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 _____	C 05/23/2023

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 from 5/22/23 through 5/23/23. The survey was prompted by complaint intakes WY00003588, WY00003598 and WY00003599. The following common abbreviations are used throughout this document. BIMS - Brief Interview for Mental Status DON - Director of Nursing MDS - Minimum Data Set mg - milligram Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 600 SS=G	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 review of medical records, staff	F 600	A) Corrective action specific to resident	6/25/23

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

Electronically Signed | 06/12/2023

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F 600	Continued From page 1 interview and policy review the facility failed to protect the resident's right to be free from physical abuse by other residents for 1 of 8 sample residents (#7) reviewed for resident-to-resident abuse. This failure resulted in harm to resident #7, who sustained bruising from altercations with other residents. The findings were: 1. Review of the 5/1/23 admission MDS assessment for resident #7 showed the resident was admitted on 4/25/23 and had diagnoses which included arthritis, Alzheimer's disease, anxiety disorder, depression, cervical disc disorder with radiculopathy and other chronic pain. Further review showed the resident was unable to be understood and unable to complete a BIMS interview. The following concerns were identified: a. Review of the nursing progress note dated 5/4/23 at 12:50 AM showed "This Resident entered a room that belongs to someone else and the other resident hit this Resident with [his/her] cane repeatedly on the legs. CNA intervened and prevented further abuse. Several bruises are noted on this Resident's legs. This Resident was agitated after altercation and continued to wander ...On call provider gave one time 5 mg Haldol order which was given for this Resident's safety..." b. Further review of the nursing progress note dated 5/5/23 at 5:08 AM showed "...Bruising noted to head at hairline and [left] arm with multiple bruises in various places on [his/her] body..." c. Review of the nursing progress note dated 5/6/23 at 3:43 PM showed "...This afternoon resident has been very busy, wandering the halls, slamming doors, going in other residents rooms,	F 600	#7 The facility will ensure that resident #7 will be protected from abuse, neglect, misappropriation of resident property, and exploitation, by taking the following immediate actions. 1. Immediately update the resident care plan and medications with the interdisciplinary team to determine tactics to mitigate resident wandering and resident altercations. 2. Interdisciplinary team will use the quality improvement monitoring tool until substantial compliance is achieved. 3. Implement all tactics identified thorugh the care plan. 4. Administrator will spend one shift on unit where resident #7 resides, interacting with the resident to understand care processes and identify additional opportunities to assure that resident #7 is free from abuse. The facility will complete these steps on or before June 25, 2023. B) Corrective actions to assure that all residents are free from abuse The facility will take action to assure that all other residents will be protected from abuse, neglect, misappropriation of resident property, and exploitation through the following changes: The Interdisciplinary Team will 1. Review the care plans of those residents in the facility who exhibit	

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F 600	Continued From page 2 etc. Resident has been hard to redirect at times. Resident continues to walk the halls..." d. Review of the nursing progress note dated 5/8/23 at 3:12 PM showed "This resident was sitting on the edge of a couch in the atrium and one of the men on the unit saw [resident #7] as [s/he] was sitting in a recliner across from this resident and he stood up and grabbed [resident #7's] arms and told [resident #7] [s/he] needed to get out of here. This RN went over and got him away from [resident #7] and other staff came to help and the man resident was yelling to get [him/her] gone. This [resident] when assessed on [his/her] arms, had a small thumb sized bruise on [his/her] right mid forearm and also a thumb sized bruise on [his/her] left wrist area..." e. Review of the nursing progress note dated 3:43 PM on 5/9/23 showed "[resident #7] was walking in the atrium and went in front of [another resident] and this resident stood up and pushed [his/her] walker into [resident #7] causing [him/her] to fall down..." 2. Review of the care plan for resident #7 which was created at the resident's admission on 4/25/23 showed a lack of updated interventions for protecting the resident from injury due to wandering and resident to resident altercations. 3. Interview on 5/22/23 at 3:55 PM with the resident care coordinator revealed the resident spends time looking for his/her deceased spouse, displays exit-seeking behavior, goes into others' rooms and is difficult to redirect. 4. Interview with RN #1 on 5/23/23 at 9:33 AM revealed the main goal in keeping the resident safe was trying to keep him/her away from other residents that are touchy or react unpredictably.	F 600	tendencies to wander and assure that care plans have adequate tactics in place to assure their safety from altercations. 2. Assure that the resident care requirements are appropriatley evaluated prior to admission by conducting resident interviews as part of the pre-admission process to screen for behaviors or personaltities that could lead to resident-to-resident altercations. 3. Evaluate risks for potential conflict and/or altercations amoung current residents that could result in resident-to-resident abuse. 4. Evaluate the status of all residents on a given unit relative to the prospective resident to determine whether admission is appropriate. 5. Recommend delaying or not admitting any admission that may trigger resident to resident altercations. 6. Evaluate and pursue room changes to mitigate potential conflicts. The facility will complete these steps on or before June 25, 2023. C) System Measures to assure that deficient practice will not occur 1. By July 10, 2023 the DON will assure that all staff are provided training specific to F600. Staff will be educated on	

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F 600	Continued From page 3 5. Review of the undated Resident's Admit Package showed under "Resident Rights" "Residents have the right to be free from verbal, sexual, physical or mental abuse; punishment for behaviors or involuntary seclusion." 6. Interview on 5/23/23 at 3 PM with the DON verified residents had a right to be safe from all abuse. The DON stated investigation on these cases was difficult because of the level of dementia of all of the residents. The DON confirmed the information in the nursing progress notes was all of the documentation there was on the incidents. The DON stated the facility should have tried harder to prevent the altercations.	F 600	tactics to prevent resident altercations, updating care plans, and the abuse policy. 2. The following steps will be completed by the disciplinary team at the weekly Utilization Review Meeting, beginning June 26, 2023. A) Review the care plans of those residents in the facility who exhibit tendencies to wander and assure that care plans have adequate tactics in place to assure their safety from altercations. B) Discuss any potential admissions and the potential for alterations and make recommendations regarding appropriateness of safe admission to facility. C) Discuss potential conflicts among residents that could lead to altercations and determine any apropriate actions. D) Review any resident-to-resident physical altercation and perform a root cause analysis and action plan to mitigate future occurences. D) Plan to monitor and report to quality assurance. Execution of corrective action tasks will be monitored and reported quarterly as part of the facility quality assurance program by the social worker.	