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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/28/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535025	A. BUILDING _____ B. WING _____	C 03/14/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE HEALTH CARE CENTER	2700 E 12TH STREET CHEYENNE, WY 82001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following common abbreviations are used throughout this document: CNA- Certified Nurse Aide DON- Director of Nursing PT-Physical Therapist PTA-Physical Therapy Assistant Less commonly used abbreviations will be annotated in each deficiency.	F 000	**Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. This plan of correction serves as the facilities allegation of compliance.**	
F 250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to arrange for timely dental intervention for 1 of 3 (#89) sample residents who required social service interventions. The findings were: Observation during the survey, including a dining observation on 3/14/12 at 12:10 PM, showed resident #89 did not have teeth and was not wearing dentures. Review of the medical record showed the resident was admitted to the facility on 7/21/11 with diagnoses which included dementia. Review of a 7/22/11 speech therapy evaluation revealed the resident's diet was changed to pureed secondary to not wearing	F 250	**F Tag 250 Social Services** **It is the intent of the facility to provide medically-related social services to attain or maintain the highest praticable physical,mental, and psychosocial well-being of each resident.** **CORRECTIVE ACTION: A dental appointment was made for resident #89 on March 28th, 2012. Resident #89 has declined a dental appointment and has expressed a desire to remain edentulous at this time. POA was contacted and agrees with resident #89's decision. Resident #89 will be asked on a quarterly basis during care conferences if she would like to have a dental appointment.** **ID OF OTHERS: An audit of records was conducted on March**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jennifer S. Reaume — TITLE: NHA — (X6) DATE: 4/6/12

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.

Received
APR 10 2012
Healthcare Licensing and Surveys

4/16/12

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F 250	Continued From page 1 dentures to chew. The evaluation showed toleration of mechanical soft foods as a short term goal. Speech therapy documentation dated 8/10/11 showed the resident was not able to wear his/her dentures, and the 8/10/11 restorative care plan showed the resident's dentures "need to be re-fitted". Review of 8/4/11 and 9/9/11 nutritional documentation confirmed the resident was placed on a pureed diet secondary to "ill fitting dentures." Review of the 9/7/11 dental visit documentation showed no information regarding any plan to address the issue concerning the resident's dentures. Review of the facility grievance log revealed a 3/8/12 concern that the resident needed dental intervention, and an appointment for 3/28/12 for denture lining was obtained. The following concerns were noted: a. Review of the care plan showed the facility failed to set specific measurable goals to address the resident's denture issue after it was identified, and only stated that the resident's dentures "need to be re-fitted". b. The facility failed to schedule a dental visit to address the resident's dentures from 9/8/11 until 3/28/12 (202 days). c. The resident was required to eat a mechanically altered pureed diet (mechanical soft was the goal for the resident) for an extended period due to facility failure to address the resident's denture issue in a timely manner. d. Interview with the DON on 3/14/12 at 2:10 PM confirmed the facility's expectation was to address dental and other issues in a timely manner, as early as possible after admission. The DON further stated that over six months for the resident's revisit to the dentist was not timely.	F 250	**28th, 2012. to determine if any resident needed a dental appointment or follow up. Any found to need a consult or follow up will have an appointment scheduled. Any resident found to have these needs will have had plans of care reviewed and goals undated.** **SYSTEM MEASURES: Education to Social Service Director and Coordinator by NHA/designee on or before 4/24/12 on the importance of coordinating/documenting these services that would provide our residents of attaining or maintaining the highest practicable physical, mental, and psychosocial well being. These services will be offered in care conferences and as needed basis and will be documented.** **SDC will educate staff to write on the 24 hour report any dental needs that the resident may need on or before 4/24/12.** **Social Service Director will initiate a tickler to track dental appointments and follow up appointments as needed.** **NHA/designee will review the tickler on a weekly basis times 4 weeks and then monthly until system is sustained.**	
F 311 SS=D	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS	F 311		

This POC accepted on 4/16/12 between Jennifer Ravenne, Administrator and Tony Madden. The DOC is 4/16/12.

4/16/12

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F 311	Continued From page 2 A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to ensure restorative measures were provided for 1 of 3 sample residents (#89) who required restorative services. The findings were: Observation on 3/13/12 showed CNAs #1 and #2 used a sit-to-stand lift to transfer resident #89 to his/her wheelchair. Observation at that time and periodically during the survey showed the resident did not ambulate with or without assistance, and staff did no exercises with the resident. The observations showed the resident moved all extremities and had no contractures. Review of the resident's 9/14/11 physical therapy documentation, signed by PT #1 and PTA #1, showed the resident was to be discontinued from physical therapy that week and placed on a restorative program to maintain current function. Review of the resident's 9/16/11 therapy documentation, signed by PT #2, showed that no further skilled intervention was indicated and physical therapy was discontinued. Review of the medical record showed no plan of care from physical therapy to start restorative services after physical therapy was discontinued. The following concerns were noted: a. During an interview with the restorative program manager on 3/14/12 at 11 AM, she stated that she did not receive a restorative plan	F 311	**MONITOR: Social Service Director/designee will track and trend audits and report findings to the QA&A committee. The QA&A committee will evaluate the effectiveness of the plan based on trends identified and implemented additional interventions as needed to ensure continued compliance for 3 months.** **Date of Compliance:** **4/24/12** **F TAG 311** **It is the intent of the facility to give the residents the appropriate treatment and services to maintain or improve his or her abilities.** **CORRECTIVE ACTION: Resident #89 was evaluated on 3/21/12** **ID OF OTHERS: A review of residents on 3/30/12. Two of the residents were identified to need further follow through with restorative programming and a re-evaluation by therapy will be completed on or before 4/24/12.** **SYSTEMS MEASURES: Regional Director of Rehab will provide education for the Rehab Program Manager and Restorative Nurse on**	

