STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535024	A. BUILDING _____ B. WING _____	C 08/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASPER MOUNTAIN REHABILITATION AND CARE 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 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 8/19/19 to 8/20/19. The survey was prompted by complaint intakes WY000002918, WY000002917, WY000002915, WY000002907, WY000002841, WY000002792. The following common abbreviations are used throughout this document: CNA- Certified Nurse Aide DON- Director of Nursing Services LPN- Licensed Practical Nurse MDS- Minimum Data Set RN- Registered Nurse 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	F 609		9/9/19

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

Electronically Signed | 09/09/2019

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.

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F 609	Continued From page 1 adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established 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 medical record review, review of facility investigation reports, and staff and resident interview, the facility failed to ensure an allegation of abuse was reported to the facility administrator in a timely manner for 1 of 5 allegations (involving resident #2) of abuse, neglect, and misappropriation of resident property that were reviewed. The findings were: Review of the medical record showed resident #2 was admitted to the facility with diagnoses which included hypertension, kidney disease, and diabetes. Review of the 7/29/19 quarterly MDS assessment showed the resident had a BIMS score of 10 (moderate cognitive impairment). Interview with the resident on 8/20/19 at 9:04 AM revealed a nurse woke him/her up, and the nurse hit his/her arm after the resident told the nurse to leave. Review of the facility investigation report showed the resident met with the administrator on 8/12/19 to inform her of the alleged abuse. The following concerns were identified: a. A telephone interview with RN #1 on 8/20/19 at 9:59 AM revealed when he woke the resident up on the morning of 8/11/19, the	F 609	Immediate Correction: CNA#1 was educated on the process of reporting allegations of abuse, neglect, and misappropriation of resident property on 8/21/2019. Additional education on 8/21/2019 to CNA#1, that allegation of abuse for RN#1, should have been reported to the appropriate nurse manager on duty, the DON, and the Administrator and not to the RN who the allegation was made. CNA#1 to review the in-service video on Abuse and Neglect by 9/9/2019. Management staff reviewed process and delegation made on who reported to which agency to ensure timely notification on 8/20/2019. Identification of Others: Abuse and Neglect and Abuse and Neglect policy education to all-staff meetings occurred as the main in-service for July and August, 2019. All staff reminded on procedure for time line and importance of notification to the DON and Administrator immediately.	

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F 609	Continued From page 2 resident swung at him and he blocked the resident's arm with his arm. The nurse stated the resident wanted him to leave and he did so. He further stated CNA #1 had witnessed and over-heard the incident from the hallway. RN #1 was going off shift and reported the incident to the oncoming nurse. RN #1 further stated the facility initiated an investigation and he did not work during the investigation. b. A telephone interview with the CNA #1 on 8/20/19 at 10:14 AM revealed she was outside of the resident's room and overheard and witnessed the interaction between resident #2 and RN #1. She stated the resident was flailing his/her arms and the nurse raised his arm in defense. Their arms came in contact however, she did not see the RN hit the resident. After the nurse left the room, the CNA went in to attend to the resident and at that time, the resident told her the nurse hit him/her and the resident did not want that nurse in his/her room. The CNA stated she reported the allegation to RN #1. Further, the CNA stated she did not report the allegation to anyone else. c. Interview on 8/20/19 at 12:20 PM with the administrator revealed she became aware of the allegation on 8/12/19, 24 hours after the incident occurred. She stated the family and the police were notified that morning, but adult protective services was not notified. The administrator further verified the allegation of abuse should have been reported to her the morning of 8/11/19. Review of the facility policy related to abuse and neglect prohibition showed it was last revised July 2018. The area for Reporting showed, "The facility will report all allegations and substantiated occurrences of abuse, neglect, exploitation, mistreatment including injuries of unknown origin, and misappropriation of property to the	F 609	System Change: Staff were educated on reportable allegations on August 27 and August 29 during monthly staff meetings. Newly hired staff are being educated on the reporting pocess for any identified allegations of abuse during regular orientation. Continuous education to staff to occur in department meetings and huddles. Department heads are completing Ambassador Rounds, Monday thru Friday, any potential abuse concerns are being reported per protocol. Ambassador Rounds are reviewed through the AM Morning Meeting and any concerns will be assigned to the appropriate discipline. IDT monitors the 24 hour report daily M-F at the AM Morning Meeting, any issues identified will be followed through on per protocol. The Administrator will review the status of any potential abuse investigations each morning at the AM Morning Meeting until the investigation is completed. Monitor: Any allegations will be reviewed in regular stand up meetings that occur daily with management. The Administrator will review any reportable occurances monthly with the QAPI Committee. Monthly QAPI committee meetings will review and provide a further recommendations.	

