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 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANITE REHABILITATION AND WELLNESS	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 A complaint survey was conducted by Healthcare Licensing and Surveys on 11/10/16. Complaints reviewed in the course of this survey was complaint intake WY000002312. The following common abbreviations are used throughout this document: DON: Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	F 000	Preparation and execution of the 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	F 203	F203 Notice Requirements before Transfer/ Discharge **1.Corrective Action** Discharge notice rewritten and redelivered on 11/11/2016. **2. ID of Others** The Executive Director or designee reviewed discharge notices to ensure the notice showed the resident or his/her representative had the right	12/01/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 12/06/2016

spoke to Lea on 12/27/16 at 4:40 PM Plan of Correction accepted & agreed changes.

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F 203	Continued From page 1 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. 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 medical record review, and family and staff interview, the facility failed to ensure the discharge notice included all required information for 1 of 4 sample residents (#45) who received a discharge notice. The findings were: 1. Review of a discharge notice dated 10/26/16 showed the facility intended to discharge resident #45 "on 11/28/16 due to it is necessary to meet the resident's welfare and the resident's welfare	F 203	to appeal the discharge action to the State on or before 11/30/2016. **3. Systemic Change** The Executive Director or designee will ~~randomly~~ inspect discharge notices to ensure the notice shows the resident or his/her representative has the right to appeal the discharge action to the State. The Executive Director or designee will educate specific IDT members whom are responsible for writing/ sending discharge notices to ensure the notice shows the resident or his/her representative has the right to appeal the discharge action to the State on or before 11/30/2016. **4. Monitoring** The Executive Director or designee will report results of the ~~random~~ inspection to the facility monthly Quality Assurance Meeting for 90 days or until substantial compliance has been achieved or sustained as determined by the committee.	

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F 203	Continued From page 2 cannot be met in the center." The following concerns were identified: a. Further review of the 10/26/16 discharge notice showed the discharge could be appealed to "the staff designee for the facility's grievance policy..." and, if not resolved, "You can continue your appeal to the nursing facility's grievance committee." The discharge notice did not indicate the resident or his/her representative had the right to appeal the discharge action to the State. b. Interview with the resident's spouse on 11/10/16 at 2:05 PM revealed a care conference was conducted after the discharge notice was issued. Family asked about appeal at that time and were told not to bother because the appeal would be reviewed by the same people that were in the care conference and the result would not change. The spouse also revealed the resident could not return home because the home had been determined to be unsafe and the spouse's health was deteriorating. c. Interview with another family member on 11/10/16 at 3:15 PM revealed the facility "basically told us there was no such thing [as an outside appeal of the discharge]". Further, it was revealed when the family asked what they could do, they were told by the administrator "It's clearly stated in that letter what you need to do." d. Interview with the DON, administrator, and social services director on 11/10/16 at 3:40 PM confirmed the information on the discharge letter did not include all of the required information.	F 203		