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 _____	C 08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZONS CARE CENTER	**1111 LANE 12 LOVELL, WY 82431**

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F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys on 8/27/24 through 8/28/24. The survey was prompted by complaint intakes WY000003905, WY000003947, and WY000003958. The following common abbreviations are used throughout this document: CNA: Certified Nursing Assistant DON: Director of Nursing MDS: Minimum Data Set RN: Registered Nurse 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 by:	F 600		9/9/24

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

Electronically Signed | 09/17/2024

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F 600	Continued From page 1 Based on medical record review, resident representative and staff interview, and policy and procedure review, the facility failed to protect the residents' right to be free from physical abuse by a resident for 2 of 4 sample residents (#1, #3) reviewed for allegations of abuse. This failure resulted in actual harm to resident #1. The findings were: 1. Review of an incident dated 8/4/24 showed resident #2 punched resident #1 in the mouth with his/her fist. Further review showed resident #1 had a small cut and mild swelling. The following concerns were identified: a. Interview with RN #1 on 8/28/24 at 10:32 AM revealed resident #1 was demonstrating "sundowners" and was moving and straightening chairs. The RN revealed 2 residents near resident #1 asked the resident to leave the chairs alone and when s/he didn't, resident #2 stood up and "popped" resident #1 in the mouth. Further interview revealed resident #1 received an exterior abrasion, was upset, and was "shocked." b. Interview with CNA #1 on 8/28/24 at 10:52 AM confirmed resident #1 was moving furniture and resident #2 punched resident #1 on the right side of his/her face. The CNA revealed resident #1 had bleeding and swelling to his/her face and s/he was cursing. The CNA revealed the resident continued to hold his/her face after it happened. Further interview revealed resident #2 was "kind of dangerous," attacked staff, was aggressive without provocation, and usually goes after resident #1. c. Interview with CNA #2 8/28/24 at 10:22 AM revealed she did not observe the altercation; however, after it occurred, she observed the resident bleeding from his/her upper lip and would hold his/her face after the incident	F 600	A)All residents including resident #1, resident #2, and resident #3 will be protected from any abuse, neglect or exploitation. Medication review completed on resident #1, resident #2, and resident #3. Medications adjusted to address disruptive behavior. Non-pharmacological interventions tailored to address disruptive behavior added to care plans for resident #1, resident #2, and resident #3 and all residents who benefit from non-pharmacological interventions. A behavior/safety committee will be established compiled of front-line staff, leadership and a resident representative to assist with addressing behaviors prior to altercations resulting. "Abuse Prevention Program" policy will be reviewed and updated. Ensure staffing is appropriate for acuity of units, adding additinal staff when necessary. B)All staff will be educated on regulation 483.12(a)(1) entitled "Freedom from Abuse, Neglect and Exploitation" and the facility policy entitled "Abuse Prevention Program." C)Quality monitoring of Freedom of Abuse, Neglect and Exploitation completed daily by Social Services Director using the quality improvement tool until sustantial compliance has been met. D)Appropriate placement for care will be evaluated immediately on all residents involved and immediate safety for all residents will be established should	

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F 600	Continued From page 2 occurred. 2. Review of an incident dated 7/21/24 showed resident #3 walked up to resident #1, grabbed resident #1's face and resident #1 slapped resident #3 in the face. Review of "Actions Taken to Prevent Incident in Future" showed suggest scheduling Ativan twice per day for resident #3. The following concerns were identified: a. Interview with RN #1 on 8/28/24 at 10:32 PM revealed she did not witness the incident between the residents; however, the CNA reported both residents were "shocked" by the incident. b. Interview with CNA #3 on 8/28/24 at 10:48 AM revealed she was the only CNA on shift at the time of the incident and multiple residents were "getting riled up." Resident #1 was sitting at the table, Resident #3 hit resident #1 in the face then resident #1 hit resident #3 in the face. Further interview revealed both residents were "surprised" by the incident. 3. Interview with the resident representative for resident #1 on 8/27/24 at 5:35 PM revealed he was unsure how the resident would have reacted to prior to current health state as the resident would not get into altercations; however, he revealed the resident would probably be surprised. 4. Interview with the resident representative for resident #3 on 8/27/24 at 6:02 PM revealed prior to the resident's current health state the resident would have been shocked and fearful if a similar incident had occurred. 5. Review of the policy titled "Abuse Prevention Program" last reviewed 5/1/23 showed "...1.	F 600	freedom of abuse, neglect or exploitation be found out of compliance. E)Results will be reported quarterly as part of the facility quality assurance program by Social Services Director.	

