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 03/19/2015

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 The following common abbreviations are used throughout this document: ADL - Activity of Daily Living CAA - Care Area Assessment CNA - Certified Nurse Aide DON - Director of Nursing LPN - Licensed Practical Nurse MDS - Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	F 000	This plan of correction is the centers credible allegation of compliance. 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.	
F 225 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).	F 225	F 225 4/10/15 Corrective Action: Resident #11 and resident #56 have had no further resident to resident alleged violations involving mistreatment, neglect, or abuse including injuries of unknown source or misappropriation. Incident involving resident #11 and #56 was reported to the department of health.	4/17/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: NHA — (X6) DATE: 4/9/15

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.

APR 22 2015
Health Care Licensing and Survey

POC accepted with date of compliance of 4/17/15. TW 4/27/15

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F 225	Continued From page 1 The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. 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: 2. Review of a progress note dated 3/16/15, timed 5:18 PM, showed resident #11 had been "struck open-handed to the face by another resident." Review of facility incident logs and the resident's medical record showed no evidence this incident was reported to the State survey and certification agency as required. Review of State survey and certification agency logs showed the incident was not reported to that agency. 3. Interview with the DON on 3/19/15 at 9:55 AM confirmed neither of the reviewed resident-to-resident altercations were reported to the State agency. Based on review of facility incident logs and investigations, medical record review, staff interview and review of State survey and certification agency logs, the facility failed to ensure 2 of 3 allegations of resident abuse (#11,	F 225	Identification of Others: Review of event reports for the last 60 days was completed to validate appropriate follow up and reporting of resident to resident altercations to ensure no allegation involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property with none identified. System Change: Education was provided to Administrator and DNS by corporate staff on reporting guidelines. Education provided to all staff by facility administrator related to reporting all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property. Monitoring: The Administrator/Designee will conduct weekly audits of event	

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F 225	Continued From page 2 #56) reviewed were reported to the State survey and certification agency as required. The findings: 1. Review of an incident report dated 1/29/15 and timed 3:41 AM showed resident #56 was slapped by another resident on the left shoulder. Resident #56 called out for help and staff directed the other resident out of the room. Review of the facility incident reports showed an incident report was logged for resident #56 on 1/29/15 with the nature of the event being listed as "Suspected Assault/Abuse/Neglect." Review of facility documents and medical record showed no evidence the allegation of abuse was reported to the State survey and certification agency as required. Review of State survey and certification agency logs showed the incident was not reported to that agency.	F 225	reports weekly for three months and randomly thereafter to ensure all alleged violations involving mistreatment, neglect, or abuse including injuries of unknown source and misappropriation of resident property are investigated, and if items meet the reporting guidelines, reported to officials in accordance with State law through established procedures, including to the State survey and certification agency. Designee will review all event reports weekly to validate that appropriate reporting, investigation and follow up are initiated and completed as required. Any and all trends will be reported to the QI committee for review. All resident to resident altercations will be reviewed by the resident rights committee.	4/17/15
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 facility policy and procedure review, the facility failed to provide personal hygiene assistance to dependent residents during 4 of 6 observations (#19, #46, #58, #78) of bedtime personal care. The findings were: 1. Review of the 1/21/15 admission MDS	F 312	F 312 Corrective Action:	

