STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535023	A. BUILDING _____ B. WING _____	C 11/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTON COUNTY HEALTH SERVICES	1124 WASHINGTON BLVD NEWCASTLE, WY 82701

(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 11/21/19] to 11/22/19. The survey was prompted by complaint intake(s) WY000002967. The following common abbreviations are used throughout this document. DON - Director of Nursing RN - Registered Nurse CNA - Certified Nurse Aide BIMS - Brief Interview for Mental Status MDS - Minimal Data Set Less commonly used abbreviations will be annotated in each deficiency. --	F 000		
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	F 610		12/20/19

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

Electronically Signed | 12/11/2019

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F 610	Continued From page 1 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, staff interview, facility investigation review, and policy and procedure review, the facility failed to implement measures to ensure resident safety for 1 of 1 resident (#1) reviewed for allegation of abuse. The findings were: 1. Review of the quarterly MDS assessment dated 9/10/19 showed resident #1 was admitted to the facility with diagnoses which included non-Alzheimer's dementia, hypertension, and chronic embolism and thrombosis of lower extremities. The resident had a BIMS score of 3 (severe cognitive impairment), and was dependent on staff for activities of daily living. Review of the "Facility Incident Report Form" dated 11/7/19 showed the "resident alerted nurse on duty that [s/he] was fearful of CNA providing care at the time." Further review of the report form showed the facility did not substantiate abuse. The following concerns were identified: a. Interview on 11/21/19 at 3:51 PM with RN #1 revealed she and CNA #1 were in the resident's room when the resident whispered to her "The CNA is mean to me." The RN stated she motioned to the resident they would talk later and left CNA #1 alone with the resident. RN #1 further stated she was not sure how long she left CNA #1 alone with the resident before the CNA was relieved of duty. b. Interview with CNA #1 on 11/21/19 at 4:30 PM revealed RN #1 had left her alone with the resident for at least an hour while she finished performing personal care for the resident. c. Interview with the DON on 11/22/19 at 9:20	F 610	F610 The facility will ensure that employees follow all policies and regulations to ensure resident safety and the appropriate reporting will be completed. This will be accomplished by: 1. Resident #1 and all residents who report abuse will not left in the presence of staff members named in an accusation of abuse. 2. The facility Abuse/Neglect policy was updated on 12/6/2019 to include immediate steps nursing staff must take when abuse is reported. 3. All staff will be educated on the new policy by 12/20/2019 and annually thereafter. 4. PRN staff or staff out on medical leave who will not work by 12/20/2019 will be educated immediately upon starting their next scheduled shift. 5. All newly hired staff will receive education on the abuse policy upon hire. 6. Compliance will be monitored and reported to QA monthly.	

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F 610	Continued From page 2 AM revealed when an allegation of abuse is suspected of a staff member, her first expectation was to immediately relieve that staff member of duty. d. Review of the facility's abuse policies and procedures failed to show steps staff should follow to protect residents once an allegation of abuse was made.	F 610		