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 _____	C 12/29/2017

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 A complaint survey was conducted by Healthcare Licensing and Surveys from 12/28/17 to 12/29/17 the survey was prompted by complaint intakes WY000002460, WY00002463, WY000002467, WY000002500, WY000002517, and WY000002543. The following common abbreviations are used throughout the document: CNA: Certified Nursing Assistant DON: Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 557 SS=D	Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on medical record review, guardian interview, and staff interview, the facility failed to respect residents' personal items for 2 of 2 sample residents (#60, #104). The findings were: 1. Review of the medical record for resident #104 showed s/he was admitted to the facility on 10/21/14, and had diagnoses which included	F 557	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	1/21/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/18/2018

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 557	Continued From page 1 Alzheimer's disease, non-Alzheimer's dementia, depression, anxiety, and manic depression. Further review showed the resident died on 11/10/17. Record review showed an undated and unsigned "Inventory of Personal Effects" form with the following: "right and left hearing aides, a white cane with a red tip, and a walker." The form had other categories which included clothing. However, the clothing area was left blank. Further review showed funeral home documentation on 11/10/17 which indicated 2 rings were removed from the resident's ring finger after death. Review of the entire medical record revealed a failure by the facility to document whether the resident had other personal items, such as personal clothing. 2. Review of the medical record for resident #60 showed s/he was admitted to the facility on 1/31/14 and had diagnoses which included Alzheimer's disease, non-Alzheimer's dementia, and multiple sclerosis. Review of the entire medical record showed the form "Inventory of Personal Effects" was not in the record and the facility failed to record any inventory of the resident's personal effects. 3. Interview with the guardian of resident #60 and resident #104 on 1/4/18 at 2:45 PM revealed s/he had brought items of clothing to residents #60 and #104 at various times, and s/he had let staff know, only to later find the clothing missing. S/he stated the administrative staff would not provide reimbursement for the missing clothing without a receipt, and s/he also stated the facility failed to keep an inventory of the clothing. 4. Interview with the DON on 12/29/17 at 9:55	F 557	of correction serves as the facility's allegation of compliance. F 557 Corrective Action Resident #104 no longer resides in the facility. The belongings of resident #60 were inventoried and logged on an Inventory of Personal Effects form on 1/15/18. Identification of Others A new Inventory of Personal Effects form was completed for all residents residing in the facility prior to 1/21/18. Systemic Change An Inventory of Personal Effects form is completed for each resident at the time of admission. This form is reviewed by the IDT on the next business day to ensure that it has been completed. The nursing staff was provided in-service training which was completed on 1/21/18 regarding the requirement to inventory each resident's belongings at the time of admission. A letter was sent out to resident agents/responsible party regarding the importance of notifying staff when new	

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F 557	Continued From page 2 AM confirmed the facility failed to have an inventory listing in the medical record for resident #60, and her expectation was for an inventory of the resident's items, particularly any items "of value" to be included in the medical record. The DON further confirmed the medical record for resident #104 had an incomplete "Inventory of Personal Effects" form that should have been signed and dated with an indication of whether or not the resident had personal clothing and items of value. She stated CNAs and nurses could update the resident inventory list when items were brought in, and it was her expectation family and friends who brought items to residents make the staff aware so updates would occur at that time.	F 557	items are being brought in so that staff can add these items to the Inventory of Personal Effects on 1/8/18. In addition, this letter was added to the Admission's Packet so that family members of newly admitted residents will also understand the importance of notifying staff of items brought in to be added to the Inventory. All residents were also provided a similar notice as well on 1/15/18. The Social Workers conduct random checks of a maximum of 5 new admissions per month and 5 long term residents per month to ensure that the Inventory of Personal Effects are completed and updated routinely and makes corrections as needed. Monitoring The Social Workers review any identified patterns or trends from their random monthly checks with the Quality Assurance Performance Improvement Committee monthly for their review and resolution. These audits will continue for 3 months unless the Committee deems it prudent to continue.	