STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535042	A. BUILDING _____ B. WING _____	C 02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE VALLEY REHABILITATION AND WELLNESS	**60 MAGNOLIA CASPER, WY 82604**

(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 1/31/24 to 2/1/24. The survey was prompted by complaint intakes WY00003786, WY00003784, WY00003780, WY00003777, and WY00003775. The following common abbreviations are used throughout this document: DON: Director of Nursing MDS: Minimum Data Set LPN: Licensed Practical Nurse MA-C: Certified Medication Aid Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 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. This REQUIREMENT is not met as evidenced by: Based on medical record review, resident and staff interview, and facility investigation review, the facility failed to protect the residents' right to be free from misappropriation of resident property by a staff member for 1 of 2 sample residents (#1). Corrective measures were implemented by the facility prior to the survey and compliance was	F 602	Past noncompliance: no plan of correction required.	

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

Electronically Signed | 02/23/2024

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F 602	Continued From page 1	F 602		

determined to be met on 1/23/24. The findings were:

1. Review of the quarterly MDS assessment dated 11/10/23 showed resident #1 was sometimes understood when expressing ideas and wants, wandered daily, and had delusions and hallucinations. Further review showed the resident had diagnoses which included depression, PTSD, and had a memory deficit. The following concerns were identified:

a. Interview with the resident on 2/1/24 at 4 PM revealed s/he had some money, which the facility had been storing for him/her and went missing. Further interview revealed the facility reimbursed him/her when it was identified the money was missing.

b. Review of a facility investigation provided by the DON on 2/1/24 at 3:23 PM showed the resident had money in the medication cart totaling $1,165 on 1/12/24. On 1/16/24 the amount present in the medication cart was $705 dollars; however, there was no indication where the additional money went. Further review showed an investigation was initiated on 1/16/24.

c. Interview with MA-C #2 on 2/1/24 at 11:50 AM revealed on 1/12/24 prior to finishing her shift at 5 PM there was $1,165 present in the medication cart which belonged to resident #1. She revealed when she returned on 1/16/24, after being off, she observed there was $705 dollars in the resident's wallet, in the medication cart, and she alerted management. Interview with LPN #1 on 2/1/24 at 3:30 PM confirmed the amount of money present on 1/12/24 was $1,165 and revealed she counted the money with MA-C #2 on 1/12/24.

d. Interview with the DON on 2/1/24 at 3:20 PM confirmed resident #1's money was reported

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F 602	Continued From page 2	F 602		

missing, and an investigation was started on 1/16/24. She revealed $705 dollars was reimbursed to the resident 1/16/24. The DON revealed the resident, the resident representative, local law enforcement, the department of family services, the ombudsman, and the department of health were notified. The DON revealed the investigative findings failed to show intent of misappropriation of resident property and all staff with access to the medication cart from 1/12/24 to 1/16/24 were interviewed. She revealed the resident trust account was reviewed, the resident's room was checked with permission from the resident, and the laundry area was checked; however, the facility was unable to determine how the resident's money went missing and the facility was unable to identify an alleged perpetrator.

e. Review of the nurse's medication cart count documentation showed the monitoring of the amount of money present in the medication cart from 1/12/24 to 1/16/24 was not recorded by staff with access to the medication cart.

2. Review of the facility policy titled "Freedom from Abuse, Neglect, Corporal Punishment ...Misappropriation of Resident Property, and Exploitation." Last updated October 2022 showed "Each resident has the right to be free from abuse, including...misappropriation of resident property..." and showed the definition of misappropriation of resident property was the deliberate misplacement...wrongful, temporary, or permanent use of a resident's...money without the resident's consent..."

3. Review of the facility's performance improvement plan of correction dated 1/16/24 showed:

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F 602	Continued From page 3 a. Corrective action included immediate resident reimbursement on 1/16/24, the money was moved from the medication cart and locked in the business office trust account, and an investigation was started. The facility notified the resident, resident representative, ombudsman, local law enforcement, department of family services, and reported the incident to the state survey agency. b. Interviews were conducted with staff and residents between 1/16/24 and 1/18/24. A facility wide audit was conducted to ensure no other residents' money was kept in the nursing carts on 1/22/24. c. The facility conducted education of all staff with access to the medication cart on resident funds and storage in a safe location in the business office for resident funds/money by 1/23/24. Further review showed all additional staff which included nursing, dietary, housekeeping, maintenance, activities staff, therapy, transportation and administration, were provided education between 1/23/24 to 1/31/24. d. The facility implemented weekly audits for 12 weeks on 1/22/24 and results were to be discussed in QAPI meeting monthly to determine compliance. e. The facility was determined to be in substantial compliance as of 1/23/24.	F 602		