STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535027	A. BUILDING _____ B. WING _____	C 03/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CODY REGIONAL HEALTH LONG TERM CARE CENTER	707 SHERIDAN AVENUE CODY, WY 82414

(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 3/6/19 to 3/7/19. The survey was prompted by complaint intake WY00002785.	F 000		
F 600 SS=D	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 review of facility incident reports and documentation, staff and resident interviews, medical record review, and review of personnel files and policies and procedures, the facility failed to ensure residents were free from abuse for 1 of 2 sample residents (#1) reviewed for allegations of abuse. The findings were: 1. Review of the incident report submitted to the State Survey Agency on 2/21/19 revealed an allegation of verbal abuse of resident #1 by certified nurse aide (CNA) #1, which allegedly occurred on 2/19/19. The report showed the CNA	F 600	Preparation and/or execution of this plan of correction does not constitute the providers admission of or agreement with 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. 1. An immediate investigation was conducted as soon as the facility became aware of the allegation of abuse. The suspected individual (Suspect #1) was	4/12/19

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

Electronically Signed | 04/03/2019

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F 600	Continued From page 1 told the nurse on duty she assisted resident #1 in the bathroom. The resident tried to grab the toilet paper roll, which was in the CNA's hand, and the toilet paper roll fell on the floor. She told the nurse she then said to the resident, "well if you're going to be a jerk about it, that's where it's going to stay." Approximately 40 minutes later, another CNA, CNA #2, told the nurse that the resident was very upset. The resident claimed CNA #1 had called him/her a "jackass." Review of the 1/6/19 quarterly Minimum Data Set (MDS) assessment showed the resident had a BIMS (Brief Interview for Mental Status) score of 11, indicating moderate cognitive impairment. Review of the facility's incident report revealed the following: a. CNA #1 was interviewed and stated she told resident #1 "If you are going to be a jerk, I am not going to stay." She denied calling the resident a "jackass." b. Resident #1 did not recall what CNA #1 said to him/her, but recalled there was an incident where the CNA was upset. It was noted the resident was moderately impaired for cognition. c. Licensed practical nurse (LPN) #1 stated CNA #1 was "curt" to residents and was "rude and unkind." d. Registered nurse (RN) #1 stated CNA #1 had an attitude and didn't speak nicely to the residents. e. RN #2 stated CNA #1 was loud, abrasive and inappropriate with residents. f. Resident #2 stated CNA #1 was rude and "hurts my roommate." She stated s/he hears the roommate yelling "Ouch don't do that." g. The administration planned to pursue the termination of CNA #1's employment at the	F 600	suspended pending the investigation. During the investigation an additional individual was identified as a potential suspect (suspect #2), that individual was also suspended pending the investigation. The investigation concluded that suspect #1 was in violation of ¿483.12 and their employment was terminated. Suspect #2 was given a disciplinary measure as the investigation revealed different facts causing a different conclusion for this individual. 2. Other individuals having the potential to be affected by this same deficient practice will be identified by the following corrective action. This will consist of three parts: A. Part of CRH LTC employee relationship program is to round on every employee every quarter. We are adding questions to this rounding outline to ask the LTC employees if they are aware of any type of abuse by their peers as defined in ¿483.12. Any indication of any type of abuse will be immediately investigated with abuse protocols implemented and appropriate action taken. B. The second part of this process is that we currently conduct weekly Ambassador Rounds for each resident. All of the rooms are divided up amongst the managers. There is a list of items to check as well as abuse questions to ask. Any indication of any type of abuse will be immediately investigated with abuse protocols implemented and appropriate action taken. C. The third component is taking any reference of dis-satisfaction regarding	