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F 312	Continued From page 3 assessment for resident #78 showed s/he was moderately cognitively impaired and required extensive assistance with ADLs which included personal hygiene. Review of the dental care CAA showed the resident was "...at risk for oral pain or complications. Staff to assist with oral care as needed..." The following concerns were identified: a. Observation of the resident's bathroom on 3/18/15 at 2:10 PM showed there were no toothbrushes available for use. b. Observation on 3/18/15 at 6:58 PM showed the resident was taken from the dining room by CNA #1 and CNA #2 to his/her room, where s/he was assisted to the toilet. The resident was then assisted to change into nighttime attire, and helped into bed. The resident was not offered or assisted to wash his/her face or hands, or offered or assisted with oral care. After assisting the resident into bed, the CNAs departed the room. c. Interview with CNA #1 at 7:20 PM confirmed the resident had gone to bed for the night. 2. Review of the 1/11/15 quarterly MDS assessment for resident #19 showed s/he was moderately cognitively impaired and required extensive assistance with ADLs including personal hygiene. Review of the 7/11/14 dental care CAA showed the resident had his/her "own natural teeth that are broken off and in poor condition. Resident is at risk for oral caries, pain, and infection...Staff to assist with oral care as needed." The following concerns were identified: a. Observation on 3/18/15 at 7:38 PM showed the resident was assisted to bed by CNA #2 and CNA #1. The resident was assisted into bed without being offered or assisted to wash his/her face or hands, or offered or assisted with	F 312	Resident #19,#46,#58, and #78 were assessed for bedtime personal care/personal hygiene including oral care, face washing, and hand washing. Immediate needs were addressed. Identification of Others: Audit of personal cares of current residents was completed related to personal care/personal hygiene needs and observations corrected as indicated. System Change: Education provided to nursing staff by DNS/Designee related to personal care/personal hygiene including oral care, face washing, and hand washing. Competency completed on nursing staff. Monitoring: The DNS/Designee will conduct audit of personal cares weekly for three months and randomly thereafter to	

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F 312	Continued From page 4 oral care. After assisting the resident into bed, the CNAs departed the room. b. During interview at 7:55 PM, CNA #2 stated she did all resident oral care at 9 PM, after the residents had a bedtime snack. However, continued observation until 10:30 PM (after shift change) showed the resident did not receive a bedtime snack, and did not receive oral care. 3. Review of the 2/1/15 quarterly MDS assessment for resident #46 showed s/he was moderately cognitively impaired and required extensive assistance with ADLs including personal hygiene. Review of the resident's care plan for Self Care Performance Deficit, last revised on 2/10/15, showed "Nursing to provide extensive assist with bed mobility, transfers, locomotion in w/c [wheelchair], dressing, toilet use, and personal hygiene." The following concern was identified: a. Observation on 3/18/15 at 8:50 PM showed CNA #3, CNA #4 and LPN #1 were getting the resident ready for bed. The resident was provided incontinence care, his/her clothing was changed, and the resident was transferred into bed. The resident was not offered or assisted to wash his/her face or hands, or offered or assisted with oral care. 4. Review of the 1/17/15 annual MDS assessment for resident #58 showed s/he was severely cognitively impaired and required extensive assistance with ADLs including personal hygiene. Review of the resident's care plan showed the resident was "edentulous and does not wear dentures" and was to be provided mouth care to prevent pain or infection. The following concerns were identified: a. Observation on 3/18/15 at 7:27 PM	F 312	observe personal care/personal hygiene is provided by nursing staff. Any and all trends will be reported appropriately to the QI committee.	

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F 312	Continued From page 5 showed the resident was taken from the dining room by CNA #5 and CNA #6 to his/her room, where s/he was assisted to change into nighttime attire, and helped into bed. The resident was not offered or assisted to wash his/her face or hands, or offered or assisted with oral care. b. Interview with CNA #5 at 7:35 PM confirmed the resident had gone to bed for the night. 5. Review of the facility policy entitled, "P.M. Care (Bedtime/HS Care)," dated 5/28/09, showed nursing staff were to: "5. Assist resident, as needed, to wash face and hands." and "7. Assist resident, as needed, with oral hygiene." 6. Review of the facility policy entitled, "Oral Care," with a release date of 8/31/14, showed "Oral care, which typically involves the nurse or the patient brushing and flossing the patient's teeth and inspecting the mouth, is commonly performed in the morning, at bedtime, and after meals." 7. Interview with the DON on 3/19/15 at 8:35 AM confirmed the facility's expectation that staff will assist residents with personal hygiene, including face and hand washing and oral care, at bedtime.	F 312		