STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535053	A. BUILDING _____ B. WING _____	C 03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY LEGACY HOME	100 19TH ST WHEATLAND, WY 82201

(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 3/7/18 to 3/7/18. The survey was prompted by complaint intake WY000002575. The following common abbreviations are used throughout this document: BIMS- Brief Interview for Mental Status DON- Director of Nursing MDS- Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(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 (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or	F 623		4/20/18

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

Electronically Signed | 03/29/2018

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 623	Continued From page 1 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 before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(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 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	F 623		

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F 623	Continued From page 2 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. §483.15(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. §483.15(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 relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on medical record review, review of policy and procedure, and staff interview the facility failed to ensure a transfer/discharge notice was issued to 2 of 2 sample residents (#6, #50) with	F 623	F623 - The facility will ensure a transfer/discharge notice is provided at least 30 days before a resident is transferred or discharged, or as soon as	

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F 623	Continued From page 3 transfers/discharges. The findings were: 1. Review of nurse's notes dated 2/24/18 and timed 8:15 AM showed resident #6 had an incident with his/her roommate and the facility needed to move the resident. The resident's POA (power of attorney) was out of town. Review of nurse's notes dated 2/24/18 and timed 3:08 PM showed the resident was on every 15 minute checks, and the social worker contacted the resident's grandson. Review of nurse's notes dated 2/24/18 and timed 7:37 PM showed the resident's grandson was advised of the facility's "preferred plan" which was for the resident to "be taken home for the weekend or family come sit in his/her room with him/her at night until further evaluation on Monday." Review of the resident sign-out sheet showed the resident left the facility on 2/24/18 at 8:10 PM and returned on 3/5/18 (9 days). Review of the quarterly MDS assessment dated 1/29/18 showed the resident had a BIMS score of 4/15 which indicated severe cognitive impairment, and had diagnoses which included diabetes and dementia. Further review showed the resident required extensive assistance of one person for dressing and toileting needs. The following concerns were identified: a. Interview on 3/7/18 at 11:20 AM with the DON revealed the facility couldn't care for the resident due to the incident. This was because the resident needed a private room and one was not available at the time. She stated they asked the family to come in and stay with the resident or take him/her home. The DON further stated the resident left with family. b. Later interview with the DON on 3/7/18 at 1:18 PM revealed neither the resident nor a resident representative were provided a transfer/discharge notice.	F 623	practicable before transfer or discharge when (a) the safety of individuals in the facility would be endangered (b) the health of individuals in the facility would be endangered (c) the resident□s health improves sufficiently to allow a more immediate transfer or discharge, (d) an immediate transfer or discharge is required by the resident□s urgent medical needs or (e) a resident has not resident the facility for 30 days. Resident #6 returned to the facility and has no plans for discharge at this time. Resident #50 is no longer a resident in the facility. All residents who transfer/discharge have the potential to be affected by the deficient practice. Review of current resident roster shows no residents are planned for discharge by facility initiation. The Social Service Director was educated on the Transfer/Discharge regulatory requirements for content and timeliness on 03/23/18. The Transfer/Discharge notice will be developed to ensure contents of the Transfer/Discharge notice meets regulatory requirements. A policy and procedure will be developed to ensure all residents who transfer or discharge by facility initiation receive the Transfer/Discharge notice. All nursing staff will be educated on the Transfer/Discharge policy and procedure. The Social Services Director or designee will provide a Transfer/Discharge written notice to all residents and resident	

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F 623	Continued From page 4 2. Review of the medical record showed resident #50 was transferred to the hospital with an acute condition on 1/13/18 and returned on 1/19/18. Interview with the DON on 3/7/18 at 1:25 PM verified neither the resident nor a resident representative were provided any transfer/discharge notice. 3. Review of the Transfer or Discharge Notice policy dated 12/16 showed, "...the notice will be given as soon as it is practicable but before the transfer or discharge...".	F 623	representative upon transfer or discharge and will document delivery in the electronic medical record (EMR). If unable to provide the bed-hold policy before transfer, the resident□s EMR will reflect the attempt to provide the transfer/discharge notice to the intended recipient, and the notice will be given as soon as practicable, and documented in the EMR. The Social Services Director or designee will audit all transfer/discharge records on the first business day after departure to ensure the Transfer/Discharge notice was provided to the resident and resident representative, and placed in the resident□s record, for no less than 3 months to ensure compliance. Any problems identified will result in immediate education and corrective action. The Social Services Director will report the results of audits at the QA&A meeting. The report will include any problems identified. Reporting will occur monthly for no less than three months or until ongoing compliance has been achieved.	
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if	F 625		4/20/18