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F 609	Continued From page 3 administrator, State Survey Agency...a. If the events that caused the allegation involve abuse or result in serious bodily injury, a report is made not later than 2 hours after the facility is notified of the the allegation; or b. If the events that caused the allegation do not involve abuse or result in serious bodily injury, a report is made not later than 24 hours..."	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §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 review of facility investigation reports, and staff and resident interview, the facility failed to ensure a thorough investigation was completed for 1 of 5 investigations (involving resident #3) reviewed. The findings were: Review of the 5/16/19 facility investigation report	F 610	Immediate Correction: CNA and Housekeeping staff will be identified that currently work in the facility and were employed during April 1 thru May 16, 2019 will be interviewed for misappropriation of property by 9/18/2019. Facility staff have been instructed to utilize the investigation	9/18/19

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F 610	Continued From page 4 showed resident #3 reported missing money. The resident reported s/he had received cash in a card from family. The report showed the allegation was made by the resident on 5/13/19 at 11 AM. The investigation was started on 5/16/19 and included talking to the resident, the resident's family, an activity staff member, and calling the police. The money was not recovered; however, the facility did not substantiate theft. Review of the 5/24/19 quarterly MDS assessment showed the resident was cognitive with a BIMS of 15/15. Interview with the resident on 8/19/19 at 4:25 PM revealed s/he did not know who took the money, she stated it could have been anyone. S/he remembered the police asking her questions, but had not ever heard back. The following concerns were identified: a. The report failed to show any other residents or staff such as CNAs or housekeeping staff were interviewed related to the missing cash. b. The facility's investigation report lacked details to show the facility investigated the cash the resident kept in his/her room attempted to determine whether the resident had spent the money or not. c. Interview with the administrator and social worker on 8/20/19 at 1:30 PM revealed there was a discussion with the resident to try and establish how much cash s/he had in the room and possible items s/he had purchased. The social worker verified the details of that discussion were not documented. They both felt the money was not stolen. In addition, the social worker and administrator verified other staff were not interviewed.	F 610	forms and summary for all allegations of abuse, neglect, and misappropriation of property during all staff meetings held in August, 2019. All managment staff were provided the correct forms to utilize in order to conduct a complete investigation on 8/21/2019. On August 21, 2019,rRoom sweeps conducted by the maintenance and activity department provided locks, is needed, to each resident's locked drawer and encouraged residents to utilize their drawer to keep their valuables safe. Identification of Others: All residents physically in the building September 12 and 13, 2019 were interviewed by their Ambassador to interview and communicate on concerns for any missing property referencing back to May 1, 2019 through September 13, 2019. One resident reporting to have noticed missing money on September 11, 2019 and reported it to her ambassador on September 12, 2019. The facility and administrator is following protocol to investigate. None of the other residents reported any concerns. There are no other open allegations of misappropriation of property open. System Change: Department heads are completing Ambassador Rounds, Monday thru Friday, any potential allegations of misappropriation of property concerns will being reported and investigated per protocol. Residents and family members are provided access to concern forms 7 days a week, to report, any concern they	

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F 610	Continued From page 5	F 610	may have. Staff have been educated about the time lines required to report to their supervisor and management if there is an allegation of misappropriation of property. Ambassador Rounds are reviewed through the AM Morning Meeting and any concerns will be assigned to the appropriate discipline. Daily ambassador rounds will continue to provide education about keeping personal property locked in their drawers. The facility will provide additional locks and keys as needed. In addiiton, the IDT monitors the 24 hour report daily M-F at the AM Morning Meeting, any issues identified will be followed through on per protocol. The Administrator will review the status of any potential allegations of misappropriation of property investigations each morning at the AM Morning Meeting until the investigation is completed. Monitor: Any allegations will be reviewed in regular stand up meetings that occur daily with management. The Administrator will review any reportable occurances monthly with the QAPI Committee. Monthly QAPI committee meetings will review and provide a further recommendations.	