approved 8/15/13 Lynda Brown RN

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

PRINTED: 08/02/2013
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
	535013	A. BUILDING _____ B. WING _____	C 07/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHABILITATION-CHEYE	3128 BOXELDER DRIVE 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 This is a new complaint investigation survey.	F 000		
F 252 SS=E	483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide residents a homelike environment by ensuring offensive odors to include urine were controlled or eliminated from the resident areas. The findings were: During random observations on 7/22/13 through 7/23/13 showed several resident areas had unpleasant odors noted. Resident rooms 111 and 117 located on the first floor were unoccupied with the bathroom doors closed. The bathrooms had a stale and unpleasant odor noted when the doors were opened. The vents were checked to determine if they pulled air from the room. A tissue was placed against the vent and it did not pull into the vent. Resident bathrooms in rooms 214 and 225 located on the second floor had odors of urine noted. The vents were checked and they did not show to be pulling air from the rooms. Resident room 208 had a strong odor of urine. Resident room 321 showed the bathroom had the smell of urine. The vent in the bathroom was checked and it did not pull the tissue into itself. The bathrooms observed with odors did not	F 252	**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 EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF STATE AND FEDERAL LAW**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
DeVon Jacobs	Executive Director	8-12-13

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.

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F 252	Continued From page 1 have windows. In addition, an observation on 7/23/13 at 8:15 AM showed the shower room across from the nurses' station was unoccupied and smelled of stool. During an interview with the maintenance manager on 7/22/13 at 3 PM, he stated he was aware the ventilation system was not working effectively. In addition, he acknowledged the vents located in resident bathrooms were pulling little to no air from the rooms. An interview with the DON on 7/22/13 at 3:30 PM verified there were unpleasant odors noted in the facility.	F 252	**Measures Put into Place/Systemic Changes Made to Ensure that the Deficient Practice(s) Does Not Recur** Resident bathrooms and shower rooms will deep-cleaned on a weekly basis to confirm the elimination of odors. Resident bathrooms and shower rooms will be cleaned daily to confirm the elimination of odors. Upon the recognition of an odor in a resident room bathroom or shower room, the bathroom or shower room will be appropriately cleaned and the odor immediately eliminated. Contractors have been contacted and site visits have been and will continue to be conducted to evaluate the efficiency and effectiveness of the current ventilation system. Based on the results of the contractor site visits, a plan will be developed to correct issues related to the ventilation system if needed.	

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