STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535026	A. BUILDING _____ B. WING _____	C 12/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIG HORN REHABILITATION AND CARE CENTER	**1851 BIG HORN AVE SHERIDAN, WY 82801**

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F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 12/20/23 to 12/21/23. The survey was prompted by complaint intake(s) WY000003755 and WY000003745. The following common abbreviations are used throughout this document: BIMS: Brief Interview for Mental Status DON: Director of Nursing IDT: Interdisciplinary Team MDS: Minimum Data Set RN: Registered Nurse MDS: Minimum Data Set TARS: Treatment Administration Record 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	F 600		

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

Electronically Signed | 01/08/2024

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F 600	Continued From page 1 by: Based on medical record review, resident and staff interviews, facility performance improvement plan review, State Survey Agency incident database review, and policy and procedure review, the facility failed to protect the resident's right to be free from physical abuse by a resident for 2 of 4 sample residents (#2, #4) reviewed for abuse allegations. This failure resulted in actual harm to resident #2 who sustained injuries during a resident to resident altercation. Corrective measures were implemented by the facility prior to the survey and compliance was determined to be met on 11/30/23. The findings were: 1. Review of the quarterly MDS assessment dated 10/19/23 showed resident #2 had a BIMS score of 5 out of 15, which indicated severe cognitive impairment, and diagnoses which included non-Alzheimer's disease, seizure disorder, depression, and bipolar disorder. The MDS showed the resident had inattention and disorganized thinking, delusions, physical and verbal behavioral symptoms directed towards others, and wandered on 4 to 6 days during the 7 day look back period. Further review showed the resident was independent with mobility, did not require a wheelchair or walker, and had no skin conditions or skin treatments. Review of the care plan last reviewed on 10/30/23 showed the resident had a history of being verbally and physically aggressive, had poor safety awareness and judgement, wandered, and took psychotropic medications. Further review showed interventions which included assess and anticipate needs, analyze trends in behaviors, distraction and redirection, conduct hourly behavior monitoring log, intervene before agitation escalates, and distract the resident from wandering into other	F 600	Past noncompliance: no plan of correction required.	

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F 600	Continued From page 2	F 600		

resident rooms. The following concerns were identified:

a. Review of a progress note for resident #2 dated 11/30/23 and timed 1:47 PM showed "... A maintenance employee informed me that two residents were in a confrontation. I went to the room where the residents were currently, [resident #4] was in [his/her] wheelchair and [resident #2] was sitting on [resident #4's] bed. When approached [resident #2] stated [s/he] was struck by [resident #4]. [Resident #4] broke into the conversation adding, "yeah, and I'll do it again. A quick observation revealed no injuries but when asked [resident #2] stated [resident #4] had hit [him/her] in the face. I asked [resident #2] to vacate [resident #4] room. [Resident #4] stated [s/he] told [resident #2] to leave the room but [resident #2] refused and leaned in close to [resident #4's] face and yelled at [him/her] so, "I hit [him/her]..."

b. Review of a progress note dated 12/1/23 and timed 8:46 AM showed "... [resident #2] entered the room of another neighbor and sat on [his/her] bed. [S/he] then refused to leave. When the neighbor who lives in that room became upset [resident #2] got in [his/her] face and allegedly hit [him/her] in the head a couple of times. That neighbor became upset and in return stated that [s/he] hit [resident #2] in the nose. As soon as staff was alerted of event the two neighbors were separated and their safety was ensured. No skin impairments, With assessment it was noted that [his/her] nose appeared to be reddened and [s/he] did have a small amount of dried blood at the base of [his/her] left nostril..."

