STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A002	A. BUILDING _____ B. WING _____	C 12/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIE HOLT CARE CENTER	497 W LOTT BUFFALO, WY 82834

(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 12/12/19 to 12/13/19. The survey was prompted by complaint intake WY000002982. The following common abbreviations are used throughout this document: ADL- Activity of Daily Living DON- Director of Nursing Services MDS- Minimum Data Set RN- Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	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 medical record review, incident report review, emergency medical services report review, emergency room note review, and staff interview, the facility failed to ensure adequate supervision to prevent falls and/or injuries for 1 of 4 sample residents (#2) with falls. The findings were:	F 689	The facility will ensure each resident receives adequate supervision and assistance to prevent accidents while loading and unloading facility bus for facility outings. A)On October 24, 2019, after Resident #2 fell while loading bus on outing, DON and	12/13/19

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

Electronically Signed | 01/06/2020

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F 689	Continued From page 1 Review of the quarterly MDS assessment dated 4/22/19 showed resident #2 had diagnoses which included non-Alzheimer's dementia, and had a brief interview for mental status (BIMS) score of 6 indicating severe cognitive impairment. Review of the care plan, last modified on 4/22/19, showed the resident had impaired thought process and decision making, impaired ADL function with a high risk for falls/potential for injury, and required staff assistance of one for transfers to bed, wheelchair, and toilet. Review of the fall record which was attached as part of the care plan showed the resident had falls on 3/26/18, 5/12/18, 6/22/18, 7/12/18, and 10/24/19. The following concerns were identified: a. Review of the incident report dated 10/24/19 at 3:30 PM showed the resident was on an activity outing at a local movie theater. The resident was seated in his/her wheelchair in the lobby while other residents were being moved to the lobby. The resident was able to independently propel the wheelchair, left the lobby area, rolled down a ramp, and tipped the wheelchair outside. The report showed the resident was not supervised by staff during the incident. b. Review of the emergency medical services report dated 10/24/19 and timed 4:29 PM showed "the patient had some pain upon palpation to the right side of the hip and some pain in the lower c-spine. We noted an abrasion and contusion to the top of the patient's head which was not actively bleeding." c. Review of the emergency room note dated 10/24/19 and timed 5:46 PM showed following a head CT (computerized tomography) and x-ray of hip/pelvis a clinical impression of "fall with contusions, abrasions. Patient will rest, use ice for swelling, continue current medications, and follow-up in the ED [emergency department] or	F 689	Activity Director/Bus Driver determined that outings when residents get off the bus require four (4) staff to assist to ensure safety in loading and unloading. Resident #2 did not go on any outings after October 24, 2019 and passed away on November 11, 2019. DON reviewed F689 deficiency with Activity Director on January 9, 2020. B)All residents who participate in facility outings have the potential to be affected. A policy has been developed to ensure adequate resident supervision with loading and unloading the facility bus for facility outings. C)Activity director will educate all activity staff on new policy and procedure. Volunteers will be educated on policy/procedure as they assist with facility outings. D)A tool has been developed by DON to ensure all residents receive adequate supervision while loading and unloading the facility bus for facility outings. Monitor will be completed by activity staff for every facility outing requiring loading or unloading of the facility bus and will be reviewed quarterly by QAPI committee. Activity Director will be responsible for compliance.	

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F 689	Continued From page 2	F 689		

with primary care physician with any concerning symptoms." The resident returned to the facility that same evening.

d. Interview with activity aide #1 on 12/12/19 at 4:20 PM revealed the resident "was one of our best and most active residents .....went everywhere and did everything." The aide stated the resident had been to the senior movie night at the theater before. During the incident "we had left a few residents in the lobby and [had] gone to get the others." "Why [she/he] left and went outside we don't know. We just found [him/her] at the bottom of the ramp by the bus."

e. Interview with the DON on 12/13/19 at 9:22 revealed following the incident on 10/24/19 education was provided to the activity staff and new procedures were established. She provided a document stating the incident was discussed at the facility's meetings and future outings that include residents getting off the bus would require 4 staff members to be present. The DON verified there was no documented monitoring of resident outings since the incident; however, she was confident there had been no outings since with less than four staff members to provide needed supervision.