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F 600	Continued From page 3 Protect our residents from abuse by anyone including, but not limited to: facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal representatives, friends, visitors, or any other individual..."	F 600		
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 appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced	F 609		9/4/24

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F 609	Continued From page 4 by: Based on resident representative and staff interview, grievance review, state survey agency incident database review, and policy and procedure review, the facility failed to ensure allegations of abuse were reported for 1 of 4 sample residents (#3) reviewed for allegations for abuse. The findings were: 1. Interview with the resident representative for resident #3 on 8/27/24 at 6:02 PM revealed the resident's spouse reported a CNA had pushed the resident down onto a chair on 8/25/24; however, she did not think the facility believed the spouse. 2. Review of a "Complaint/Grievance" form dated 8/25/24 showed "[Spouse of resident #3] said CNA pushed [resident] down to sit in chair." 2. Review of the state survey agency incident database showed no evidence an allegation of abuse was reported for resident #3 on or after 8/25/24. 3. Interview with CNA #4 on 8/27/24 at 6:21 PM revealed she was providing 1 to 1 care for resident #3 on 8/25/24. Further interview revealed the DON arrived at the facility and sent the CNA home due to an allegation of abuse; however, after the DON watched the camera footage, she was told there was no evidence she abused the resident. 4. Interview with the DON on 8/28/24 at 11:22 AM confirmed the spouse of resident #3 reported a staff member had pushed the resident down into a chair roughly; however, the spouse was unable to see if the CNA did anything. The DON revealed	F 609	A)All allegations of abuse, neglect or exploitation for all residents will be submitted to the state survey agency incident database within the required timeframe. Allegation of abuse for resident #3 reported to the state survey agency incident database and to the Wyoming State Board of Nursing. B)All staff will be educated on regulation 483.12(b)(5)(i)(A)(B)(c)(1)(4) entitled "Reporting Alleged Violation" and the facilty policy entitled "Abuse Prevention Progran." C)Quality monitoring that all alleged violations are submitted to the state survey agency incident database within required timeframes will be completed daily by Director of Nursing using the quality improvement tool until substantial compliance has been met. D)Staff will receive immediate in-service and corrective action including inputting alleged violations into the state survey incident database shall it be out of compliance. E)Results will be reported quarterly as part of facility quality assurance program by the Director of Nursing.	

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F 609	Continued From page 5 the CNA was sent home and an investigation was initiated. Further interview confirmed the allegation was not reported to the state survey agency. 5. Review of the policy titled "Abuse Prevention Program" last revised on 5/1/23 showed "...7. Investigate and report any allegations of abuse within timeframes as required by federal requirements..."	F 609		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its	F 656		9/4/24

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F 656	Continued From page 6 rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure care plans were developed and implemented for 2 of 4 sample residents (#1, #2) following resident to resident altercations. The findings were: 1. Review of an incident dated 8/4/24 showed resident #2 punched resident #1 in the mouth with his/her fist. Further review showed resident #1 had a small cut and mild swelling. Review of an incident dated 7/21/24 showed resident #3 walked up to resident #1, grabbed resident #1's face, and resident #1 slapped resident #3 in the face. The following concerns were identified: a. Review of the care plan for resident #1 last updated 7/1/24 showed no resident specific interventions related to altercations on 7/21/24 or	F 656	A)Interventions appropriate for resident #1 specific to the altercations on 07/21/2024 and 08/04/2024 added to care plan. Interventions appropriate for resident #2 specific to the altercation on 08/04/2024 added to care plan. ALl interventions used by staff specific to all residents will be added to care plans. Facility policy entitled "Resident-to-Resident Altercation" will be reviewed and updated. B)All staff will be educated on regulation 483.21(b)(1)(3) entitled "Develop/Implement Comprehensive Care Plan" and the reviewed and updated facility policy entitled "Resident-to-Resident Altercations."	

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F 656	Continued From page 7 8/4/24. b. Review of the care plan for resident #2 last updated 7/20/24 showed no resident specific interventions related to aggression toward other residents or staff and no updated interventions related to the altercation on 8/4/24. 2. Interview with CNA #1 on 8/28/24 at 10:58 PM revealed resident #2 was "kind of dangerous," attacked staff, was aggressive without provocation, and usually goes after resident #1. Further interview revealed staff implemented things they knew about residents because resident specific interventions were not on the care plans. 3. Interview with the MDS assessment coordinator on 8/28/24 at 11:22 PM revealed care plans should communicate interventions to staff and care plans have been a "struggle." Further interview revealed the facility did not complete any type of analysis following incidents and confirmed care plans were not updated with all identified interventions. 4. Review of the policy titled "Resident to Resident Altercations" last revised on 6/2/20 showed "...If two residents are involved in an altercation, staff will...e. Review the events with Nursing Supervisor and Director of Nursing, and possible measures to try to prevent additional incidents...g. Make any necessary changes in the care plan approaches to any or all of the involved individuals..."	F 656	C)Quality monitoring on Comprehensive Care Plans with resident-specific interventions will be completed by the MDS Coordinator weekly using the quality improvement tool until substantial compliance has been met. D)Staff will receive immediate in-service and corrective actions will be taken for any care plans missing resident specific interventions being used by staff is out of compliance. E)Resutls will be reported quarterly as part of the facility quality assurance program by MDS Coordinator.	