STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535017	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sublette County Health	333 N Bridger Ave Pinedale, WY 82941

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 - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44506 Based on observation, medical record review, resident and staff interviews, review of the facility's investigation, 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 staff member for 1 of 1 (#2) sample residents reviewed for abuse allegations. The findings were: 1. Review of the medical record for resident #2 showed an admitted [DATE] and diagnoses which included hemiplegia/hemiparesis affecting the right/dominant side of the body. Further review showed the resident received comfort care to manage symptoms and the resident's prognosis was poor for recovery. Observation on 4/17/24 at 10 AM showed the resident was resting comfortably in bed with family at the bedside. Observation at that time showed the resident appeared thin and frail but was able to open his/her eyes and answer yes/no questions. Interview with the resident at that time, revealed the resident was comfortable, felt safe, and had no complaints related to care. The following concerns were identified. a. Review of the state survey agency incident database showed the facility reported an incident on 3/25/24 which involved resident #2 and CNA #3. The incident alleged CNA #3 was providing incontinence care to resident #2 and said you are the most disgusting [woman/man] ever, why would you do this. This is disgusting. What kind of person does this? Further review showed the CNA admitted her comments were unprofessional and she deserved whatever punishment you see fit. b. Interview with the administrator on 4/17/24 at 10:25 AM confirmed an allegation of verbal abuse towards resident #2 on 3/20/24 and was reported to administration on 3/25/24. She verified an internal investigation was started immediately after notification and the facility substantiated the allegation of verbal abuse towards resident #2 by CNA #3. Further interview revealed the facility notified the proper authorities and terminated the CNA. c. Interview with CNA #1 on 4/17/24 at 11:55 AM revealed the aide witnessed verbal abuse towards resident #2 by CNA #3 on the evening of 3/20/24. The incident disturbed the CNA and it was reported to the nurse on duty that evening; however, it was not reported to administration until 3/25/24. CNA #1 stated she was new to the facility and at the time was not familiar with the procedure for reporting abuse allegations to administration. d. Review of the statement provided by CNA #3 dated 3/26/24 showed an acknowledgement of unprofessional behavior towards resident #2 on 3/20/24 after an episode of incontinence. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535017	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sublette County Health	333 N Bridger Ave Pinedale, WY 82941

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 - Minimal harm or potential for actual harm Residents Affected - Few	e. Review of the statement provided by CNA #2 dated 3/26/24 showed on the night of 3/20/24 resident #2 had an incontinence accident in the bed and CNA #3 was heard calling the resident a disgusting [woman/man] while assisting the resident with care. 2. Review of the resident's rights, no date, showed It is the goal of our facility to promote and protect the rights of each resident .26. The right to be free from physical, psychological, or sexual abuse or punishment . 3. Review of the facility policy Abuse, neglect, mistreatment of residents" dated 12/2023, showed verbal abuse is defined as the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within hearing distance, regardless of their age, ability to comprehend, or disability .g. Reasonable Person Concept: A person with an ordinary degree of reason, foresight or intelligence, whose expectation in relation to a particular circumstance is used as an objective standard by which to measure or determine something. In other words, a resident who has mental incapacity/dementia who is victim of abuse may not show a reaction, however, a reasonable person could experience harm related to the abuse, which would be applied in these situations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535017	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sublette County Health	333 N Bridger Ave Pinedale, WY 82941

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 44506 Based on review of the facility's incident log, staff interviews, state survey agency incident database review, and policy and procedure review, the facility failed to report all alleged violations of abuse immediately after the occurrence for 1 of 1 sample residents (#2). The findings were: 1. Review of the facility incident log showed an allegation of verbal abuse of a resident during the month of March, 2024. 2. Review of the state survey agency incident database showed an allegation of verbal abuse was reported on 3/25/24; however, the incident occurred on 3/20/24 at 10:20 PM, 5 days before it was reported. 3. Interview with the administrator on 4/17/24 at 10:25 AM confirmed an allegation of verbal abuse towards resident #2 occurred on 3/20/24 and was reported to administration on 3/25/24. 3. Interview with CNA #1 on 4/17/24 at 11:55 AM revealed the aide witnessed verbal abuse towards resident #2 by CNA #3 on the evening of 3/20/24. The incident disturbed the CNA and it was reported to the nurse on duty that evening but not reported to administration until 3/25/24. CNA #1 stated she was new to the facility and at the time was not familiar with the procedure for reporting abuse allegations to administration. 5. Review of the facility policy Abuse, neglect, mistreatment of residents . dated 12/2023 showed, any nursing home employee or volunteer who becomes aware of abuse, mistreatment, neglect .shall immediately report to the Director of Nursing or the Nursing Home Administrator .