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APR 10 2015
Healthcare Licensing and Surveys

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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
	535028	A. BUILDING _____ B. WING _____	C 03/19/2015

APR 10 2015
Healthcare Licensing and Surveys

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 A complaint survey was conducted by Healthcare Licensing and Surveys on 3/17/15-3/19/15. The survey was prompted by complaint intakes WY00001999 and WY00002000. The following common abbreviations are used throughout this document: ADLs - Activities of Daily Living CNA- Certified Nurse Aide DON- Director of Nursing MDS- Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	F 000	**Cheyenne Health Care Center-Complaint Survey – 3/19/15 – Plan of Corrections** 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 it is required by the provisions of federal and state law. This plan of correction serves as the facility's allegation of compliance.	4/29/15 PP
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review and staff interview, the facility failed to promote dignity for residents #15, #49, #68, #87 during random observations. The findings were: 1. Review of the 3/5/15 quarterly MDS assessment showed resident #87 was rarely able to understand or be understood. Further review showed the resident required extensive assistance with ADLs and bathing. Observation on 3/18/15 at 11:30 AM and on 3/19/15 at 1:12	F 241	F 241 Corrective Action Resident #87's seat belt was cleaned properly by facility staff members on/before the date of compliance. Resident #68's seat belt was cleaned properly by facility staff members on/before the date of compliance. Additionally, the resident's soiled clothing was removed and cleaned. Resident #15 was bathed on/or before the date of compliance, by the unit's bath Aide. Resident #49's shirt was changed and cleaned by facility staff members. ID of Others The Director of Nursing (DON)/Designee will conduct a review of all facility bathing lists to ensure each resident has been bathed according to resident preference and facility protocols. The audit will occur on/before the date of compliance. The Staff Development Coordinator(SDC)/Designee will conduct an ~~audit of all seat belt/lap belts in the home to~~ ensure each belt functions properly and is	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 4/10/15

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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4/14/15 @ 9AM POC accepted per telephone PP call between John Stewart, Administrator, and Pat Prine, Surveyor.

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F 241	Continued From page 1 PM showed the resident was seated in a wheelchair with a soiled lap belt in place. The lap belt was soiled with dried stuck on food and debris. Interview with CNA#1 verified the lap belt was in need of cleaning, and the resident was incapable of cleaning it without assistance. 2. Review of the 2/25/15 annual MDS assessment showed resident #68 required extensive assistance in the areas of dressing, hygiene, and bathing. The resident was observed on 3/18/15 at 11 AM and on 3/19/15 at 1:13 PM, and at 3:30 PM with crumbs and bits of food on her clothing and dried on food and debris on the lap belt the resident wore while seated in the wheelchair. Interview with the DON and administrator on 3/19/15 at 4:30 PM verified the staff were responsible to acknowledge these types of needs for residents and help them with cleaning and changing soiled articles. 3. Review of the 12/1/14 quarterly MDS assessment showed resident #15 required extensive assistance with bathing. Review of the "SSC - Resident Bathing Type by Day Chart" showed the resident received a shower on 3/9/15 and had, as of 3/19/15, not received one since (10 days). Interview with the administrator on 3/19/15 at 4:22 PM verified with the bath aide this resident had not been showered since 3/9/15. The administrator further stated 10 days without being showered was unacceptable. 4. Review of the 12/5/14 significant change MDS assessment showed resident #49 was rarely able to understand or be understood. Review further showed the resident required extensive assistance with ADLs and was totally dependent upon staff for bathing. Observation on 3/18/15 at	F 241	cleaned. The audit will occur on/before the date of compliance. The Nursing Home Administrator (NHA)/Designee will conduct a facility audit on varying days after meals to review for resident cleanliness. The goal of the audit will be to review for residents that were not properly cleaned after enjoying their meals. The audits will occur on/before the date of compliance. Systemic Change The SDC/Designee will educate the facility bath aides on how the requirements of resident bathing, specifically in regard to ensuring a proper number of showers each week. The education will occur on/before the date of compliance. The NHA/Designee will educate facility staff members in regard to proper and timely cleaning of resident seatbelts and lap belts. The education will occur on/before the date of compliance. The NHA/Designee will educate facility staff members in regard to proper cleaning of residents' faces and clothing after meals. The education will occur on/before the date of compliance. Monitoring The SDC/Designee will audit resident bathing weekly x 4 weeks and monthly x 2 months (6 months in total) to ensure that each resident is receiving bathing services per policy. Results of the bathing audits will be tracked and trended by the NHA/designee. Results will be reported to the Quality Assurance	

