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DEPARTMENT OF HEALTH AND HUM. SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

9/10/09

RECEIVED
Wyoming Dept of Health
SEP 04 2009
Office of Healthcare Licensing and Surveys

PRINTED: 08/28/2009
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 08/26/2009

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 284 SS=D	483.20(l)(3) DISCHARGE SUMMARY When the facility anticipates discharge a resident must have a discharge summary that includes a post-discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure the post-discharge plan of care addressed all services needed for 1 of 3 sample residents (#2). The findings were: Review of the medical record showed the resident was admitted to the facility on 3/16/09, was paralyzed from the waist down and had care needs that included wound treatments, urinary catheter and a colostomy. The interdisciplinary team (IDT) discharge summary for the resident showed discharge was scheduled on 5/27/09, and the resident would be going home. According to the nursing services section of the summary, the resident would require home occupational and physical therapies (OT/PT) as well as outpatient wound care for wound vac treatments. These needs were also identified by the physician's discharge order dated 5/26/09 at 3 PM. In addition, the section for rehabilitation services on the IDT discharge summary showed a note made by the facility's occupational therapist, "May benefit from home health therapies for transition." The following concerns were identified with the discharge plan of care: a. Review of the post-discharge plan of care showed the following areas were left blank:	F 284	A. Attempts to contact Resident #2 ,has failed due to disconnected # 's on the residents face sheet. Will send a certified letter to address on face sheet, asking if resident is receiving services. Done on September 4th, 2009 B. IDT will review all discharges for the last 30 days and audit charts. If there are any findings IDT will correct and contact resident & /or family. Completed by September 30th, 2009.See Exhibit A Audit tool. C. The facility will ensure that post Discharge plan of care is thoroughly accomplished by: The Social Service Director will Bring discharge forms to morning meeting for all scheduled discharges for the week. The Interdisciplinary Team will fill out their section and then have nursing complete their section. The Social Service Director will review Discharge summary and discharge plan of care to make Sure all sections are completed and that all services are scheduled & documented by the facility, all labs are scheduled either by the facility or by resident/family and is documented; and that the disposition of all medications are documented Started on August 26th and will continued.	

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

Jennifer Reaume NHA 9-4-09

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.

Accepted as is. Notice of acceptance mailed to NHA. 9/10/09 DOC = 9/30/09

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F 284	Continued From page 1 personal care needs, nursing needs, social support/family system/special requests, transportation, meals, housekeeping, and therapy services. The only completed planning section was "other", and showed the resident was scheduled to have outpatient wound care on 5/28/09 at 9:30 AM. b. The area for scheduled appointments showed a lab test for PT/INR was due on 6/5/09; however, the information did not indicate whether or not the test was scheduled. c. The area for activities and leisure pursuits was blank. d. The medications were listed; however, the columns to indicate the disposition (sent with resident, called in to pharmacy or prescription sent with resident) were blank. e. Interview with the administrator on 8/26/09 revealed the family was provided with a copy of the post-discharge plan of care to ensure appointments and services were followed up with. f. Interview with the social service designee and the social services assistant on 8/26/09 at 12:45 PM revealed no documentation to show home health services had been planned. They further stated the form should have been completed.	F 284	The Staff Development Coordinator for the nursing staff and IDT will schedule in-services on discharges and documentation. By September 30th, 2009 Medical Records will bring discharge audits to QA& A monthly X 3, then quarterly with sustained compliance.	