STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535058	A. BUILDING _____ B. WING _____	C 07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW SKILLED NURSING COMMUNITY AT WLRC	8204 WYOMING STATE HIGHWAY 789 LANDER, WY 82520

(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 7/5/23 through 7/6/23. The survey was prompted by complaint intake WY00003622. The following common abbreviations are used throughout this document. BIMS: Brief Interview for Mental Status MDS: Minimum Data Set WLRC: Wyoming Life Resource Center Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 740 SS=D	Behavioral Health Services CFR(s): 483.40 §483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders. This REQUIREMENT is not met as evidenced by: Based on medical record review, resident and staff interview, and policy review the facility failed to review and revise behavioral health care plans that have not been effective for 1 of 8 sample residents (#5) reviewed for resident-to-resident interactions. The findings were:	F 740	It is the policy of Mountain View Skilled Nursing Community to ensure that each resident receives the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Person-centered care plans that include and support the behavioral health care needs, identified in the comprehensive assessment will be developed, updated and maintained. CORRECTIVE ACTIONS: (1) Resident #5 and Resident #3 were immediately removed from harm's way to ensure safety during the 5/11/23 and 6/10/23 altercations at mealtime and in the hallway, respectively. Staff have increased supervision during mealtimes in both the home and the activities center, keeping both residents separated. Options to go to other locations for mealtimes are offered to both residents to keep them separated. Staff have moved Resident #3 to the other side of the home to prevent Resident #5 and Resident #3 from coming in contact in the hallway. Resident #5 was assessed by the team for behaviors, and approaches to reduce behaviors and altercations. Resident #3 was assessed and	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Christine Szymanski	SNF Administrator	August 2, 2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 740	Continued From page 1 1. Review of the quarterly MDS assessment dated 6/12/23 showed resident #5 had diagnoses which included cerebrovascular accident, seizure disorder, traumatic brain injury, and psychotic disorder. The resident had a brief interview for mental status (BIMS) score of 13/15 which indicated the resident was cognitively intact. Continued review of the MDS assessment showed the mood assessment indicated that on "nearly every day" of the assessed period the resident showed little interest or pleasure in doing things, felt depressed, or hopeless, felt tired or having little energy and had trouble concentrating. The resident's behavior included threatening others, screaming at others, cursing at others, hitting, kicking, pushing, scratching, grabbing and abusing others 1 to 3 days of the assessed 7 days. Review of the nursing progress note dated 5/11/23 at 5:12 PM showed resident #3 and resident #5 had an altercation at the evening meal which resulted in the residents throwing eating utensils at each other. The following concerns were identified: a. Review of the nursing progress note dated 6/10/23 at 5:00 PM showed resident #5 met resident #3 in the hall, and resident #3 hit him/her in the face. Both residents used wheelchairs for mobility. Resident #5 then moved to the back of resident #3's wheelchair, and hit him/her in the back of the head. The staff intervened at that point and the residents were separated. Nursing reported to the physician no injuries except a few scratches were noted. Interview with admin #3 (facility investigator) on 7/6/23 at 11:35 AM revealed the facility's investigation into the altercation showed the scratches were present prior to the altercation. b. Interview with resident #5 on 7/5/23 at 4:30 PM revealed the resident remembered the	F 740	F-740 Behavioral Health Services 483.40 (Continued) had no injuries or negative outcomes from the altercations. The care plan for Resident #3 was reviewed and still applies to situations regarding resident to resident altercations. (2) The care plan for Resident #5 will be changed to reflect monitoring of irritation with other residents to avoid future altercations. Other residents' care plans will be reviewed to determine if they are also at risk of increased irritation with other residents and updated accordingly. Direct care staff will be trained by nursing and the Social Worker on the protection from harm care plans and appropriate interventions to ensure resident safety, as well as review of the Resident to Resident Aggression portion of the Prevention of Abuse, Neglect, and Exploitation policy during weekly team meetings for the first month. Thereafter, they will receive this training by nursing and Social Services staff monthly x 3. (3) To assure sustainability going forward, training will be conducted for direct care staff to assure incidents do not recur. The resident care plans will identify appropriate interventions to address monitoring of increasing irritation with other residents and on decreasing altercations with other residents. Results of the review of resident care plans to address altercations/ aggression and proof of staff training will be presented to the QAPI Committee. The audits on staff training will occur weekly x 4 weeks and monthly for 3 months.	8/20/2023 8/20/2023 8/20/2023

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F 740	Continued From page 2 altercation with resident #3. S/he called resident #3 names and stated the altercation was justified and deserved. Resident #5 further stated s/he had not been hurt or injured. c. Review of the care plan report in place on 7/6/23 showed resident #5 was "At risk for potential abuse and harm related to living with other residents who have: Profound intellectual disabilities, and traumatic brain injuries." Interventions included "All staff will monitor for symptoms of abuse and harm daily; Symptoms to watch for, but are not limited to: Bruising/ skin injuries of unknown origins. Guarding when receiving personal cares. Fearfulness." The plan did not address monitoring increasing irritation with other residents. d. Interview with CNA/cottage supervisor #1 on 7/6/23 at 11:45 AM revealed the care plan for resident #5 had not been revised to address the increasing altercations between the two residents. e. Review of the policy titled "Resident Rights" and dated 4/1/22 showed residents had a right to "be free from abuse, neglect, misappropriation of property, and exploitation;"	F 740	F-470 Behavioral Health Services 483.40 (Continued) (4) The updated training materials and the results from the audit will be reviewed at the regularly scheduled QAPI meeting. Audit results and actions taken for 4 weeks and 3 months will be reported to the QAPI Committee. The Committees' recommendations will be followed if it is determined that audits are no longer needed, or if they need to be extended. RESPONSIBILITY/MONITORING: The Social Worker is responsible for compliance. The SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) members are responsible for monitoring.	8/20/2023