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F 241	Continued From page 2 11:45 AM showed the resident wore a soiled shirt with food stains from breakfast.	F 241	Performance Improvement (QAPI). The QAPI committee will evaluate the effectiveness of the plan based on trends identified and implement additional	
F 312 SS=E	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, staff interview, and review of facility bathing records, the facility failed to provide ADL assistance for 1 of 11 sample residents (#15) and 3 non-sample residents (#49, #68, #87) who required staff assistance. The findings were: 1. Review of the 12/1/14 quarterly MDS assessment showed resident #15 required extensive assistance with bathing. Review of the "SSC - Resident Bathing Type by Day Chart" showed the resident received a shower on 3/9/15 and had, as of 3/19/15, not received one since (10 days). Interview with the administrator on 3/19/15 at 4:22 PM verified with the bath aide this resident had not been showered since 3/9/15. The administrator further stated 10 days without being showered was unacceptable. 2. Review of the 3/5/15 quarterly MDS assessment showed resident #87 was rarely able to understand or be understood. Further review showed the resident required extensive assistance with ADLs and bathing. Observation	F 312	interventions as needed to ensure continued compliance monthly for 3 months then reassess the need for continued monitoring based on compliance. The NHA/Designee will audit resident seatbelts and lap belts weekly x 4 weeks and monthly x 2 months (3 months in total) to ensure proper function and cleanliness. The results of those audits will be tracked and trended by the NHA/designee. Results will be reported to the Quality Assurance Performance Improvement (QAPI). The QAPI committee will evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure continued compliance monthly for 3 months then reassess the need for continued monitoring based on compliance. The NHA/Designee will audit resident appearance and hygiene based on care after meals. The audits will occur at least weekly x 4 weeks and monthly x 2 months (3 months in total). The results of those audits will be tracked and trended by the NHA/designee. Results will be reported to the Quality Assurance Performance Improvement (QAPI). The QAPI committee will evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure continued compliance monthly for 3 months then reassess the need for continued monitoring based on compliance. Date of Compliance	4/29/15 PP

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F 312	Continued From page 3 on 3/18/15 at 11:30 AM and on 3/19/15 at 1:12 PM showed the resident was seated in a wheelchair with a soiled lap belt in place. The lap belt was soiled with dried stuck on food and debris. Interview with CNA #1 verified the lap belt was in need of cleaning, and the resident was incapable of cleaning it without assistance. 3. Review of the 2/25/15 annual MDS assessment showed resident #68 required extensive assistance in the areas of dressing, hygiene, and bathing. The resident was observed on 3/18/15 at 11 AM and on 3/19/15 at 1:13 PM, and again at 3:30 PM with crumbs and bits of food on her clothing. In addition,there was dried on food and debris on the lap belt the resident wore while seated in the wheelchair. Interview with the DON and administrator on 3/19/15 at 4:30 PM verified the staff were responsible to acknowledge these types of needs for residents and help them with cleaning and changing soiled articles. 4. Review of the 12/5/14 significant change MDS assessment showed resident #49 was rarely able to understand or be understood. Review further showed the resident required extensive assistance with ADLs and was totally dependent upon staff for bathing. Observation on 3/18/15 at 11:46 AM showed the resident wore a soiled shirt with food stains from breakfast.	F 312	4/29/15 F 312 Corrective Action Resident #87's seat belt was cleaned properly by facility staff members on/before the date of compliance. Resident #68's seat belt was cleaned properly by facility staff members on/before the date of compliance. Additionally, the resident's soiled clothing was removed and cleaned. Resident #15 was bathed on 3/20/15 by the unit's bath Aide. Resident #49's shirt was changed and cleaned by facility staff members. ID of Others The Director of Nursing (DON)/Designee will conduct a review of all facility bathing lists to ensure each resident has been bathed according to resident preference and facility protocols. The audit will occur on/before the date of compliance. The Staff Development Coordinator(SDC)/Designee will conduct an audit of all seat belt/lap belts in the home to ensure each belt functions properly and is cleaned. The audit will occur on/before the date of compliance. The Nursing Home Administrator (NHA)/Designee will conduct a facility audit on varying days after meals to review for resident cleanliness. The goal of the audit will be to review for residents that were not properly cleaned after enjoying their meals. The audits will occur on/before the date of compliance.	

Systemic Change

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