Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535013	A. Building B. Wing	10/17/2014

Name of Facility	Street Address, City, State, Zip Code
KINDRED TRANSITIONAL CARE AND REHABILITATION-CHEYE	3128 BOXELDER DRIVE CHEYENNE, WY 82001

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 09/24/2014	ID Prefix F0246 Reg. # 483.15(e)(1) LSC	Correction Completed 09/24/2014	ID Prefix F0252 Reg. # 483.15(h)(1) LSC	Correction Completed 09/24/2014
ID Prefix F0278 Reg. # 483.20(g) - (i) LSC	Correction Completed 09/24/2014	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 09/24/2014	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 09/24/2014
ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 09/24/2014	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 09/24/2014	ID Prefix F0311 Reg. # 483.25(a)(2) LSC	Correction Completed 09/24/2014
ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 09/24/2014	ID Prefix F0315 Reg. # 483.25(d) LSC	Correction Completed 09/24/2014	ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 09/24/2014
ID Prefix F0328 Reg. # 483.25(k) LSC	Correction Completed 09/24/2014	ID Prefix F0329 Reg. # 483.25(l) LSC	Correction Completed 09/24/2014	ID Prefix F0333 Reg. # 483.25(m)(2) LSC	Correction Completed 09/24/2014

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0353 Reg. # 483.30(a) LSC	Correction Completed 09/24/2014	ID Prefix F0356 Reg. # 483.30(e) LSC	Correction Completed 09/24/2014	ID Prefix F0364 Reg. # 483.35(d)(1)-(2) LSC	Correction Completed 09/24/2014
ID Prefix F0368 Reg. # 483.35(f) LSC	Correction Completed 09/24/2014	ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 09/24/2014	ID Prefix F0425 Reg. # 483.60(a),(b) LSC	Correction Completed 09/24/2014
ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 09/24/2014	ID Prefix F0468 Reg. # 483.70(h)(3) LSC	Correction Completed 09/24/2014	ID Prefix F0513 Reg. # 483.75(k)(2)(iv) LSC	Correction Completed 09/24/2014
ID Prefix F0514 Reg. # 483.75(l)(1) LSC	Correction Completed 09/24/2014	ID Prefix F0520 Reg. # 483.75(o)(1) LSC	Correction Completed 09/24/2014		

Reviewed By State Agency	Reviewed By B 11/17/14	Date:	Signature of Surveyor: Jamie VanDyke, RN	Date: 10/28/14
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
8/1/2014	

Approved w changes on page 1 after Hand-Delivered VAH discussion with and permission of the VAH on 11/7/14 at 10AM. Linda Brainard

RECEIVED
WY Dept of Health
NOV 07 2014
Healthcare Licensing and Surveys

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

PRINTED: 10/28/2014
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	BUILDING _____ B. WING _____	R-C 10/17/2014

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	(F 000)		
(F 332) SS=E	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review and staff interview, the facility failed to maintain a medication error rate below 5%; evidenced by 8 errors in 68 opportunities, resulting in an error rate of 11.3%. In addition, this deficient practice was evidence the facility was not in compliance with their plan of correction and proposed 9/24/14 date of compliance. The findings were: 1. Observation on 10/15/14 at 4:35 PM showed LPN #2 dispensed and administered donepezil 10 mg to resident #23. During interview at that time the LPN stated the medication was a PM medication and according to the facility medication administration timing schedule, PM medications were to be given starting at 4 PM. Review of the October 2014 physician's orders recapitulation showed an order, dated 11/15/12, for "donepezil 10 mg PO (by mouth) at bedtime daily." 2. Observation on 10/15/14 at 4:35 PM showed LPN #2 gave resident #1 the following medications: gabapentin 300 mg, mirtazapine 15 mg, and latanoprost 0.005% eye drops to both eyes. Review of the October 2014 physician orders recapitulation revealed the following:	(F 332)	F332 Corrective Action: Resident #1, #6, #14, #16, #23 and #74 have been assessed and determined to have no adverse response associated with medication administration variance. Medication administration times have been corrected per physician orders. Identification of Others: The DNS/designee will conduct a baseline audit of medication administration records for the previous 30 days for current residents. Physicians will be notified, orders clarified/obtained if indicated, and care plan updated as appropriate. System Change: The DNS/designee will be responsible for providing education and competency validation to ~~the~~ all Licensed Nurse staff. Monitoring: The DNS/Designee will monitor medication administration for indication of omission or error 3 X weekly. The DNS/Designee will conduct random observation of medication administration 3Xweekly. Identified trends will be brought to the center Performance Improvement Committee monthly and as needed until a lesser frequency is deemed appropriate. added w/o permission of VAH on 11/7/14 at 10 am LB 11/12/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ED Executive Director — (X6) DATE: 11/7/14

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.

LB
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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 _____	R-C 10/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHABILITATION-CHEYE	3128 BOXELDER DRIVE CHEYENNE, WY 82001

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{F 332}	Continued From page 1	{F 332}		11/12/14

gabapentin 300 mg was to be given every day at bedtime; mirtazapine 15 mg was to be given every day at bedtime; latanoprost 0.005% eye drops were to be given in both eyes every day at bedtime.
3. Observation of a medication pass on 10/16/14 at 4:15 PM revealed RN #1 dispensed and administered 200 mg of Colace to resident #74. Review of the October 2014 physician's orders recapitulation showed an order, dated 1/12/12, for "Colace (docosate sodium) 200 mg PO (by mouth) daily at bedtime."

4. Observation of a medication pass on 10/16/14 at 4:23 PM revealed RN #1 dispensed and administered 7.5 mg of mirtazapine to resident #14. Review of the October 2014 physician's orders recapitulation showed an order, dated 5/13/14, for "Remeron (mirtazapine) 7.5 mg PO (by mouth) once a day" to be given at HS (hour of sleep/bedtime).

5. Interview with the unit manager, RN #2 on 10/16/14 at 5 PM confirmed bedtime medications were to be given no earlier than 8 PM

6. Observation of a medication pass on 10/16/14 at 4:20 PM on the expressions unit revealed LPN #1 dispensed and administered divalproex 125 mg to resident #6. Review of the physician's order at that time showed the order was for divalproex 500 mg TID (3 times a day). Interview with the LPN at that time confirmed she gave the incorrect dosage, and at that time she dispensed and administered an additional 375 mg of divalproex to the resident.
7. Observation of a medication pass on 10/16/14 at 4:40 PM revealed RN #1 dispensed and administered Xarelto 15 mg to resident #16 in the

Executive Director 11/7/14

11/12/14

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{F 332}	Continued From page 2 resident's room. There was no meal present in the room. Review of a physician's order dated 8/23/14 showed "Start rivaroxaban (Xarelto) 15 mg daily with evening meal." Interview with the unit manager on 10/16/14 at 5 PM confirmed the resident should have received his/her medication with the evening meal.	{F 332}		11/12/14

Executive Director 11/7/14

11/12/14