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

PRINTED: 01/14/2016
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
	535039	A. BUILDING _____ B. WING _____	C 12/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW HEALTH CARE CENTER	1990 WEST LOUCKS STREET SHERIDAN, WY 82801

(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 at Westview Health Care Center in Sheridan, Wyoming from 12/28/15 through 12/30/15. The survey was prompted by complaint intake WY00002163.	F 000	Preparation and execution of this response and plan of correction does not constitute an 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 the state and federal law. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with the State Operations Manual	
F 203 SS=D	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged. Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.	F 203	<u>Before a facility transfers or discharges a resident the facility must notify the resident and if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.</u> 1. Resident #3 no longer resides in the facility. 2. All residents who have been transferred or discharged to the hospital are at risk of not receiving written notification of discharge in a timely manner.	2-6-16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tonya [illegible] TITLE: Executive Director (X6) DATE: 1-21-16

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
JAN 21 2016
Healthcare Licensing and Surveys

1/26/16 @ 10 AM
POC accepted via telephone call with Dawn Morgan, DON. PPrins

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F 203	Continued From page 1 The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. This REQUIREMENT is not met as evidenced by: Based on staff, physician, and Power of Attorney (POA) interview, and record review, the facility failed to ensure a discharge notice was issued to 1 of 1 sample residents (#3) who was involuntarily discharged. The findings were: Review of the medical record revealed resident #3 was admitted to the facility on 7/24/14 and diagnoses included post traumatic stress disorder, borderline personality disorder, chronic pain, diabetes, and lymphoma. Review of the 10/25/15 quarterly Minimum Data Set assessment showed the resident did not have cognitive impairment and had behaviors that were and, at times, were not directed at others 4 to 6 times a week. This review showed the resident required assistance with all activities of daily living	F 203	3. Facilities Executive Director or designee will provide a written notice to any resident/legal representative if known, who is involuntarily discharged or transferred from the facility. This notice will include the reason for transfer or discharge, the effective date of transfer or discharge, the location to which the resident is transferred or discharged, a statement that the resident has the right to appeal the action to the state, and the name, address, and telephone number of the state long term care ombudsman. Executive Director was in serviced by the Regional Vice President on 1/20/16 regarding the appropriate manner for involuntary transfer or discharge. This will include the written notice with the requirements as stated above before transfer or discharge of a resident. Executive Director or designee will audit all transfers or discharges to the hospital to ascertain if an involuntary discharge notice is applicable. If it is applicable Executive Director or designee will log the need to ensure proper notice has been given to resident or legal representative if deemed necessary. 2-16-16	

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F 203	Continued From page 2 and had frequent pain. Review of the corresponding care plan showed staff were to assist the resident with activities of daily living, and when the resident had a "negative tangent" redirect him/her...If could not be redirected, "then leave the room politely." This review also showed interventions for pain included administering pain medications and "observe and report s/s [signs and symptoms] of pain (crying, resist moving, resists cares, agitation, grimaces etc.)." Interview with the Director of Nursing Services (DON) and social services director on 12/29/15 at 4 PM revealed the resident exhibited self destructive behaviors on 11/29/15 and was transferred to the hospital that day. During the interview the DON revealed the information regarding the resident's transfer to the hospital was reported to the corporate office on 11/30/15, and she received instructions not to allow the resident's return to the facility. The DON further revealed the hospital, primary physician, and resident's POA were told later that day the resident was not allowed reentry to the facility because the facility was unable to provide the care and services the resident needed. Review of the physician's order, dated 11/29/15, showed an order for transfer to the hospital. The following concerns were identified: a. Interview with the POA for healthcare on 12/30/15 at 12:30 PM revealed she was not aware of the right to appeal, because the facility did not provide this information. She stated this information would have been helpful because the decision not to allow the resident to return was made without a review of the factors that precipitated the changes in behavior. She further stated the decision eliminated the opportunity for her to talk with staff and the primary physician	F 203	4. Results of these audits will be discussed monthly at our Performance Improvement meetings for three months or until substantial compliance has been achieved. Performance improvement meetings consistent of at a minimum the Executive Director, Director of Nursing, and Medical Director, and additional staff as needed. The Performance Improvement committee identifies issues with respect to which quality assessment and assurance activities are necessary and develops and implements appropriate plans of action to correct identified quality deficiencies.	2-6-16

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F 203	Continued From page 3 about possible measures that could be implemented to address the resident's behavior. b. Interview with the primary physician on 1/6/15 at 12:30 PM revealed he was concerned because the decision not to allow the resident to return to the facility was made without consulting him; and increased pain might have been a factor in the change in the resident's behavior. He stated it was his expectation that he, staff, the resident, and POA explore possible measures the facility could implement to provide the care the resident needed, but this was not done. c. Interview with the DON on 12/30/15 at 10 AM revealed a discussion with the POA, and physician, regarding possible measures that could be taken to address the resident's behaviors had not been done prior to the determination that the resident could not return to the facility. At that time she also verified the resident and/or POA were not given a discharge notice. d. Review of the medical record showed documentation about the resident and/or POA receiving a discharge notice was lacking.	F 203		