STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535033	A. BUILDING _____ B. WING _____	C 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSION AT CASTLE ROCK REHABILITATION CENTER	1445 UINTA DRIVE GREEN RIVER, WY 82935

(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 7/17/19. The survey was prompted by complaint intake WY000002873. The following common abbreviations are used throughout the document: ADON: Assistant Director of Nursing CNA: Certified Nursing Assistant DON: Director of Nursing NHA: Nursing Home Administrator 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	F 609		8/5/19

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

Electronically Signed | 08/07/2019

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F 609	Continued From page 1 procedures. §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 by: Based on staff interview, review of facility investigation reports, and review of the State Survey Agency incident reporting log, the facility failed to report allegations of abuse in a timely manner for 1 of 3 allegations of abuse reviewed. This failure affected resident #5. The findings were: Review of the State Survey Agency incident reporting log showed an allegation of verbal abuse which involved resident #5 and CNA #1 occurred on 6/26/19 at 4 PM and was reported on 7/2/19. The following concerns were identified: a. Review of the facility investigation report showed the allegation of verbal abuse was reported to the ADON on the evening shift of 6/27/19. b. Interview with the ADON on 7/17/19 at 4:50 PM revealed she had received the allegation of verbal abuse from a staff member on 6/27/19, "late at night", and had then sent an email to the NHA and DON notifiying them of the allegation. Further, the ADON stated she was new to the position and was not sure what the protocol was after receiving an allegation of abuse. c. Interview with the DON on 7/17/19 at 4:58 PM revealed sending an email was not the usual protocol after an allegation of abuse was	F 609	F. Tag. F609 Immediate corrective action: ADON was educated on the appropriate reporting procedures and policy was reviewed with her. Social Services Director was educated on appropriate reporting procedures and policy was reviewed with her. How the facility will identify other residents having the potential to be affected: Potential to affect any resident. Measures put in place or system correction in this area include: ADON and Social Services Director have been added to the HLS reporting system log in and educated on appropriate reporting procedures in the event that the DON and or Administrator are not available. All reportable incidents will be reviewed by the Administrator, DON and/or designee to ensure proper notification based on Federal and State	

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F 609	Continued From page 2 received; however both she and the NHA were on vacation at that time.The social worker was in the facility and had started the investigation the day after receiving the allegation of abuse. In addition the DON stated the ADON had not been set up or trained to use the State Survey Agency incident reporting log and that was the reason for the delay in reporting the allegation of abuse. d. Interview with the NHA on 7/17/19 at 5:18 PM revealed she had responded to the email and ensured the resident was protected and CNA #1 was not on the schedule. The NHA confirmed the ADON had not been trained to use the State Survey Agency incident reporting log; however the social worker had been trained and perhaps because the facility did not have many allegations of abuse she had forgotten to do the reporting. In addition, the NHA was aware of the regulation which required allegations of abuse be reported not later than 2 hours after the allegation was made.	F 609	guidelines. Who will monitor the new system: Director of Nursing and/or Social Service Director How frequently will we monitor: Monthly How will we incorporate the new system into our QAPI system: All reportable incidents will be thoroughly reviewed in the monthly QUAPI meeting.	