STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535030	A. BUILDING _____ B. WING _____	05/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZONS CARE CENTER	1111 LANE 12 LOVELL, WY 82431

(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 5/13/21 through 5/14/21. The survey was prompted by complaint intake WY00003223. In addition, a COVID-19 focused infection control survey, which included a review of emergency preparedness requirements was conducted It was determined, based upon the findings of the survey team that no deficiencies were identified pertaining to the infection control survey. The following common abbreviations are used throughout this document: MDS: Minimum Data Set BIMS: Brief Interview for Mental Status CNA: Certified Nurse Assistant DON: Director of Nursing Less commonly used abbreviations will be anotated in each deficiency.	F 000		
F 600 SS=E	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or	F 600		6/11/21

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

Electronically Signed | 06/01/2021

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F 600	Continued From page 1 physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility-reported incidents, staff interview, and policy and procedure review, the facility failed to ensure residents were free from unwanted sexual contact for 2 of 6 sample residents (# 6, #7) reviewed that were involved in resident to resident altercations. The findings were: 1. Review of the quarterly MDS assessment dated 3/31/21 showed resident #4 was most recently re-admitted to the facility on 6/5/20. The resident had a BIMS score of 15, indicating the resident was cognitively intact. The resident ambulated independently and was not coded as having any behaviors. 2. Review of the quarterly MDS assessment dated 4/28/21 showed resident #7 had diagnoses which included progressive neurological conditions, renal insufficiency, diabetes mellitus, non-Alzheimer's dementia, and Parkinson's disease. Further review showed the resident required extensive assistance with mobility, transfers, and toilet use. The resident had a BIMS score of 7/15 indicating severe cognitive impairment and was unable to be interviewed. The following concerns were identified: a. Review of an incident reported by the facility to the State Survey Agency showed on 4/8/21 a staff member observed resident #4 in the atrium with resident #7. Resident #4 was rubbing resident #7's breast and saying, "Oh that's nice." Review of the nursing progress notes for 4/8/21 showed a single note timed at 7:28 PM indicating resident #7 had been assessed	F 600	A) The facility will ensure that resident #7 and #6 along with all other residents will be protected from abuse, neglect, misappropriation of resident property, and exploitation. B) All staff will receive education on policy titled, "Abuse Prevention Program" and the importance of reporting and protecting residents from any type of abuse. C) The facility will ensure resident #4 will not abuse other residents. To ensure this the following interventions will be initiated. Hourly rounds will be completed daily, resident will alert staff when he goes off unit, and resident #6 was moved to another area of facility. D) Quality monitoring on protecting residents from abuse will be done weekly by social services director using the quality improvement monitoring tool until substantial compliance has been met. E) Any staff found not protecting residents from abuse and neglect will receive immediate in-service and corrective action will be taken. F) Results will be reported quarterly as part of facility quality assurance program by social service director.	

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F 600	Continued From page 2	F 600		

following an "interaction" in the atrium.

b. Interview with the DON on 5/14/21 at 9:20 AM revealed the incident had occurred and was investigated per protocol. The DON and the social services director conducted the investigation. It was further revealed the incident was determined to be sexual abuse, but no records of the investigation had been kept.

3. Review of the care plan for resident #4 showed it was updated 4/14/21 with new behavior interventions that included set boundaries, supervise interactions with other residents, hourly checks on resident to ensure other resident safety, and to not let other vulnerable residents visit without supervision.

4. Review of the significant change MDS assessment dated 3/17/21 showed resident #6 had diagnoses that included cerebrovascular accident, non-Alzheimer's dementia, and hemiplegia, was moderately impaired with cognitive skills for daily decision making, and required extensive to total assistance with activities of daily living. The following concerns were identified:

a. Review of an incident reported by the facility to the State Survey Agency showed on 4/23/21 a CNA witnessed resident #4 with his/her hands on resident #6's genital area while sitting at the dining table.

b. Review of the nursing progress notes for 4/23/21 at 10:38 AM showed "It was reported that this resident may have been inappropriately touched by another resident. Resident removed from harm and staff notified to keep other resident away from [her/him]." The only other note related to the incident was when the family was notified of the incident on 4/26/21 at 10:32

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F 600	Continued From page 3 AM. c. Interview with the DON on 5/14/21 at 9:20 AM revealed the incident had occurred and was investigated per protocol. The DON and the social services director conducted the investigation, however, no records of the investigation had been kept. 5. Further review of resident #4's medical record showed no evidence hourly checks were completed as indicated by the resident's care plan. Interview with CNA #1 on 5/14/21 at 10:10 AM revealed that the hourly checks on resident #4 were done, but there was no place that they were documented. 6. Review of the policy and procedure titled "Abuse Prevention Program" dated 7/25/19 showed "As part of the resident abuse prevention, the administration will protect our residents from abuse by anyone."	F 600		