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 _____	10/19/2023

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 recertification survey was conducted by Healthcare Licensing and Surveys from 10/16/23 through 10/19/23. The following common abbreviations are used throughout this document: CNA: Certified Nursing Assistant 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 661 SS=D	Discharge Summary CFR(s): 483.21(c)(2)(i)-(iv) §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). (iv) A post-discharge plan of care that is	F 661		10/30/23

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

Electronically Signed | 10/26/2023

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F 661	Continued From page 1 developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to complete a discharge summary which included a recapitulation of the resident's stay for 1 of 1 resident (#58) reviewed for discharge to another nursing home or swing bed. The findings were: 1. Review of the 9/13/23 discharge MDS assessment for resident #58 showed s/he had been discharged to "Another nursing home or swing bed" and a return to the facility was not anticipated. The following concerns were identified: a. Review of the resident's medical record showed a 9/13/23 "Facility Transfer" form had been completed which indicated the resident had been transferred to a swing bed. Further review of the medical record showed no evidence a discharge summary had been completed. Interview with the DON on 10/17/23 at 5:19 PM confirmed the discharge summary had not been completed.	F 661	A)The facility will ensure that resident #58 has a completed discharge for the discharge to another nursing home/swing bed that was done on 9/13/2023. The facility will perform an audit on all discharges completed within the last 30 days to ensure all the required documentation had been completed. If any discharges are found without the required documentation, it will be completed. The facility will ensure that all future discharges of residents have the required documentation including a recapitulation of the stay, a final summary of resident's status, reconciliation of all pre-discharged and post-discharge medications and a post-discharge plan of care. B)All nurses will receive education on completing discharge charting completely with the required documentation. C)Quality monitoring on completion of discharge documentation will be done with each discharged resident by MDS Coordinator using the quality improvement monitoring tool until substantial	

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F 661	Continued From page 2	F 661	compliance has been met. D)Staff will receive immediate in-service and corrective action will be taken for any discharge documentation out of compliance. E)Results will be reported quarterly as part of the facility's quality assurance program by the MDS Coordinator.	
F 732 SS=B	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.	F 732		10/19/23

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F 732	Continued From page 3 §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on review of the posted daily nurse staffing data and staff interview, the facility failed to ensure the daily posted "nurse staffing information" included all required elements. The census was 58. The findings were: 1. Review of the posted daily "nurse staffing information" for the dates 8/6/23 through 10/15/23 showed the following concerns: a. Review of the daily nurse information postings failed to include the number of RNs, LPNs, or CNAs on duty for each shift. 2. Interview with the DON on 10/19/23 at 9:02 AM revealed the facility was not aware of the requirement and confirmed the information posted was incomplete.	F 732	A)The facility will ensure that the daily staffing postings includes the total number of RNs, LPNs, and CNAs on duty for each shift along with actual hours. B)Leadership staff will receive education on the regulation 483.35(g)(1)titled Nurse Staffing information: Data Requirements. C)Quality monitoring on daily posting with required information will be done daily by Resident Care Manager using the Quality Inprovement tool until substantial compliance has been met. D)Staff will receive immediate in-service and corrective action will be taken for any daily positng found out of compliance. E)Results will be reported quarterly as part of facility's quality assurance program by the Resident Care Manager.	