



Wyoming Department of Health Healthcare Licensing and Surveys

**LeadingAge Wyoming
August 30th, 2023**

**Laura Hudspeth, MSc, RD, LD
State Survey Agency Director/Administrator**

**Julia Van Dyke, RN
Chief, Healthcare Surveillance Branch**



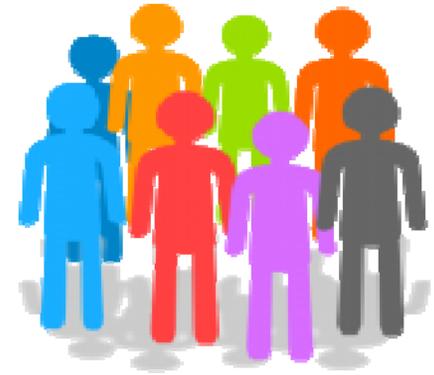
Wyoming Department of Health Healthcare Licensing and Surveys

THANK YOU!!



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HLS STAFFING Positions Filled



- Business Office – 3/4
- Healthcare Surveillance - 9/14
- LSC and Construction- 5/5



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Complaint Data

ASSISTED LIVING FACILITY					
	FFY19	FFY20	FFY21	FFY22	FFY23 TO 08/15/23
TOTAL #	23	33	24	38	32
NON-COMPLIANT	5	11	8	24	13
	21.7%	33.3%	33.3%	63.2%	44.8%
COMPLIANT	18	22	16	14	16
	78.3%	66.7%	66.7%	36.8%	55.2%
# PENDING	0	0	0	0	3



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Complaint Data

NURSING HOMES					
	FFY19	FFY20	FFY21	FFY22	FFY23 TO 08/15/23
TOTAL #	159	132	111	121	128
NON-COMPLIANT	60	37	32	39	40
	37.7%	28.0%	28.8%	32.2%	37.74%
COMPLIANT	99	95	79	82	66
	62.3%	72.0%	71.2%	67.8%	62.26%
# PENDING	0	0	0	0	22



NURSING HOME STANDARD SURVEYS AVERAGE # OF DEFICIENCIES

FFY	WYOMING	REGION	NATION
2018	7.74	6.49	6.57
2019	7.31	6.65	6.90
2020	6.25	6.22	6.38
2021	4.65	6.30	6.15
2022	5.51	6.34	6.94
2023 YTD	5.29	5.85	7.11



NURSING HOME INFORMAL DISPUTE RESOLUTION

FEDERAL FISCAL YEAR	# SURVEYS REQUESTED	# OF TAGS	NO CHANGES	MODIFICATIONS	DELETED
2018	3	3	0 (0%)	2 (66.66%)	1 (33.33%)
2019	15	23	7 (30.43%)	7 (30.43%)	9 (39.13%)
2020	2	3	1 (33.33%)	2 (66.66%)	0 (0%)
2021	6	12	3 (25%)	5 (41.66%)	4 (33.33%)
2022	11	22	7 (31.81%)	4 (18.18%)	11 (50%)
2023 YTD	10	17	7 (41.18%)	2 (11.76%)	8 (47.06%)
TOTAL	47	80	25 (31.25%)	22 (27.50%)	33 (41.25%)



