STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535034	A. BUILDING _____ B. WING _____	07/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWARD HEIGHTS CARE CENTER	150 CARING WAY LANDER, WY 82520

(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 recertification survey was conducted by Healthcare Licensing and Surveys from 7/22/19 to 7/24/19.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and review of orientation documentation, the facility failed to ensure the environment remained free of accident hazards for 2 of 24 sample residents (#26, #41) reviewed. The findings were: Observation on 7/22/19 at 3:13 PM showed the cord for the call light in resident #41's room was strung across the width of the room, causing a potential trip hazard. Observation of resident #26's room during the same time period revealed oxygen tubing was placed where the room could not be entered without walking on or impinging on the tubing. Observation on 7/23/19 at 10:48 AM showed these hazards remained unaddressed. Interview with certified nurse aide (CNA) #1 on 7/24/19 at 10:26 AM revealed the CNA had worked in facility for over 4 years. She stated the initial orientation covered safety, and that clutter in the room was identified as a tripping hazard.	F 689	Correct deficiency to individual: #26 – A cordless call-light provided to resident on 8/7/19. #41 – Resident offered and accepted to relocate next door where cords and tubing could be plugged/placed on side of room where she is located. How others are identified and correction to others in similar situations: DON assessed all rooms on 8/7/19 to identify residents that utilize oxygen via concentrators/tubing. DON surveyed environment for trip hazards and placement of concentrators/tubing as well as call-lights. DON found one call-light strung across room to resident sitting in recliner. Resident declined to have call-light relocated for safety. DON educated resident on a hazard-free	8/23/19

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

Electronically Signed | 08/09/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535034	A. BUILDING _____ B. WING _____	07/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWARD HEIGHTS CARE CENTER	150 CARING WAY LANDER, WY 82520

(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 689	Continued From page 1 She further stated that when it was seen, it was the responsibility of the one discovering it to rectify and report the condition. Interview with the DON on 7/24/19 at 11:24 AM confirmed that the general orientation training included safety. She stated clutter in rooms and tripping hazards were to be removed immediately. If the staff was uncomfortable with moving the cords/tubing, the charge nurse had that responsibility. The DON further stated it was the expectation that trip hazards were removed as soon as possible. Review of "General Orientation Handbook" under the "General Safety" section revealed "Tripping Hazards - Keep your area clean and clear of tripping hazards including rooms. "	F 689	environment and the practice of positioning call-light currently is considered a trip hazard for room-mate or staff. Resident continued to decline relocating call-light. A wrist call-light will be ordered for this resident. DON or designee will be responsible providing a hazard-free environment. Measures/systemic changes to prevent recurrence: The SDC/IPN or designee will perform rounds weekly for oxygen tube tethering and call-light cords being strung across room, correcting on-the-spot, and educating staff immediately for 60-days and PRN afterwards. Leadership members will be educated regarding intermittent rounding for tracking and trending purposes as well as what to look for during rounding. Leadership education will be completed by 8/9/19 by DON during Stand-Up Meeting. Cordless call-lights will be ordered and provided to resident(s) who decline relocation of call-light cords. Oxygen concentrators will be located next to resident while in bed or chair to prevent oxygen tubing from becoming a trip hazard. CNAs will be educated by 8/7/19 and Nurses will be educated by 8/22/19 regarding corrective measures, placement of oxygen concentrators next to resident, and call-light cords not being strung across room. Trip-hazard training will occur for all staff no later than 8/15/19, upon hire, and annually. Monitor permanent solution:	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535034	A. BUILDING _____ B. WING _____	07/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWARD HEIGHTS CARE CENTER	**150 CARING WAY LANDER, WY 82520**

(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 689	Continued From page 2	F 689	DON or designee will complete an assessment of each room every week for next 60 days then PRN based on findings to ensure that the residents' rooms are free of call-light cords and/or oxygen tubing creating a trip/accident hazard. These results of room assessments will be presented at the monthly Quality Assurance and Performance Improvement (QAPI) meetings.	