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 _____	08/18/2022

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

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F 000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 8/15/22 to 8/18/22. In addition, a review for compliance with the Omnibus COVID-19 Health Care Staff Vaccination requirements was conducted. It was determined, based upon the findings of the survey team, that no deficiencies were identified pertaining to the vaccine requirements. The following common abbreviations are used throughout the document: BIMS: Brief Interview for Mental Status CNA: Certified Nurse Aide DON: Director of Nursing LPN: Licensed Practical Nurse MDS: Minimum Data Set RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -	F 656		9/23/22

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

Electronically Signed | 09/09/2022

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F 656	Continued From page 1 (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, staff interview, and review of policy and procedures the facility failed to develop and implement a comprehensive person-centered care plan or 1 of 6 residents (# 18) reviewed for behavior indicators. The findings were: 1. Review of the care plan for resident #18, dated	F 656	(A) The facility will ensure that resident number 18 and all other residents have a comprehensive care plan that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs that are identified in the comprehensive assessment.	

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F 656	Continued From page 2 6/10/22, showed diagnoses of Alzheimer's dementia, history of cerebral vascular accident, and chronic left hip pain. Review of the progress note dated 7/9/22 at 11:44 PM showed "[Res #18] and another resident wanting to go out outside after supper." Review of the progress note dated 7/12/22 at 6:24 PM showed "Resident has attempted at least 5 times during 3p-7p shift to go out the patio doors. Resident has attempted to get on the elevator twice, stating [s/he] needed to go downstairs and outside to look for [her/his] phone." Review of the progress note dated 7/13/22 at 9:11 PM showed "Resident wanting to go out on the patio or downstairs this evening; no extra staff to go with [her/him]. Complains to other residents which makes them angry also. Trying to get on elevator to get downstairs. Intervention by this RN. Resident did go over to [special care unit] and then could not get back out the doors. Heard banging on the doors by this RN." Review of the progress note dated 7/16/22 at 8:28 PM showed "Resident consistently trying to get out patio doors. Wants to be outside." The following concerns were identified: a. Observations performed on 8/15/22 through 8/17/22 showed resident #18 frequently tried to get on the elevator with staff and visitors. b. Review of the care plan for resident #18 last dated 6/10/22 showed the only "behavior indicator" to be "[S/he] tends to take things that don't belong to [her/him]." c. Interview with the DON on 8/17/22 at 4:47 PM revealed the resident attempted to elope frequently. It was further revealed this behavior should have been addressed in the care plan, along with interventions. d. Review of Policy and Procedure "CCN-100 -46" last reviewed on 12 /28/21, showed "It will be the policy of the New Horizons Care Center to	F 656	(B) Staff will receive education on the regulation 483.21(b)(1) titled Comprehensive Care Plans. (C) Quality monitoring of two care plans a week at random will be done by MDS Coordinator using the quality improvement monitoring tool until substantial compliance has been met. (D) Staff will receive immediate in-service and corrective action will be taken for any care plan out of compliance. (E) Results will be reported quarterly as part of the facility quality assurance program by MDS Coordinator.	

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F 656	Continued From page 3 have a care plan on each resident admitted to the Care Center. These will be reviewed and revised quarterly and more often if the resident's condition warrants it."	F 656		
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, and policy review the facility failed to ensure food temperatures were maintained at an acceptable temperature for 1 of 3 units (Pod 2). The findings were: Observation on 8/17/22 at 11 AM showed covered food was in the steamer table ready for staff to plate. Further observation showed plated food was delivered to Pod 2 at 12 PM. At 12:15 PM one of the last trays was served to the residents. The last tray of food was checked by the dietary manager. The meat temperature was measured at 102 Fahrenheit (F) and the vegetables at 120 degrees F. Interview at that time with the dietary manager confirmed the temperatures were lower than they should be. Further, she stated the cook takes the temperature of the food prior to serving the plates. The food temperature is not checked	F 804	(A) The facility will ensure that food temperatures are within state regulation for resident number 31 and all other residents. (B) Staff will receive education on the regulation 483.60(d)(1)(2)titled Nutritive Value/Appear, Palatable/Prefer Temp CFR(s). (C) Quality monitoring on the food temperatures for the three units will be done weekly at random times by the Registered Dietician using the quality improvement monitoring tool until substantial compliance has been met. (D) If any food temperatures are out of range both dietary and nursing will receive immediate in-service and corrective action will be taken. (E) Results will be reported quarterly as part of the facility quality assurance	9/23/22

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F 804	Continued From page 4 again after that initial check. Once the trays are loaded in the carts they go directly to the different pods. Once delivered to the pod, it is the nursing staff that serves the trays to the residents. Interview with resident #31 on 8/16/22 at 1:19 PM revealed the food was cold, and did not taste good. Interview with dietitian on 8/17/22 at 3:41 PM revealed the facility needed to recheck the food temperature once it gets out to the residents. "It is something we need to improve on. " Review of the policy "Food Temperatures" last reviewed 12/29/21, showed "Food temperatures will be within state guidelines... 4. The Dietary Supervisor will monitor and take appropriate steps if temperatures are not in acceptable ranges."	F 804	program by Registered Dietician.	