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NURSING HOMES

TOP 10 CITED HEALTH DEFICIENCIES

Standard, Complaint and Infection Control Surveys FFY2022

WYOMING			REGION			NATION		
143 Surveys			1,915 Surveys			97,393 Surveys		
Tag	Description	%	Tag	Description	%	Tag	Description	%
F0880	Infection Prevention & Control	21.7%	F0884	Reporting - National Health Safety Network	30.1%	F0884	Reporting - National Health Safety Network	12.0%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	12.6%	F0880	Infection Prevention & Control	14.7%	F0880	Infection Prevention & Control	7.6%
F0656	Develop/Implement Comprehensive Care Plan	11.9%	F0689	Free of Accident Hazards/Supervision/Devices	10.6%	F0689	Free of Accident Hazards/Supervision/Devices	6.2%
F0758	Free from Unnec Psychotropic Meds/PRN Use	9.8%	F0812	Food Procurement, Store/Prepare/Serve Sanitary	6.6%	F0684	Quality of Care	4.8%
F0884	Reporting - National Health Safety Network	9.1%	F0600	Free from Abuse and Neglect	6.1%	F0812	Food Procurement, Store/Prepare/Serve Sanitary	4.8%
F0600	Free from Abuse and Neglect	7.0%	F0677	ADL Care Provided for Dependent Residents	5.9%	F0677	ADL Care Provided for Dependent Residents	3.7%
F0623	Notice Requirements Before Transfer/Discharge	7.0%	F0684	Quality of Care	5.7%	F0656	Develop/Implement Comprehensive Care Plan	3.7%
F0684	Quality of Care	5.6%	F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	5.7%	F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	3.1%
F0690	Bowel/Bladder Incontinence, Catheter, U TI	4.9%	F0656	Develop/Implement Comprehensive Care Plan	4.5%	F0761	Label/Store Drugs and Biologicals	3.1%
F0689	Free of Accident Hazards/Supervision/Devices	4.9%	F0761	Label/Store Drugs and Biologicals	4.3%	F0609	Reporting of Alleged Violations	2.8%



NURSING HOMES

TOP 10 CITED HEALTH DEFICIENCIES

Standard, Complaint and Infection Control Surveys FFY2023 YTD

WYOMING			REGION			NATION		
135 Surveys			1,736 Surveys			74,491 Surveys		
Tag	Description	%	Tag	Description	%	Tag	Description	%
F0884	Reporting - National Health Safety Network	31.9%	F0884	Reporting - National Health Safety Network	39.1%	F0884	Reporting - National Health Safety Network	18.5%
F0758	Free from Unnec Psychotropic Meds/PRN Use	11.9%	F0689	Free of Accident Hazards/Supervision/Devices	9.9%	F0689	Free of Accident Hazards/Supervision/Devices	6.3%
F0880	Infection Prevention & Control	9.6%	F0880	Infection Prevention & Control	9.2%	F0880	Infection Prevention & Control	5.4%
F0656	Develop/Implement Comprehensive Care Plan	8.9%	F0600	Free from Abuse and Neglect	5.6%	F0684	Quality of Care	4.7%
F0600	Free from Abuse and Neglect	8.9%	F0812	Food Procurement, Store/Prepare/Serve Sanitary	5.4%	F0812	Food Procurement, Store/Prepare/Serve Sanitary	4.7%
F0689	Free of Accident Hazards/Supervision/Devices	8.9%	F0684	Quality of Care	4.5%	F0656	Develop/Implement Comprehensive Care Plan	3.8%
F0623	Notice Requirements Before Transfer/Discharge	8.9%	F0677	ADL Care Provided for Dependent Residents	4.0%	F0677	ADL Care Provided for Dependent Residents	3.5%
F0761	Label/Store Drugs and Biologicals	7.4%	F0584	Safe/Clean/Comfortable/Homelike Environment	3.8%	F0761	Label/Store Drugs and Biologicals	3.1%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	6.7%	F0609	Reporting of Alleged Violations	3.8%	F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	2.9%
F0609	Reporting of Alleged Violations	5.9%	F0656	Develop/Implement Comprehensive Care Plan	3.5%	F0609	Reporting of Alleged Violations	2.8%



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Healthcare Licensing and Surveys

Wyoming Culture Change CMP Project



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Nurse Aide Training and Competency Evaluation Program

**65 Training Programs
Headmaster Testing**



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Abuse, Reporting, and Past- noncompliance



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F600 – Free From Abuse and Neglect

§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.



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INTENT §483.12(a)(1)

Each resident has the right to be free from abuse, neglect and corporal punishment of any type by anyone.



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“Abuse,” is defined at §483.5 as “the **willful** infliction of injury, unreasonable confinement, intimidation, or punishment **with** resulting physical harm, pain or mental anguish.

Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.



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“Willful,” as defined at §483.5 in the definition of “abuse,” and “means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.”

-Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions.



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When a nursing home accepts a resident for admission, the facility assumes the responsibility of ensuring the safety and well-being of the resident. It is the facility's responsibility to ensure that all staff are trained and are knowledgeable in how to react and respond appropriately to resident behavior.



