DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, Colorado 80294

CENTERS FOR MEDICARE & MEDICAID SERVICES

Western Division of Survey & Certification
Refer to: WDSC-RO8-MO

Sent via E-MAIL to: krogge@hmsmt.com
CMS Certification No.: 535040
Telephone No.: (307) 358-3397

September 14, 2018

Kelli Rogge, Administrator
Douglas Care Center
1108 Birch Street
Douglas, Wyoming 82633-2761

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Dear Ms. Rogge:

On September 10, 2018, a Life Safety Code Survey was conducted at Douglas Care Center by the Centers for Medicare and Medicaid Services (CMS), Denver Regional Office surveyor, to monitor State Survey Agency performance and to determine if the facility was in compliance with the Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid program. This survey found the most serious deficiency to be an isolated deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy, as documented on the enclosed CMS-2567, whereby significant corrections are required at the **scope/severity level of 'D'.**

Title 42, Code of Federal Regulations (CFR)

K711 -- S/S: D -- NFPA 101 -- Evacuation and Relocation Plan
K345 -- S/S: D -- NFPA 101 -- Fire Alarm System - Testing and Maintenance
K222 -- S/S: D -- NFPA 101 -- Egress Doors

All deficiencies cited on the Form CMS-2567 require a Plan of Correction (PoC). Deficiencies cited at or above a scope/severity of 'D' are subject to remedies.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations (CFR).

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted **by email or fax, no later than September 24, 2018**, to the Certification and Enforcement Branch; Centers for Medicare and Medicaid Services; Denver Regional Office; ATTN: Mutiu Okanlawon; E-mail Address is mutiu.okanlawon@cms.hhs.gov; Fax Number is (443) 380-7453. **Failure to submit an acceptable PoC by September 24, 2018 may result in the imposition of remedies.**

If you would like to request a Time-Limited Waiver for the Life Safety Code deficiency(ies) cited, please send a separate **written request** to this office during the same timeframe you have for submitting the PoC. Include the tag number, the specific issue, and the last effective date you wish the waiver to end.

The PoC must contain the following:

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
3. Address what measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The PoC must be integrated into the quality assurance system. At the revisit, the quality assurance plan will be reviewed to determine the earliest date of compliance. If there is no evidence of the quality assurance being implemented, the earliest correction date will be the date of the revisit; and
5. Include dates when corrective action will be completed. **The corrective action completion dates must be written in the completion date column within acceptable time frames.** If the PoC is unacceptable for any reason, you will be notified in writing by this office. If the PoC is acceptable, you will be notified via telephone, e-mail, etc. Please note that the facility is ultimately accountable for compliance, and that responsibility is not alleviated in cases where notification regarding the acceptability of the facility's PoC is not made timely. **The PoC will serve as the facility's allegation of compliance.**

The PoC must be signed and dated in the space provided at the bottom of the enclosed Form CMS-2567.

You should also be aware that copies of this form will be made available to the public if requested. In addition, this form is disclosed to the public as a document in itself without attachments; therefore, if attachments are utilized, be certain that you have explained the content of the attachments fully within the PoC.

Remedies

Remedies may be imposed if the facility has failed to achieve substantial compliance by October 14, 2018. A change in the seriousness of the noncompliance on October 14, 2018 may result in a change in the remedy selected. When this occurs, you will be advised of any remedies.

If the facility does not achieve substantial compliance by November 3, 2018 (3 months after the last day of the survey), the CMS Regional Office and/or State Medicaid Agency MUST **Deny Payments for New Admissions [§488.417(b)(1)].**

If substantial compliance is not achieved by February 3, 2019 (six months from the date of survey), the CMS Regional Office and/or State Medicaid Agency will terminate the provider agreement [§488.456].

Please note that this letter does not constitute formal notice of imposition of alternative remedies or termination of the provider agreement. Should the Centers for Medicare and Medicaid Services determine that any other remedy or termination is warranted, you will be provided with a separate formal notice of that determination.

Informal Dispute Resolution

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an Informal Dispute Resolution process. To be given such an opportunity, you are required to send by email or fax, a ***written request***, along with the specific deficiencies being disputed to the Certification and Enforcement Branch; Centers for Medicare and Medicaid Services; Denver Regional Office; ATTN: Mutiu Okanlawon; E-mail Address is mutiu.okanlawon@cms.hhs.gov; Fax Number is (443) 380-7453. **This request must be sent during the same time frame you have for submitting the PoC for the cited deficiencies.** An incomplete Informal Dispute Resolution process will not delay the effective date of any enforcement action.

Informal Dispute Resolution is in no way to be construed as a formal evidentiary hearing. It is an informal internal process to review additional information submitted by the facility. You will be advised of our decision relative to the informal dispute.

If you have any questions, please contact me at (303) 844-4722.

Sincerely,

Dr. Mutiu Okanlawon, PharmD, RPh, BCPS
Health Insurance Specialist
Certification and Enforcement Branch

Enclosure(s):
Form CMS-2567 (5 pages)

Copies via e-mail to:
Healthcare Licensing And Surveys
State Medicaid Agency
Long Term Care Ombudsman
Office of the General Counsel, Denver Office