STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING _____ B. WING _____	C 12/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN HOUSE LIVING FOR SHERIDAN	**2311 SHIRLEY COVE SHERIDAN, WY 82801**

(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 12/6/21 through 12/7/21. The survey was prompted by complaint intake WY00003330. In addition a COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys from 12/6/21 through 12/07/21. Based on the findings of the survey team, it was determined that no deficiencies were identified related to the infection control survey.	F 000		
F 600 SS=D	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 physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility incident documentation, resident and staff interview and review of facility policies, the facility failed to ensure residents were free from abuse for 1 of 5 elders (#5). The findings were:	F 600	Staff member in question was removed from the floor upon initial report and terminated post initial investigation by facility. After an allegation has been reported, the following protocol is followed:	1/21/22

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

Electronically Signed | 12/22/2021

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F 600	Continued From page 1 1. Review of the 10/13/21 admission minimum data set assessment showed elder #5 was admitted with diagnoses that included peripheral vascular disease, stage 5 chronic kidney disease, polyosteoarthritis, tremor, and cognitive impairment. The elder had a brief interview for mental status score of 5, indicating severe cognitive impairment. The resident also showed a functional ability requiring extensive assistance with one person physical assist for bed mobility, transfers, and dressing. The elder was totally dependent for toilet use. The following concerns were identified: a. Review of facility incidents showed on 10/31/21 Shahbaz #3 was disciplined for reportedly "cussing and being very verbally abusive to all elders saying they were bitches and assholes." Further review showed on 10/30/21 Shahbaz #1 stated Shahbaz #3 yanked elder #5's pants down with no regard for urinary catheter or colostomy. The elder reportedly stated "Shahbaz #3 is rough and mean." b. Interview on 12/7/21 at 2:46 PM with elder #5 revealed the elder liked the facility and felt safe. The elder stated "There was one girl that was rough and pushy and was always swearing at me. I don't know her name, she was the tall one. She doesn't work here anymore, I got her fired." c. Interview with Shahbaz #1 on 12/6/21 at 3:50 PM revealed Shahbaz #3 was always rough with [elder #5]. She called him/her names and cussed all of the time." and "I was always afraid [Shahbaz #3] would pull out the catheter or the colostomy bag the way she removed and tore off the shirt." Shahbaz #1 further revealed she had filled out an incident about Shahbaz #3's behavior and turned it in to the office. d. Interview with Shahbaz #4 on 12/6/21 at	F 600	All elders who are cognitively able to be interviewed are interviewed regarding abuse and if they have seen it or has happened to them. Elders who are not able to communicate are observed to see any change in behavior. Staff are interviewed regarding those elders. All elders are charted on each shift for 24 hours to see if any change in mood or behavior. Elders are asked each time they are assessed, which is quarterly as dictated by the MDS Schedule, if they have any concerns relating to abuse or their rights. Social worker conducted interviews/assessments of all elders in home during initial investigation after allegation based on policy and procedure stated above. Elders were monitored for 24 hours for any changes in mood or behavior. Social worker will continue with quarterly assessment as well as include new form created by MDS coordinator. Additional documentation in PCC was added to elder #5 each shift to monitor if elder feels safe and any signs of abuse or neglect, as well as to report to Social Worker immediately any signs. Educator or designee will verify new staff and annual education includes elder abuse and neglect education. Education will be provided to all staff over the next 30 days at Team meetings & Nurses meeting regarding elder abuse and neglect. After initial education, one type of abuse/neglect will be reviewed monthly during these meetings and at elder council by educator or designee. MDS Coordinator developed a form on	

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F 600	Continued From page 2 4:05 PM revealed Shahbaz #3 was always swearing and cussing. "I think her favorite word was f**k." "I didn't like working with her, she always rushed everything and wouldn't slow down to let the resident relax." e. Interview with the director of nursing on 12/7/21 at 2 PM revealed Shahbaz #3 was terminated after the report was made and the incident investigated. It was the expectation of the facility that bad language and rough and hurtful actions would never be used on the elders f. Review of the "Wyoming Resident Rights" on page 24 of the facility's undated resident handbook stated "Elders have the right to be free from verbal, sexual, physical or mental abuse, punishment for behaviors or involuntary seclusion."	F 600	12/22/21 for Abuse & Neglect Prevention/Screening that will be done by Social Worker or designee a minimum of quarterly as dictated by MDS schedule. Form will be completed each quarter indefinitely. Form includes elder interview in relation to abuse/neglect, observations for signs of abuse/neglect, identifying risk factors, and any corrective action taken based on assessment results for all elders on campus. Elder Assessment Form will be reviewed monthly by QA Manager for trends/patterns.	