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F 600	Continued From page 2 facility. Onsite investigation revealed the following: a. During an interview with CNA #2 on 3/6/19 at 4:56 PM, she revealed on 2/19/19 CNA #1 assisted the resident in the bathroom. A little bit later, the resident put on his/her call light and she (CNA #2) answered it. She stated that the resident was very upset and agitated and said "I don't deserve to be called a jackass...I don't deserve this." b. During an interview on 3/6/19 at 5:13 PM CNA #1 stated she did call the resident a jerk, but did not call him/her a "jackass." She further stated she knew it was not appropriate to call the resident a jerk. c. During an interview on 3/7/19 at 10:03 AM resident #1 recalled an incident in the bathroom involving toilet paper. He could not remember the CNA's name. When asked how the CNA responded, he stated "well, she gave me hell!" d. During an interview on 3/6/19 at 4:44 PM LPN #1 stated CNA #1 was "curt." She stated she didn't yell, but it was her tone. e. During an interview on 3/6/19 at 4:40 PM RN #1 stated when she worked, she could hear CNA #1 in the resident rooms. She stated the CNA was very loud and abrupt with the residents. She also stated she was rough when handling residents. f. During an interview on 3/6/19 at 6:15 PM RN #2 stated she wondered why CNA #1 worked in the facility. She stated CNA #1 acted like answering call lights was a chore. She stated CNA #1 "provoked" residents and was disrespectful. g. On 3/7/19 at 10:07 AM resident #2 stated CNA #1 was "rough with my roommate."	F 600	staff from our resident/family Pinnacle Surveys and investigating immediately to determine if any type of abuse has taken place or has the potential to take place. If any type of abuse is indicated abuse protocols will be implemented 3.To meet the criteria of what measures will be put into place or what systemic changes will be made to ensure that the deficient practice, does not re-occur the facility will provide additional education and resources to all of the LTC staff for the following: 1.The types of abuse, listed in F-600 and the F-600 guidelines. 2.How to recognize abuse as listed in F-600 and to whom to report it 3.How to recognize potential scenarios that abuse could take place and how to correct/defuse and report those scenarios. 4.How to recognize signs and symptoms of employee burn out that can contribute to abuse and how and to whom to report it. 5.Any other subject related to this issue that arises from discussion and suggestions from staff. 4. The results of “Employee Rounding”, “Ambassador Rounds” and “Pinnacle Surveys” will be reviewed at the end of each month and will also be reviewed at the monthly QAPI meeting for any indication of abuse and for appropriate follow-up and to ensure that any corrective measures needed have been implemented. As these rounding	

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F 600	Continued From page 3 h. During an interview on 3/6/19 at 5:26 PM CNA #3 stated the first time she worked with CNA #1 back in September 2018 the CNA yelled at a resident. She stated "I keep an eye on her" because she was afraid the CNA was "getting back to verbally abusive ways." i. On 3/6/19 at 4:41 PM CNA #4 stated that she did not approve of the way CNA #1 talked to residents. She stated she talks to residents "like they are trash" and "talks in a way to hurt them." j. During an interview on 3/6/19 at 4 PM the social worker stated the facility "substantiated" the allegation of abuse against CNA #1 based on interviews with residents and staff. She stated the CNA admitted to calling the resident a "jerk." 2. Review of the facility's policy "Abuse-Identification, Prevention and Reporting of Crime Against a Resident" (undated) showed the facility screened employees prior to employment and trained employees on abuse on hire and at least annually. Review of personnel files on 3/6/19 at 3 PM showed 5 of 5 employees reviewed (including CNA #1) all had screening prior to hire, including reference checks, Department of Family Services Central Registry Screens, and criminal background checks. In addition, all employees reviewed had evidence of abuse training at hire. Further, review of training records on 3/6/19 at 3:30 PM showed staff received annual education on abuse in October 2018. There was no evidence the facility provided additional abuse training or monitoring after their investigation confirmed abuse did occur. 3. Review of the personnel file for CNA #1 showed the employee's employment was terminated on 3/1/19.	F 600	interviews are part of the internal employee relationship programs they will continue to be implemented on an ongoing basis. The results of the staff education will be presented at the following QAPI meeting for review and recomnedation. The Administrator, DON, and/or Staff Development Coor. will continue to monitor this process for continued compliance.	