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All staff are expected to be in control of their own behavior, are to behave professionally, and should appropriately understand how to work with the nursing home population. A facility cannot disown the acts of staff, since the facility relies on them to meet the Medicare and Medicaid requirements for participation by providing care in a safe environment.



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A resident to resident altercation should be reviewed as a **potential** situation of abuse. Investigation will determine if the incident meets the definition of abuse.

Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions.



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It has been reported that some facilities have identified that they are in compliance with F600-Free from Abuse and Neglect because that they could not foresee that abuse would occur and they have “done everything to prevent abuse,” such as conducted screening of potential employees, assessed residents for behavioral symptoms, monitored visitors, provided training on abuse prevention, suspended or terminated employment of the perpetrator, developed and implemented policies and procedures to prohibit abuse, and met reporting requirements.



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However, this interpretation would not be consistent with the regulation, which states that “the resident has the right to be free from verbal, sexual, physical, and mental abuse...”

Therefore, if the survey team has investigated and collected evidence that abuse has occurred, it is appropriate for the survey team to cite the current or past noncompliance at F600-Free from Abuse and Neglect.



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Reporting Incidents: The Initial report

<https://www.cms.gov/files/document/som107exhibit358.pdf>



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Information to include in the initial report:

1. Facility information (pre-populated).



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2. Allegation type:

- Abuse (Physical/Sexual/Mental/Verbal)
- Neglect
- Misappropriation
- Exploitation
- Injury of unknown source
- Suspected crime



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3. Information about when the facility became aware of the incident:

- Date/Time/Name of when staff became aware of the incident.
- Date/Time administrator was notified of the incident and by whom.



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4. Alleged victim(s):

- Full name

- Date of birth

- Current location of alleged victim



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5. Alleged perpetrator(s):

- Full name
- Position (if staff)
- Contact information if known
- Relationship to the alleged victim



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6. Allegation details:

A brief description of the specific allegation, including but not limited to, identifying

- who made the allegation and their relationship to the alleged victim

- What was reported, and to whom or which agency/entity

- Date, time, and location where the alleged incident occurred



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7. Details of any physical harm, pain, or mental anguish to the alleged victim, including but not limited to:

- Whether serious bodily injury occurred, if known
- Describe any type of injury such as a bruise, scratch, laceration, fracture, bleeding, redness, etc.



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-Describe any changes in the resident's behavior that indicate something different from the resident's normal baseline behavior, such as crying, expressions or displays of fear, cowering, anger, withdrawal, difficulty sleeping, etc.



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8. *Important* Provide information about all steps taken immediately to ensure residents are **protected**.



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9. Witnesses:

- Full name
- Position, if staff
- Relationship to victim
- Contact information, if known



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10. Notification to law enforcement, if applicable:

- If notification made, name of law enforcement agency notified, and contact person.
- Name of reporting individual and position
- Date and time the report was made, and report number if available.



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11. Notification to other agencies

- Were other agencies notified? If yes, which other agencies, and who at that agency was notified.
- Date and time the report was made.



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12. Submission report

- Name and title of person submitting the report.
- Date/time report was submitted.
- Contact information (phone and email) of the person submitting the report.



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Guidance on completing a thorough investigation:

<https://www.cms.gov/files/document/som107exhibit359.pdf>



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Past Noncompliance



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Past noncompliance occurs when noncompliance has occurred in the past, but the facility corrects the deficiency and is in substantial compliance at the time of the current survey.



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“When a facility has identified abuse, the facility must take all appropriate steps to remediate the noncompliance and protect residents from additional abuse immediately. Facilities that take immediate action to correct any issues can reduce the risk of further harm continuing or occurring to other residents, thereby potentially preventing the scope and severity of the deficiency from increasing. Failure to take steps could result in findings of current noncompliance...”



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A deficiency citation at past noncompliance meets the following three criteria:

1. The facility was not in compliance with the specific regulatory requirement(s) at the time the situation occurred;



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2. The noncompliance occurred after the exit date of the last recertification survey and before the survey being conducted, and

3. There is sufficient evidence that the facility corrected the noncompliance and is in substantial compliance at the time of the current survey.



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A nursing home does not provide a plan of correction for a deficiency cited as past noncompliance because the deficiency is already corrected.

The survey team documents the facility's corrective actions and the date the facility was back in compliance on the CMS-2567.



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