STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535029	A. BUILDING _____ B. WING _____	C 11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK COUNTY MEDICAL SERVICES DISTRICT LTC	**713 OAK STREET SUNDANCE, WY 82729**

(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 11/5/24. The survey was prompted by complaint intakes WY00003999 and WY00004004. Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified	F 609		12/31/24

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

Electronically Signed | 11/25/2024

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F 609	Continued From page 1 appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff interview and state agency incident database review, the facility failed to ensure investigations for abuse allegations were reported within 5 working days for 1 of 1 sample residents (#3). The findings were: 1. Review of the state survey agency incident database showed an allegation of staff to resident abuse was made by resident #3 to the facility charge nurse on 9/20/24. Further review showed the initial report was sent to the State Survey Agency on 9/23/24; however, there was no evidence the facility's investigative findings were reported as of 11/5/24. 2. Interview with the director of nursing on 11/5/24 at 5:17 PM confirmed the investigation had not been reported. Further interview revealed she did know she needed to report the investigation to the state survey agency.	F 609	The policy for F609 will provide as education for the nurses and all nursing staff in LTC. - New staff will be educated regarding this policy upon hire by the department manager or designee. - Current staff will be educated on this policy by department manager or designee. - Reporting procedures will be provided to residents and families in addition to staff education. The reporting procedures will be covered in the resident admission process and paperwork provided to residents and families. - Alleged violations will be reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury. Incidents will be reported within 24 hours if the events that cause the allegation do not involve bodily injury. The incident will be reported to the administrator of the facility and to other officials in accordance with State law, using the reporting policy according to state law. - Results of investigations will be submitted within 5 working days of the incident, and if the alleged violation is verified, appropriate corrective action will be taken. - Incident reporting process will be reviewed monthly at QAPI for adherence and accuracy. - The process will be reviewed monthly for	

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F 609	Continued From page 2	F 609	6 months. - All incidents will be reviewed at IDT weekly and PRN for 6 months for compliance.	