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

PRINTED: 12/20/2016
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
	535025	A. BUILDING _____ B. WING _____	R-C 10/27/2016

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	{F 000}	**F253 Housekeeping and Maintenance Services**	
{F 253} SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of the 7/14/16 survey report (2567) the facility failed to ensure 3 of 5 resident areas (North Unit, South Unit, and the assisted dining room) were clean and in good repair. The findings were: 1. Observation of the assisted dining room floor on 10/26/16 at 9:25 AM, 11:20 AM, 2:15 PM, and 5 PM showed multiple areas of dried liquid spills and scattered food debris throughout the expanse of the dining area. The floors remained unclean during the afternoon activity of piano playing and during the evening movie. In addition, the floor in front of the emergency doors had a buildup of dirt and debris at the base. Review of the previous 7/14/16 survey report (2567) showed this issue was cited and had not been effectively corrected. 2. Observation on 10/26/16 at 9:32 AM showed the flooring near the entrance to the kitchen had a dark-colored buildup of debris around the transition strip. In addition, the flooring in the hallway, leading north from the South nurses' desk, had darkened areas around the edges of the floor where soil and debris had accumulated.	{F 253}	**It is the practice of the facility to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly and comfortable interior.** **Corrective Actions-** On 10/27/16 the assisted dining room floor was cleaned thoroughly including around the emergency exit door. On 10/27/16 the floor to the entrance of the kitchen was cleaned. On 10/28/16 the floor leading from the south nurses station was cleaned. On 10/27-10/28/16 all corners in main hallways were cleaned. On 10/27/16 room 106 had its floor replaced to correct cracked tile. On 10/28/16 the baseboard of the south nurses station was repainted. On 10/27/17 the transition strip by the south nurses station was cleaned. On 10/28/16 all kick plates on resident room doors, ice room,	10/29/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: NHA — (X6) DATE: 11/16/2016

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
DEC 21 2016
Healthcare Licensing and Surveys

11/23/16 the POC accepted between Tim Pierz NHA and Jerry Madden, Health Surveyor Reviewed 12/22/16

Jean Jennie

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{F 253}	Continued From page 1 3. Observation on 10/26/16 at 10:55 AM of the floor in room #106 showed a 6-inch crack and a 3-inch crack in the tile that were darkened with dirt, and created a surface that could not be cleaned. Review of the previous 7/14/16 survey report (2567) showed this issue was cited and had not been effectively corrected. 4. Observation on 10/26/16 at 10:57 AM showed the baseboards around the South Unit nurses' desk were scraped with the paint missing on the edges exposing the wood. In addition, the floor near the desk, where a metal transition strip crossed the hallway, showed a buildup of dark colored matter and debris. The kick plates on the outside of resident room doors in this area were also noticeably soiled. 5. Observation on 10/26/16 at 11 AM showed the bathroom floor in room #110 had multiple darkened stains. Review of the previous 7/14/16 survey report (2567) showed this issue was cited and had not been effectively corrected. 6. Observation on 10/26/16 at 11:05 AM showed the kick plates on the doors to the ice room, housekeeping storage, and nursing supply rooms on the North Unit were soiled with black scuffs and debris. In addition, many resident room doors in this hallway had kick plates on the outside of the doors which were noticeably soiled. Further, the rubber wall base moldings between the floor and the wall in the North and West hallways were soiled with dirt and debris. 7. Observation on 10/26/16 at 11:15 AM showed the bathroom floor in room #144 had darkened stains in front of the toilet. Review of the previous 7/14/16 survey report (2567) showed this issue	{F 253}	housekeeping storage, nursing supply rooms on north were cleaned. On 10/27/16 the floor in the bathroom of 110 was replaced. On 10/28/16 the rubber base boards on the north and west hallways were replaced. On 10/27/16 the bathroom floor in 144 was replaced. **Identification of Others-** A facility audit was completed by NHA, Maintenance Director and Housekeeping Supervisor to identify any dining rooms, common areas, transition strips, kick plates, floors, and any additional areas that were not maintained in a sanitary, orderly and comfortable manner. **Systemic Changes** On 10/27/16 Maintenance staff was educated on proper maintenance of both resident and common areas including identifying and corrected cracks in floors, upkeep of baseboards. On 10/27/16 Housekeeping staff was educated on proper cleaning procedures for both resident and	

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{F 253}	Continued From page 2 was cited and had not been effectively corrected. 8. Interview on 10/26/16 at 4:10 PM with the housekeeping supervisor revealed he was new to the facility and was aware there were housekeeping tasks that needed more attention. In addition, he stated it was his expectation that the floor in the assisted dining room be mopped after each meal. 9. Interview with the maintenance director and the administrator on 10/26/16 at 4:15 PM revealed audits were being done to identify ongoing needs throughout the facility. The director had a list of items to work on, however, there was no timeframe or schedule associated with the list. Further, the director and the administrator verified the observations of the uncorrected items from the original survey.	{F 253}	common areas, including floors, baseboards, kick plates and reporting needed repairs. **Monitoring-** The Administrator, or designee, will audit compliance through observation rounds twice weekly for 90 days. Results of the audits will be reported to the QAPI committee for tracking and trending.	
{F 371} SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, review of audits, and review of the 7/14/16 survey report (2567), the facility failed to ensure a clean and	{F 371}	**F371 Food Procedure, Store/Prepare/Serve – Sanitary** **It is the practice of the facility to store, prepare distribute and serve food under sanitary conditions.**	10/29/16

