Reviewed & approved & Rod Barton & Cheri Benoover 7/14 los 8 am Anita Mills RN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/20/2005
FORM APPROVED
OMB NO. 0938-0391

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 06/06/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POWELL VALLEY CARE CENTER	999 AVENUE G POWELL, WY 82435

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 225 SS=D	483.13(c)(1)(ii) STAFF TREATMENT OF RESIDENTS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification 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:	F 225	**F225** The facility will ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of Resident property are reported immediately to the Administrator of the facility and to other officials in accordance with State law through established procedures, including to the State Survey and Certification Agency. This will be established by: A. Resident #1 – Administration discussed the relationship with the Resident and assessed the Resident's ability to make her own decision. The Residents' primary Physician was consulted regarding the Resident's ability to make decisions related to her visitors. Resident #2 – The legal guardian was notified by the Risk Manager of a possible relationship between the Resident and a visitor. The guardian voiced no objections to this relationship. Staff education regarding mistreatment, neglect and abuse and reporting requirements will be conducted. B. All residents have the potential to be affected by inconsistencies in following Policies and Procedures related to alleged violations. All staff have been educated regarding the requirement to report all alleged violations involving mistreatment, neglect, or abuse immediately. Relationships which indicate the potential for mistreatment, neglect, or abuse will be investigated thoroughly and reported in accordance with State law, including the State Survey and Certification Agency. **F225 CONTINUED ON NEXT PAGE**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 6-29-05

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.

Reviewed & approved by Rod Barton, & Cheri Benander 7/4/05 9am

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F 225	Continued From page 1 Based on record review, policy review and staff interview, the facility failed to ensure two of two allegations of inappropriate sexual advances by a male visitor were thoroughly investigated. The facility also failed to protect two female residents (#1 and #2) from further potential inappropriate sexual advances while the investigations were being conducted. In addition, the facility failed to develop policies and procedures to address the requirement to notify the State survey and certification agency immediately whenever an alleged violation involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property occurred. The findings were: Review of nursing notes for resident #1 revealed that on 5/15/05 at 11:40 PM, the resident informed registered nurse (RN) #3 that a male visitor was coming to her and making requests "to have sex." RN #3 also documented that on 5/14/05 the male visitor had erroneously presented himself to RN #3 as the resident's son. RN #3 further documented that the male visitor was usually at the facility on Tuesday evenings, and was also seen visiting another female resident. Interview with the activities director on 6/6/05 at 9:30 AM revealed she had reported to the social worker on 6/1/05, that on the evening of 5/31/05, she had witnessed the male visitor having what she thought to be inappropriate sexual relations with resident #2. The following concerns were noted pertaining to the facility's investigation into these incidents and the facility's abuse policies: a. Review of the facility's investigation into resident #1's allegation revealed that although the incident occurred on 5/15/05, the investigation by the social worker was dated 5/10/05. In addition,	F 225	**F225 CONTINUED FROM PREVIOUS PAGE** C. The education of staff regarding mistreatment, neglect or abuse will be monitored through New Employee Orientation and annually with attendance sign in required. All relationships requiring an investigation due to potential for mistreatment, neglect or abuse will have a documented report of such. This investigation and findings will be incorporated into the Care Plan if indicated. Policies are being revised to include notification of officials in accordance with State law, including to the State Survey and Certification Agency. There has been an increase in staff during Happy Hour. This will be tracked by the Recreation Director and reported to the Quality Council. D. These corrective actions will be completed by June 29, 2005.	

reviewed & approved c Rod Borton & Cher Benander 7/14/05, 8 am

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F 225	Continued From page 2	F 225		

the investigation only consisted of the resident being interviewed by the male social worker. The social worker also documented the resident was confused during the interview, and he was therefore unable to obtain an accurate statement from the resident. In addition, no other staff or resident interviews were conducted and the alleged perpetrator was not contacted. Furthermore, no steps were taken to keep the resident safe from the alleged perpetrator during the investigation.

b. Interview with the director of nursing on 6/6/05 at 10 AM, revealed the facility did not perform an internal investigation into the alleged incident that occurred on 5/31/05 to resident #2. Instead, the facility called law enforcement and the Department of Family Services to complete the investigation.

c. During an interview on 6/6/05 at 11:30 AM, the director of nursing confirmed facility policy had not been followed regarding proper investigation of either allegation, nor did the facility assure the safety of the residents during the investigations.

d. Review of the facility's abuse policies revealed the requirement to immediately notify the State survey and certification agency whenever an alleged violation involving mistreatment, neglect, or abuse including injuries of unknown source and misappropriation of resident property was not addressed. During an interview on 6/6/05 at 9 AM, the director of nursing and the risk manager confirmed the facility's abuse policies did not address this requirement.