STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535033	A. Building B. Wing	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission at Castle Rock	1445 Uinta Drive Green River, WY 82935

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** 37603 Based on staff interview, medical record review, facility incident investigation review, 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 resident for 1 of 6 sample residents (#45) reviewed for physical abuse. The facility implemented corrective action prior to the survey and was determined to be in substantial compliance as of [DATE]. The findings were: 1. Review of the [DATE] quarterly MDS assessment for resident #22 showed s/he had a BIMS score of 00 out of 15 (severe cognitive impairment) and diagnoses which included sequelae of cerebral infarction, seizure disorder, depression white matter disease, and cognitive communication deficit. The resident had physical and verbal behaviors towards others, and wandered during the 7-day look-back period. Review of the care plan, last revised [DATE], showed Resident exhibits/at risk for behaviors such as refusals, aggression, agitation, spitting, scratching, hitting, and exit seeking. The interventions included Intervene as necessary to protect the rights and safety of others. Approach/Speak in a calm manner. Divert attention. Remove from situation and take to alternate location as needed. Monitor behavior episodes and attempt to determine the underlying cause. Consider location, time of day, persons involved, and situations. Document behavior and potential causes. The following concerns were identified: a. Review of a facility incident investigation showed resident #45 was being pushed down the hall by family on [DATE] when resident #22 hit him/her on the head. The residents were immediately separated. Resident #45 was assessed for injury and none were noted. The facility monitored resident #22 with a one-on-one to ensure other residents were safe. Resident #22 had a history of agitation and aggression. The facility had been able to correlate previous behaviors with urinary tract infections, abnormal labs, pain, or imbalances in the past. The facility ordered a urinalysis. a complete blood count, and a comprehensive metabolic panel. Resident #22 was found to have a urinary tract infection and was treated for it. Further review showed the facility determined physical abuse occurred and substantiated the allegation. b. Due to resident #22's cognitive status s/he was unable to be interviewed. Resident #45 expired on [DATE]. c. Review of the state survey agency incident database showed on [DATE] at 5:56 PM the facility reported that resident #45 was hit on the head by resident #22. Further review showed resident #45 was crying after being hit. (continued on next page)

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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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Interview with the ADON on [DATE] at 2:06 PM confirmed resident #45 did cry out after being hit and resident #22 was placed on 1-to-1 monitoring, with 15-minute checks. Further interview revealed the facility implemented behavior monitoring, staff education, weekly audits on all residents which were reviewed in the quality assurance meeting, and referrals for alternate placement of resident #22. 3. Review of the [DATE] social services notes showed the social service director had sent referrals to two skilled nursing facilities for potential transfer related to behaviors of resident #22. 4. Review of the policy Preventing Resident to Resident Abuse dated [DATE] showed 1. Residents with a history of physical and or verbal abuse of other persons will be evaluated prior to admission to ensure that this Community has the services the resident needs to achieve their highest practicable level of functioning and to protect other residents from harm. 2. Each resident who has a history of physical and/or verbal abuse of other persons will be evaluated to determine the appropriate interventions to prevent behaviors that could adversely affect other residents. 5. Review and verification of the facility's corrective action plan showed: a. Both residents were immediately assessed and placed on monitoring. b. Staff education was performed on [DATE]. c. 15 minute checks were implemented. d. Weekly audits were performed on all residents. e. Audits were reviewed in the quality assurance committee meeting.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 37220 Based on observation, review of CDC guidelines, and staff interview, the facility failed to ensure effective infection control practices were followed during 1 random observation. The findings were: 1. Observation on 4/2/25 at 9:45 AM of the laundry room showed cloth gowns were used to sort contaminated laundry. Drops of water were placed on the gown by the ADON which showed the gowns were not fluid resistant. The ADON confirmed the gowns were not fluid resistant and discarded them at that time. 2. According to the CDC guidelines located at https://www.cdc.gov/infection-control/hcp/environmental-control/laundry-bedding.html#cdc_generic_section_6-6-surgical-gowns-drapes-and-disposable-fabrics, accessed on 4/8/25, showed . 6. Surgical Gowns, Drapes, and Disposable Fabrics .Regardless of the material used to manufacture gowns and drapes, these items must be resistant to liquid and microbial penetration .