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{F 371}	Continued From page 3 sanitary environment in 1 of 1 kitchens. The findings were: Observation on 10/26/16 at 9:32 AM showed the following cleanliness issues: a. The hood located above the range/grill was soiled with grease. There were two areas where the grease had left streaks, and one area with grease droplets hanging on to the edge of the hood. b. The lower part of the wall in the kitchen around the doorway leading into the dish room was soiled with dried brown spots of a liquid/debris. c. The exterior handles and front surface of the refrigerator units located in the preparation area were soiled with grime and food residue. d. Two carts in the production area were soiled with grime and food residue on the shelves. One of these carts was being used at that time to transport clean dishes. Review of the previous 7/14/16 survey report (2567) showed issues were cited that included the cleanliness of the refrigerator doors/handles, the greasy hood, and the wall near the dish room. Review of the audits for October 2016 showed a section for "deep cleans inspection" this area included cleaning the "hoods" once per week, and detail cleaning of the "beverage carts" once per week. Review of the 10/7, 10/14, 10/20, and 10/21 completed audits showed no evidence these areas had been checked. Interview with the dietary manager on 10/26/16 at 3:50 PM verified the cleaning schedules had been established and needed to be better completed. Further, he verified the hoods were	{F 371}	**Corrective Actions-** On 10/26/16 the hood was cleaned. On/10/26/16 the wall in the kitchen around the doorway was cleaned. On 10/26/16 the exterior handles on the refrigerator units were cleaned. On 10/27/16 the carts in the production area were cleaned. **Identification of Others-** All residents have the potential to be effected by this practice. On 10/27/16 the Registered Dietitian completed a kitchen sanitation audit to identify any additional kitchen sanitation concerns and corrective actions were taken as needed. **Systemic Changes-** The kitchen hood system is now inspected daily for grease and cleaned a minimum of twice a week depending on need by dietary staff. Kitchen staff was educated on proper cleaning techniques and frequencies, including the hood, walls, exterior handles on refrigerator units and carts used in	

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{F 371}	Continued From page 4 not cleaned the previous week, and he was not certain why the cleaning was not completed.	{F 371}	food production area by the Dietary Manager. **Monitoring** The Registered Dietician or designee will complete an in depth kitchen sanitation audit weekly for 90 days. The Administrator, or designee, will audit compliance of proper cleaning of the kitchen twice weekly for 30 days and then weekly for 60 days. Results of kitchen sanitation audits will be reported to QAPI committee monthly for tracking and trending.	

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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
535025 Y1	A. Building B. Wing Y2	10/27/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE HEALTH CARE CENTER	2700 E 12TH STREET CHEYENNE, WY 82001

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0157	Correction	ID Prefix F0165	Correction	ID Prefix F0203	Correction
Reg. # 483.10(b)(11)	Completed	Reg. # 483.10(f)(1)	Completed	Reg. # 483.12(a)(4)-(6)	Completed
LSC	08/26/2016	LSC	08/26/2016	LSC	08/26/2016
ID Prefix F0241	Correction	ID Prefix F0246	Correction	ID Prefix F0272	Correction
Reg. # 483.15(a)	Completed	Reg. # 483.15(e)(1)	Completed	Reg. # 483.20(b)(1)	Completed
LSC	08/26/2016	LSC	08/26/2016	LSC	08/26/2016
ID Prefix F0278	Correction	ID Prefix F0309	Correction	ID Prefix F0312	Correction
Reg. # 483.20(g) - (j)	Completed	Reg. # 483.25	Completed	Reg. # 483.25(a)(3)	Completed
LSC	08/26/2016	LSC	08/26/2016	LSC	08/26/2016
ID Prefix F0329	Correction	ID Prefix F0332	Correction	ID Prefix F0356	Correction
Reg. # 483.25(l)	Completed	Reg. # 483.25(m)(1)	Completed	Reg. # 483.30(e)	Completed
LSC	08/26/2016	LSC	08/26/2016	LSC	10/27/2016
ID Prefix F0368	Correction	ID Prefix F0441	Correction	ID Prefix F0498	Correction
Reg. # 483.35(f)	Completed	Reg. # 483.65	Completed	Reg. # 483.75(f)	Completed
LSC	08/26/2016	LSC	08/26/2016	LSC	08/26/2016

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) 11/28/16	DATE	SIGNATURE OF SURVEYOR	DATE 10 11/10/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0514	Correction	ID Prefix F0520	Correction		
Reg. # 483.75(l)(1)	Completed	Reg. # 483.75(o)(1)	Completed		
LSC	08/26/2016	LSC	08/26/2016		

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
	B 11/8/16			11/10/16
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
7/14/2016	☐ YES ☐ NO