2. Review of the quarterly MDS assessment dated 12/4/23 for resident #4 showed a BIMS score of 8 out of 15, which indicated moderate

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F 600	Continued From page 3	F 600		

cognitive impairment, and diagnoses which included non-Alzheimer's disease, and anxiety. Further review showed the resident had behaviors which included delusions, physical and verbal behavioral symptoms towards others, and had no skin conditions or skin issues. Review of the care plan last reviewed on 11/2/23 showed verbal and physical aggression and interventions which included intervene before agitation escalates; increased rounding, and the resident received antidepressant medication due to verbal and physical aggression. The following concerns were identified:

a. Review of a progress note dated 12/1/23 and timed 12:11 PM showed "... [resident #4] was sitting in [his/her] room when another neighbor entered [his/her] room and refused to leave. [Resident #4] states that the other neighbor sat on [his/her] bed and then got in [resident #4's] face when [s/he] was asked to leave the room. [Resident #4] states the other neighbor struck [him/her] in the top of [his/her] head and the forehead. At that point [resident #4] then says [s/he] reached out and hit the other neighbor in [his/her] nose. Staff entered the room right after this and separated the neighbors and ensured they were both safe without injuries. [Resident #4] became upset when another neighbor entered [his/her] room and refused to leave. [Resident #4] states that the other neighbor got up in [his/her] face and then struck [him/her] in the head causing [resident #4] to be more upset resulting in [him/her] striking the other neighbor..."

b. Review of a progress noted dated 11/30/23 and timed 3:14 PM showed "... After the incident this afternoon interdisciplinary team (IDT) met and the decision was made that [resident #4] would benefit from being moved off of [his/her] current hall into another one. [S/He] reported that

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F 600	Continued From page 4 [s/he] was concerned to be around a certain community member. With the room move it will ensure that they two community members will not have any further interaction..." 3. Interview with housekeeper #7 on 12/20/23 at 11:17 AM revealed on 11/30/23 s/he witnessed resident #2 coming out of resident #4's bedroom with a bloody nose. 4. Review of the facility incident reported to the state survey agency on 11/30/23 showed resident #2 was struck in the face by resident #4, which resulted in a bloody nose. 5. Interview with resident #4 on 12/20/23 at 10:30 AM revealed s/he felt safe in the facility and liked his/her new room, but did not like it when people entered his/her room without permission. 6. Interview with the administrator on 12/20/23 at 4 PM revealed a plan of correction had been implemented on 11/30/23 after the facility investigation confirmed the abuse had occurred. 7. Review of the facility policy titled "Abuse, Neglect and Exploitation" implemented 10/18/23 showed "It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property." 8. Review of the facility's performance improvement plan of correction dated 11/30/23 showed corrective action included immediate separation of the residents, assessment, resident #4 was moved off the unit to a private room to	F 600		

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F 600	Continued From page 5 ensure both of their safety. The facility contacted the physician, resident representative, ombudsman, law enforcement, and updated the care plans for both residents. The facility reported the incident to the state survey agency and initiated an abuse investigation which included staff and resident interviews. The facility's plan showed education to staff about assisting community members out of rooms that are not theirs. Both residents were placed on frequent checks. The facility's plan showed all residents were potentially at risk and an audit was done of all care plans on the secured unit to ensure individualized preventative measure were in place for potential abusive behavior. The facility's plan showed environmental changes were made on the secure unit to prevent residents from wandering into specific, potentially high traffic rooms. The facility's plan showed on 11/30/2023 education with all staff on what abuse and neglect was and who it was reported to. The facility's plan showed on 11/30/2023 behavior monitoring TARS and Tasks were added to the TAR and task bank to be used for future incidents and to determine if there were trends in when behaviors escalated facility wide. It had been activated to monitor these two specific residents. The findings will be reported to the Quality Assurance Performance Improvement (QAPI) committee. Care plans will be updated as needed. The facility's plan showed on 11/30/2023 The QAPI committee completed an ad hoc (for this situation) QAPI meeting to discuss interventions needed to protect both residents. Care plans of both residents were updated with new	F 600		

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F 600	Continued From page 6 interventions. A room move was made, with family permission, to ensure both residents' safety. The facility's plan showed the NHA/DON or designee will be responsible to report to the monthly QAPI Committee a summary of findings for review and recommendations for three months. QAPI Committee will evaluate and determine the effectiveness of the plan to ensure substantial compliance is achieved and determine if further monitoring and evaluation was required. The DON/Designee will be responsible to follow up on any recommendations made by the QAPI Committee. The facility was determined to be in substantial compliance as of 11/30/23.	F 600		