Received and approved 4/15/14 Linda Braun RN
Notified VHA 4/15/14 @ 0850 hrs

PRINTED: 04/03/2014
FORM APPROVED
OMB NO. 0938-0391

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

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 _____	R-C 03/20/2014

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: MDS - Minimum Data Set RN - Registered Nurse Less common abbreviations will be annotated in each deficiency.	(F 000)	**Preparation and/or execution of the response and plan of correction do not constitute admission of 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.**	
(F 226) SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.	(F 226)	F-225 **Corrective Action** Resident #80 and #101's alleged incident was investigated and reported to the State Survey Agency. **Identification of Others** The Social Services Director/Designee will conduct a facility-wide audit to determine if residents have experienced, or have witnessed, any abuse and/or neglect. The Social Services Director/Designee will conduct random bi-monthly resident interviews for 3 months to confirm residents are not being treated in an abusive and/or neglectful manner.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Senior Administrator	4-13-14

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
WY Dept of Health
APR 13 2014
Healthcare Licensing and Survey

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(F 226)	Continued From page 1 The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on review of the facility "Abuse Log", incident reports and investigations, medical record review, staff interview, and review of facility policy and procedure, the facility failed to ensure 1 of 1 allegation of resident abuse (involving residents #80 and #101) was reported to the State Survey Agency (SSA) as required. The findings were: Review of the "Abuse Log" provided by the facility for the month of March 2014 showed on 3/8/14 there was a resident to resident altercation. Review of the incident report showed resident #80 entered his/her room and found another resident was visiting with his/her roommate. Resident #80 became upset and with a raised voice yelled and told visiting resident #101 to get out of the room. With flailing hands resident #80 slapped visiting resident #101 on the right hand. Review of the 1/7/14 initial MDS assessment showed resident #80 was cognitive and had a history of negative behaviors, both physical and verbal, towards others. Review of this incident report showed the altercation was witnessed by RN #1. The following concerns were identified: a. Review of the facility policy and procedure	(F 225)	The Nursing Home Administrator/Designee will review incidents from the last thirty (30) days to determine if incidents that are reportable to the State Survey Agency have been identified and reported. Corrective action will be taken for identified concerns. **Systemic Changes** The Administrator/Designee will contact the State Survey Agency and all other agencies as required by law and/or rule within 24-hours of being notified of an allegation of abuse and/or neglect. The Staff Development Coordinator/Designee will conduct education with facility staff addressing the recognition of abuse and/or neglect, and the protocol for reporting such events. The Staff Development Coordinator/Designee will conduct education with facility staff addressing the reporting requirements regarding an allegation of abuse and/or neglect. The Social Services Director/Designee will conduct quarterly resident interviews	

AB 4/15/14

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(F 226)	Continued From page 2 on abuse and neglect prohibition with a revision date of June 2013 showed "Any observations or allegations of abuse, neglect or mistreatment must be immediately reported to the Administrator and/or Director of Nursing." The Administrator and/or Director of Nursing who gets notified must report the allegation to the SSA "immediately" which according to the Centers for Medicare and Medicaid Services (CMS) definition means as soon as possible but not to exceed 24 hours. This allegation was not reported to the SSA at any time. b. Interview with the social worker on 3/19/14 at 9 AM revealed she investigated this incident and made a decision not to report the incident because she did not consider the altercation to be an allegation of abuse. She further explained this decision was made based on the fact there was no injury from the slap. Interview with the administrator on 3/19/14 at 9:45 AM revealed he also determined it was not a reportable allegation because there was no injury from the slap on the hand. However, review of their investigation performed on 3/10/14 (2 days after the incident) showed resident #89 acknowledged s/he was upset with visiting resident #101, yelled at him/her and was swinging his/her hands about when s/he slapped the visiting resident. According to the CMS, the definition of "verbal abuse is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents...Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten a resident..." The CMS definition of physical abuse includes hitting, slapping, pinching and kicking..."	(F 226)	addressing the experience of, or witnessing to, abuse and/or neglect. Results of these interviews will be addressed immediately if necessary, and brought to the monthly QA&A meeting for discussion and recommendations. Monitoring The Administrator /Designee will bring the results of the resident interviews to the monthly QA&A Committee for 3 months for review and recommendations. Date of compliance is April 21, 2014.	

LB 4/15/14