STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535039	A. BUILDING _____ B. WING _____	R 12/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW HEALTH CARE CENTER	**1990 WEST LOUCKS STREET SHERIDAN, WY 82801**

(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 revisit survey was conducted on 12/7/18 for all previous deficiencies cited on 8/26/18. The following common abbreviations are used throughout this document. MDS: Minimum Data Set NHA: Nursing Home Administrator	{F 000}		
{F 640} SS=D	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State. §483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's	{F 640}		12/10/18

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

Electronically Signed | 12/28/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{F 640}	Continued From page 1 assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following: (i)Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. §483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure a discharge MDS assessment was completed as required for 1 of 6 residents (#71) reviewed for MDS discharge assessments. The findings were: Review of the facility discharge report showed resident #71 was admitted to the facility on 9/21/18 and expired on 11/3/18. Further review showed no evidence a discharge MDS assessment was completed (34 days post discharge). Interview with the NHA on 12/7/18 at 3:24 PM confirmed the MDS discharge assessment had not been completed.	{F 640}	1. Assessment for resident #71 was completed and transmitted. MDCS was placed into corrective action and immediately re-educated on the importance of ensuring all discharge MDS assessments are completed per federal regulation. 2. All residents who have had a planned or unplanned discharge are at risk for not having a discharge assessment completed. 3. A.) A 100% audit effective October 1st 2018 was completed by the MDSC and verified by the Executive Director and/or Director of Nursing to ensure that all discharge assessments including death in	

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{F 640}	Continued From page 2	{F 640}	facility assessments were completed per federal regulations. B.) MDSC will utilize the daily census sheets to ensure discharge assessments are completed as well as daily attendance in rounds to be aware of any discharges either planned or unplanned. C.) A 100% audit of all discharge assessments will be completed by the MDSC and verified by the Executive Director and/or Director of Nursing weekly for 3 months. Audits will also include a comparison of the facility discharge report to ensure all discharge assessments have been completed per federal regulation. 4. Results of the audits will be reviewed during the monthly Performance Improvement meeting for 3 months or until the committee is able to determine the process in place is effective.	