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F 311	Continued From page 3 from physical therapy for the resident. She further stated that the restorative program would not pick up a resident after physical therapy without a written restorative plan initiated by the physical therapy department. b. During an interview with PTs #1 and #2 on 3/14/12 at 12:45 PM, PT #1 confirmed that resident #89 should have received a restorative plan after discontinuation of physical therapy in order to maintain current function. During the interview, PT #2 stated her documentation on 9/16/12 that discontinued physical therapy was not meant to change the plan for restorative services. Both therapists stated their expectation was for PTA #1 to write the restorative plan, and neither therapist could be certain if a restorative plan was written or not for the resident. PTA #1 is no longer a staff member at the facility. c. Review of the resident's care plan and restorative documentation showed the facility failed to provide post physical therapy restorative services after that need was identified.	F 311	**restorative program and implementation.** **Rehab Program Manager and Restorative Nurse will review therapy discharges daily Monday thru Friday during morning care management meeting for need of continued restorative program.** **Restorative Nurse/designee will review care plans for current residents receiving restorative services to ensure updated and reflect current goals.** **The Rehab Program Manager, Restorative nurse Restorative Care Specialists and DON / designee will meet twice per month to review restorative case load, goals and programs.**	
F 411 SS=D	483.55(a) ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS The facility must assist residents in obtaining routine and 24-hour emergency dental care. A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a	F 411	**MONITORING: Rehab Program Manager and Restorative Nurse will track and trend audits and report findings to the QA&A committee. The QA&A committee will evaluate the effectiveness of the plan based on trends identified and implemented additional interventions as needed to ensure continued compliance for 3 months.** **Date of Compliance:** **F TAG 411**	**4/24/12**

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F 411	Continued From page 4 dentist. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to arrange for timely dental intervention for 1 of 2 (#89) sample residents who required dental interventions. The findings were: Observation during the survey, including a dining observation on 3/14/12 at 12:10 PM, showed resident #89 did not have teeth and was not wearing dentures. Review of the medical record showed the resident was admitted to the facility on 7/21/11 with diagnoses which included dementia. Review of speech therapy documentation dated 8/10/11 showed the resident was not able to wear his/her dentures, and the 8/10/11 restorative care plan showed the resident's dentures "need to be re-fitted". Review of the 9/7/11 dental visit documentation showed no information regarding any plan to address the issue concerning the resident's dentures, and no additional appointment to address that issue. Review of the facility grievance log revealed a 3/8/12 concern that the resident needed dental intervention, and an appointment for 3/28/12 for denture lining was obtained. The following concerns were noted: a. The facility failed to schedule a dental visit to address the resident's dentures from 9/8/11 until 3/28/12 (202 days). b. Interview with the DON on 3/14/12 at 2:10 PM confirmed the facility expectation was to address dental and other issues in a timely manner, as early as possible after admission.	F 411	**It is the intent of the facility to assist residents in obtaining routine and 24- hour emergency dental care.** **CORRECTIVE ACTION: A dental appointment was made for resident #89 on March 28th, 2012. Resident #89 has declined a dental appointment and has expressed a desire to remain edentulous at this time. POA was contacted and agrees with resident #89's decision. Resident #89 will be asked on a quarterly basis during care conferences if she would like to have a dental appointment.** **ID OF OTHERS: An audit of records was conducted on March 28th, 2012. to determine if any resident needed a dental appointment or follow up. Any found to need a consult or follow up will have an appointment scheduled. Any resident found to have these needs will have had plans of care reviewed and goals undated.** **SYSTEM MEASURES: Education to Social Service Director and Coordinator by NHA/designee on or before 4/24/12 on the importance of coordinating/documenting these services that would provide our**	

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F 411	Continued From page 5 The DON also stated that over six months for the resident's revisit to the dentist was not timely.	F 411	**residents of attaining or maintaining the highest practicable physical, mental, and psychosocial well being. These services will be offered in care conferences and as needed basis and will be documented.** **SDC will educate staff to write on the 24 hour report any dental needs that the resident may need on or before 4/24/12.** **Social Service Director will initiate a tickler to track dental appointments and follow up appointments as needed. NHA/designee will review the tickler on a weekly basis times 4 weeks and then monthly until system is sustained.** **MONITOR: Social Service Director/designee will track and trend audits and report findings to the QA&A committee. The QA&A committee will evaluate the effectiveness of the plan based on trends identified and implemented additional interventions as needed to ensure continued compliance for 3 months.** **Date of Compliance:**	**4/24/12**

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