

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535026	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Big Horn Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1851 Big Horn Ave Sheridan, WY 82801	

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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>37220</p> <p>Based on the facility's abuse investigation forms, State Survey Agency incident database review, policy and procedure review, and staff interview, the facility failed to implement policies and procedures for ensuring the reporting of 3 of 3 resident-to-resident altercations reviewed for allegations of abuse which involved resident #2, #3, #4, and #5. The findings were:</p> <p>1. Review of the facility's policy Abuse, Neglect, and Exploitation, implemented on 4/1/24, showed . Reporting/Response .1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: a. 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 . The following concerns were identified:</p> <p>a. Review of a nurse progress note, dated 12/21/24 and timed 5:18 PM, showed resident #4 and #5 were involved in an altercation which resulted in a minor injury to resident #4. Review of the state survey agency incident database showed the allegation occurred on 12/21/24 at 4:30 PM and was reported to facility administration at 5 PM; however, the allegation was not reported to the agency until 12/23/24 at 4:59 PM.</p> <p>b. Review of the state agency incident report form showed a resident-to-resident altercation occurred on 11/26/24 at 6 PM between resident #2 and #3 and was reported to the facility administration on 11/27/24 at 10 PM. The allegation of abuse was not reported to the agency until 11/30/24 at 9:42 PM.</p> <p>c. Review of a nurse progress note, dated 11/28/24 and timed 6:20 PM, showed resident #2 and #3 were involved in a resident-to-resident altercation which resulted in minor injury to resident #3. Review of the state survey agency incident database showed the allegation occurred on 11/28/24 at 6 PM and was reported to the facility administration on 11/28/24 at 7 PM; however, the allegation was not reported to the agency until 11/30/24 at 9:42 PM.</p> <p>2. Interview with the administrator on 1/15/25 at 10:13 AM confirmed the allegations of abuse were not reported within the required timeframe.</p>

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.

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