if the nurse did anything else for an assessment.	F 684	1. Resident #6 was sent to ER for x-ray due to change in pain rating, decline in ADL□s, and increased behaviors. a. Investigation started immediately upon radiology report findings. b. Nurse suspended pending investigation after interview that revealed resident had fallen on her shift and she did not report it. 2. Resident #2: Neuro's were initiated per policy on 12/5/18. Identification: All residents that reside in the facility are at potential risk as every resident has the potential of falling. Facility will review the last 30 days of Resident falls to identify any injury that might have occurred and went unreported. Facility will review the last 2 weeks of the 24 hour report to identify any change of condition that was not assessed and followed up on. Issues identified will be addressed at that time. Systematic Changes: Starting 11/28/18 all nursing staff will be educated by Director of Nursing and/or Designee on the facility Fall Management and Investigation Policy, the facility SRM Policy, the QAPI Post Fall Investigation, and use of the Stop and Watch when a resident is exhibiting a change from his/her baseline. An attendance sheet will be reconciled with an active staff roster and nursing staff that were unable	

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F 684	Continued From page 6 e. During an interview on 12/5/18 at 3:06 PM RN #1 stated the resident had two falls in the last couple of weeks. She stated the first one the resident was found on the floor next to the bed, and she didn't consider that a fall. She stated the second fall [November 24] the resident was found on the floor in the hallway near his/her room. She stated she performed a "minimal assessment" which consisted of "I just checked to see if [s/he] was feeling OK." She stated she did not get vital signs or assess neuro signs. She stated after she instructed the CNAs to get the resident up, an alarm sounded that she needed to respond to, and she "just forgot about it." She stated she did not report or document either fall. Furthermore, she stated a lift was not used to get the resident off the floor. f. During an interview on 12/5/18 at 2:45 PM the DON stated the facility's investigation revealed RN #1 did not report or document two falls for the resident. She stated there was no evidence of an assessment following the falls. Additionally she stated staff did not use a lift to get the resident off the floor, which was facility policy. g. Review of the 10/13/18 significant change MDS assessment showed the resident had a BIMS score of 3 (severely impaired cognition). The resident was interviewed for pain, but was unable to state how often s/he had pain, or how severe the pain was. The resident required extensive assistance for transfers and bed mobility. Review of the activities of daily living tracking (ADL) showed the resident required limited to extensive assistance for transfers and bed mobility 11/15/18 through 11/23/18. From 11/24/18 (day of fall) through 11/27/18 the resident required extensive assistance to total dependence.	F 684	to attend will be provided with 1:1 reeducation. Monitoring: The IDT will review each business day any concerns from the prior business day through the 24 hour report, E-interact, Stop and Watch, and resident chart reviews. The DON/designee will ensure that residents who have experienced any change in condition have been appropriately assessed and any follow up has been documented. The Director of Nursing and/or Designee will conduct random interviews with nursing staff and record reviews post fall to ensure policy and procedures were followed. Any non-compliance finding will be dealt with immediately. All findings will be tracked & trended and reported to the Quality Assurance Performance Improvement Committee monthly for 3 months and then as needed to ensure plan is implemented, sustained, and evaluated for its effectiveness.	

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F 684	Continued From page 7	F 684		

h. Review of the facility investigation report (dated 11/30/18) showed "...The fall [s/he] sustained on 11/24/18 is believed to have been the fall that fractured [resident's name] left hip as [his/her] ADL status and behaviors changed on and after that date. Resident's scheduled opiod analgesic and recent changes in antipsychotics along with resident's cognitive deficit of Alzheimers disease, and frontal lobe tumor made it difficult to identify [his/her] pain."

i. During an interview on 12/5/18 at 2:45 PM the DON stated the resident was tapering off Seroquel so behavior changes happened at the same time as the fall. She stated the resident wasn't interviewable. She stated the resident had a change in transfer status after November 24th. She further stated on Monday night [November 26] the resident expressed pain when staff were rolling him/her, so the following day the resident's physician was contacted who ordered an x-ray.

Review of the facility's "Fall Management and Investigation" policy (dated 9/1/18) showed "E. Post Fall Procedures. 1. A licensed nurse evaluates the resident immediately. The resident is NOT moved until the evaluation is completed, unless there is an immediate safety concern. The evaluation includes but is not limited to: a. Position of resident b. Bleeding, swelling, bruising, redness of skin c. Pain symptoms (verbal/nonverbal) d. Vital signs e. Neuro signs if head injury present or suspected or if the fall is not witnessed. 11. 72-hour post-fall follow-up licensed notes are documented in the resident's record."

Review of the facility's "Safe Resident Movement Program" (dated 9/1/18) revealed "C. Transferring residents from the floor. When a

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F 684	Continued From page 8	F 684		

resident falls or is found on the floor, applicable Health and Wellness fall management and emergency response policies and procedures are followed, as set forth in the Interdisciplinary Policy and Procedure Manual. If and when it is determined that the resident does not require urgent/emergency medical care and the resident is cleared to be transferred from the floor, a device (a total lift or a CAMEL) is used to the transfer the resident from the floor to the bed or a chair, unless the resident is able to self-transfer without weight-bearing assistance."

2. Review of the 10/20/18 quarterly MDS assessment showed resident #2 had a Brief Interview for Mental Status (BIMS) score of 14 (indicating intact cognition). A nursing note dated 12/2/18 showed the resident told staff s/he "fell" earlier that day and showed staff a bruise on the left lower arm. The resident didn't remember how or when s/he fell. The nurse documented the resident moved the extremities well, ambulated with a walker, and "baseline neuros." The following concerns were identified:

a. Further review of progress notes and vital signs documentation showed no evidence neuro signs were assessed.

b. During an interview on 12/5/18 at 3:31 PM the DON stated she was unable to find documentation of neuro checks and stated they should have been done because it was an unwitnessed fall.

Review of the facility's policy "Fall Management and Investigation" (dated 9/1/18) showed an assessment should include "e. Neuro signs if head injury is present or suspected of if the fall is not witnessed...If a head injury if assessed post-fall, of the fall was un-witnessed, the

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F 684	Continued From page 9 resident is monitored, including vital signs, pupil reactions, signs of nausea/vomiting: a. Every 15 minutes x 4, then b. Every 2 hours x 3, then c. Every shift x 3." 3. During an interview on 12/5/18 at 2:45 PM the DON stated after the fracture involving resident #6, the facility came up with an action plan which included education of staff and monitoring. She stated approximately 23 of 65 staff had been educated so far, and also stated she had not implemented monitoring yet, since she was still in the process of educating staff.	F 684		