

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

PRINTED: 12/15/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535025	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/27/2017
NAME OF PROVIDER OR SUPPLIER CHEYENNE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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			
F 203 SS=D	A complaint survey was conducted by Healthcare Licensing and Surveys on 11/27/17. The survey was prompted by complaint intake WY000002520. NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE CFR(s): 483.15(c)(3)-(6)(8) (c) (3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (b)(5) of this section. (c) (4) Timing of the notice. (i) Except as specified in paragraphs (b)(4)(ii) and (b)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable	F 203			12/11/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/07/2017

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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F 203	Continued From page 1 before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (b)(1)(ii)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (b)(1)(ii)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (b)(1)(ii)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (b)(1)(ii)(A) of this section; or (E) A resident has not resided in the facility for 30 days. (c) (5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal	F 203			

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F 203	Continued From page 2 hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. (c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. (c)(8) Notice in advance of facility closure. In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate	F 203			

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F 203	Continued From page 3 relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on staff interview, medical record review, discharge notice review, and review of policies and procedures, the facility failed to provide an updated discharge notice for 1 of 1 sample residents (#1) issued a discharge notice. The findings were: Review of a discharge notice dated 11/1/17 showed resident #1 was notified of a pending facility-initiated discharge scheduled for 11/30/17, with the discharge location listed as a homeless shelter. The notice was issued due to non-payment. Review of the resident's medical record showed the facility was seeking additional resources which could help the resident, including vocational rehabilitation and an intensive case management program. Interview on 11/27/17 at 10:23 AM with the social worker confirmed the facility was looking for community resources for the resident. She further stated the resident would not be leaving the facility on the date listed on the discharge notice because they were unable to find somewhere with a guaranteed bed for the resident. Interview with the administrator on 11/27/17 at 11:31 AM confirmed the facility was not going to discharge the resident until they found somewhere for him/her to stay. She further revealed she was unaware of the requirement to update the discharge notice if the discharge plan changed.	F 203	Preparation 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 the provisions of federal and state law require it. The plan of correction serves as the facility's allegation of compliance. F 203 Corrective Action An updated discharge notice was provided to resident #1 on 11/27/17 to include extended date and a more specific program. Identification of Others No other residents have been issued involuntary discharge notices. Systemic Change The District Director of Clinical Services provided in-service education to the NHA regarding updating the discharge notice as soon as practicable with changes on 12/6/17. The NHA monitors the involuntary discharges weekly and update the		

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F 203	Continued From page 4 Review of the policy and procedure titled, "Involuntary Discharge," revised 2/2017, showed "...6. If the notice changes prior to completing the transfer/discharge, the facility notifies the resident and/or responsible party as soon as practicable."	F 203	discharge notice as necessary. Monitoring The NHA monitors the discharge process and updates the notice as necessary related to changes. The NHA reports any identified trends to the Quality Assurance Performance Improvement Committee for their review and resolution. This monitoring will continue for 3 months unless the Quality Assurance Performance Improvement Committee deems it prudent to continue.		