STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535045	A. BUILDING _____ B. WING _____	C 03/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POWELL VALLEY CARE CENTER	**777 AVENUE H POWELL, WY 82435**

(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 3/7/23. The survey was prompted by complaint intake WY00003550. The following common abbreviations are used throughout this document. MDS- Minimum Data Set BIMS- Brief Interview for Mental Status CVA- Cerebrovascular Vascular Accident Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.	F 609		4/28/23

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

Electronically Signed | 03/27/2023

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F 609	Continued From page 1 §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 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, facility investigation record review, staff interview and review of the State Agency incident report logs, the facility failed to report allegations of abuse for 1 of 8 allegations (affecting residents #3 and #4) reviewed. The findings were: Review of the nursing progress notes dated 2/15/23 at 9:30 PM showed "[resident #3] was found in the hallway with [his/her] hand up a resident's shirt." Review of the facility investigation showed the contact occurred in the hall and the video surveillance (which could not be accessed by the investigative team for nearly 2 days) recorded the interaction of the two residents meeting in the hall lasted less than 10 seconds. The video did not confirm any sexual contact occurred. The reporting CNA did not have a clear view, and could state only that it looked like resident #3 had his/her hand up resident #4's shirt. Further investigation review showed the investigative team concluded that contact of a sexual nature had not occurred. Resident #3 was moved to a room on another hall as a protective precaution. The following concerns were identified:	F 609	1. The facility will ensure all allegations that involve abuse will be reported to the appropriate entities including the State Survey agency within the 2 hour time frame. 2. The investigation of the original allegation of sexual abuse resulted in no abuse being identified. As a protective precaution the resident was moved to another hall, and placed on a behavior monitor. 3. All residents have the potential to be affected by a failure to timely report any allegations of abuse. In order to ensure no other residents were affected by the deficient practice of timely reporting allegations of abuse, the unusual occurrence reporting system (Safety Zone Portal) was audited for any open cases regarding allegations of abuse. None were found at this time. 4. Measures implemented to ensure the deficient practice will not recur include a review and update of the current facility abuse policy, Abuse: Recognizing and Reporting, ADM-02.01. In addition, education regarding reporting requirements for allegations of abuse, as well as the updated policy will be give to all nursing staff at the upcoming all staff	

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F 609	Continued From page 2 a. Review of the State Agency incident report logs failed to show evidence the allegation was reported. b. Interview with the facility Administrator on 3/7/23 at 5:10 PM revealed the allegation had not been reported because there was no visible harm to either resident and the investigative team determined there had not been "abuse". The administrator confirmed the regulation required all alleged violations involving abuse be reported no later than 2 hours after the allegation was made, and that had not been done.	F 609	meeting on April 12, 2023. The education will also be included in the education given to staff upon hire. 5. Monitoring to ensure compliance and interventions are sustained will include monthly audits of the Safety Zone Portal for appropriate timeliness of reporting. 6. Results will be aggregated monthly and reported quarterly to QAPI steering committee, CC Med Director, and CC Administrator. The QAPI committee has ultimate responsibility to ensure compliance and if concerns are identified the QAPI committee will make recommendations to ensure compliance.	