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F 625	Continued From page 5 any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of policy and procedure, and staff interview the facility failed to ensure the bed-hold notice was issued to 2 of 2 sample residents, (#6, #50) with transfers/discharges. The findings were: 1. Review of nurse's notes dated 2/24/18 and timed 8:15 AM showed resident #6 had an incident with his/her roommate and the facility needed to move the resident. The resident's POA (power of attorney) was out of town. Review of nurse's notes dated 2/24/18 and timed 3:08 PM showed the resident was on every 15 minute checks, and the social worker contacted the the resident's grandson. Review of nurse's notes dated 2/24/18 and timed 7:37 PM showed the resident's grandson was advised of the facility's "preferred plan" which was for the resident to "be	F 625	F625 The facility will ensure a written notice of bed-hold policy is provided to the resident and the resident representative before a transfer/discharge to a hospital or if the resident goes on therapeutic leave, per the regulatory requirements, and at the time of transfer of a resident for hospitalization or therapeutic leave. Resident #6 returned to the facility and is a current resident. Resident #50 is no longer a resident in the facility. All residents who transfer/discharge have the potential to be affected by the deficient practice. All residents have had a copy of the facility's bed-hold notice provided to them upon admission to ensure compliance with providing a notice before	

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F 625	Continued From page 6 taken home for the weekend or family come sit with him/her at night until further evaluation on Monday." Review of the resident sign-out sheet showed the resident left the facility on 2/24/18 at 8:10 PM and returned on 3/5/18 (9 days). The following concerns were identified: a. Interview on 3/7/18 at 11:20 AM with the DON revealed the facility couldn't care for the resident due to the incident, because the resident needed a private room and one was not available at the time. She stated they asked the family to come in and stay with the resident or take him/her home. The DON further stated the resident left with family and the facility considered this therapeutic leave. b. Later interview with the DON on 3/7/18 at 1:18 PM revealed neither the resident nor a resident representative was provided the bed-hold notice. 2. Review of the medical record showed resident #50 was transferred to the hospital with an acute condition on 1/13/18 and returned on 1/19/18. Interview with the DON on 3/7/18 at 1:25 PM verified neither the resident nor a resident representative was provided the bed-hold notice. 3. Review of the Bed-Holds and Return policy dated 3/17 showed "...prior to a transfer written information will be given to the resident and resident representatives that explains in detail: the rights and limitations of the resident regarding bed-holds...".	F 625	transfer. Review of the current resident roster shows no residents are planned for transfer or discharge to a hospital or therapeutic leave at this time. The Social Service Director was educated on the Transfer/Discharge bed-hold notice regulatory requirements for content and timeliness on 03/23/2018. The bed hold notice was reviewed to ensure contents meet regulation requirements. A policy and procedure will be developed to ensure all residents who transfer or discharge to a hospital or therapeutic leave receive bed hold notice upon transfer/discharge. All nursing staff will be educated on the policy and procedure for providing a bed-hold notice. The Social Services Director or designee will provide a written bed-hold notice to the resident and resident representative upon transfer or discharge and will document delivery in the electronic medical record (EMR). If unable to provide the bed-hold policy before transfer, the resident's EMR will reflect the attempt to provide the bed hold notice to the intended recipient, and the notice will be given as soon as practicable, and documented in the EMR. The Social Services Director or designee will audit all transfer/discharge records on the first business day after departure to ensure the bed-hold notice was provided to the resident and resident representative, and documented in the resident's EMR, for no less than 3 months to ensure compliance. Any problems identified will result in immediate education and corrective action. The Social Services Director will report the	

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F 625	Continued From page 7	F 625	results of audits at the QA&A meeting. The report will include any problems identified. Reporting will occur monthly for no less than three months or until ongoing compliance has been achieved.	