

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 535048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER WORLAND HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1901 HOWELL AVENUE WORLAND, WY 82401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0600 Level of harm - Actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on medical record review, staff interview, and policy review, the facility failed to ensure residents were free from physical abuse for 1 of 8 sample residents (#2). This failure resulted in harm to resident #2, who fell and sustained broken ribs after being hit on the back of the head by another resident. The findings were: Review of the 10/28/19 admission minimum data set (MDS) assessment showed resident #2 was admitted to the facility with [DIAGNOSES REDACTED]. The resident had a brief interview for mental status (BIMS) score of 99, indicating the resident was cognitively unable to complete the interview. Interview with CNA #1 on 3/11/20 at 12:58 PM revealed resident #2 liked to get in everybody's business which caused problems with other residents, and the staff tried to keep them separated. Interview with CNA #2 on 3/11/20 at 1:10 PM revealed resident #2 had a couple of residents that (s/he) constantly picked at and was hard to redirect. Interview with RN #1 on 3/11/20 at 1:33 PM revealed resident #6 had a habit of being volatile. Further, RN #1 stated resident #2 upset people with the nagging and bossing. Interview with RN #2 on 3/11/20 at 1:45 PM revealed resident #6 and resident #2 had a love/hate relationship were at one time an item. Further, RN #2 revealed resident #2 became more bossy following the discontinuation of an anti-psychotic medication, and resident #6 did not like to be bossed. Interview with the nursing home administrator on 3/11/20 at 2:11 PM revealed resident #6 did have increased behavioral outbursts, and his/her temper was more easily set off. The administrator stated resident #2 did seek out specific individuals to pick at. The following concerns were identified: 1. Review of the progress note dated 2/23/20 and timed 6:57 AM showed resident #6 hit resident #2 on the back of the head with a closed fist. Resident #2 lost his/her balance and tried to catch him/herself on a chair. The note further showed the resident Must have hit (his/her) right back by lower ribs against armrest of wooden chair. 2. Review of a progress note dated 2/23/20 and timed 10:12 AM showed the resident was sent to the emergency room (ER) via facility van in fair condition. The ER notified the facility the resident was being admitted to the hospital with [REDACTED]. Review of progress notes for resident #6 showed documentation of aggressive behavior on 1/30/20, 2/2/20, 2/9/20, and 2/13/20. a. Review of the care plan titled I get confused due to a [DIAGNOSES REDACTED]. There was no evidence of updates related to identified behaviors. b. Review of the care plan titled the resident has impaired cognitive function related to dementia showed it was initiated on 11/27/18, and last revised on 7/2/19. There was no evidence of updates related to identified behaviors. c. Review of the care plan titled admitted on an antipsychotic medication for behavior management related to my dementia and poor coping mechanisms showed it was initiated 6/24/18 and last revised 7/2/19. There was no evidence of updates related to identified behaviors. 4. Review of progress notes for resident #2 showed documentation of behavior that caused agitation in other residents on 1/23/20, 1/28/20, 2/6/20, 2/7/20, 2/9/20 and 2/11/20. a. Review of the care plan titled The resident has impaired cognitive function/dementia or impaired thought process related to dementia showed it was initiated on 10/29/10. There was no evidence of updates related to identified behaviors. b. Review of the care plan titled I have the potential for alteration in my mood and behavior. At times I exit seek, I tell people that I am only here for a little while and that I need to go home to take care of things. I need the keys to my care so I can leave. Resident becomes upset when she feels like she is not allowed to leave or held prisoner. My court appointed guardian has place me here permanently due to my unsafe behaviors at home showed it was initiated on 11/18/19. There was no evidence of updates related to identified behaviors. 5. Review of the facility policy titled Abuse, Neglect, and Exploitation Prohibition and Prevention Program, approved on 3/21/17 showed .A. Every resident has the right to be free from verbal, sexual, physical, and mental abuse; corporal punishment; neglect; exploitation; involuntary seclusion; and any physical or chemical restraint not required to treat the resident's medical symptoms or conditions. B. Each community takes reasonable, appropriate steps to ensure that each resident is free from abuse, neglect, and exploitation by anyone, including (but not limited to) staff, other residents, family members, friends, or other individuals.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.