STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535027	A. BUILDING _____ B. WING _____	C 02/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CODY REGIONAL HEALTH LONG TERM CARE CENTER	707 SHERIDAN AVENUE CODY, WY 82414

(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 on 2/5/19 through 2/13/19 at Cody Regional Health Long Term Care Center in Cody, Wyoming. The survey was prompted by complaint intake WY00002780.	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 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	F 623		3/11/19

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

Electronically Signed | 03/08/2019

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	F 623		

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 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

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F 623	Continued From page 2 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 staff and ombudsman interview, and medical record review, the facility failed to ensure timely notification to the ombudsman of the discharge notice for 1 of 5 sample residents (#5) reviewed for timing of notice. The findings were: Review of the 9/24/18 annual Minimum Data Set assessment showed resident #5 had an intellectual disability and functioned independently in all activities of daily living. Further review showed s/he did not have cognitive impairment and was capable of independent decision making. Review of the care area assessment	F 623	1. A copy of the 30 day Discharge letter was sent to the Ombudsman. The Ombudsman was notified of the discharge and the resident had all of the required information needed to contact the Ombudsman in the 30 day discharge letter. 2.Any other resident discharge that the regulations require that a notification be sent to the Ombudsman will have that notification sent at the same time/day that any notification is given to the resident or	

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F 623	Continued From page 3 showed the resident had unclear speech, but could be understood if the listener gave him/her enough time to speak. Further review showed staff were not successful in attempts to obtain a guardian for the resident; therefore, the resident did not have a guardian during residence at the facility or at the time of discharge. Review of the care plan, revised 12/20/18, showed the resident ambulated independently, was at risk for falls, and had the potential for nutritional deficiencies related to chronic alcohol intake. Interview on 2/6/19 at 11:05 AM with the administrator, social worker and director of nursing revealed a thirty-day notice of discharge was issued to the resident on 12/12/18 with a discharge date of 1/14/19 for lack of payment. The following concern was identified: a. Review of the documentation for discharge planning showed the notice of discharge was emailed to the Ombudsman on 12/31/18. b. Interview on 2/7/19 at 9:30 AM with the Ombudsman verified the emailed notice was sent to her on 12/31/18 (19 days after the notice was issued to the resident).	F 623	their representative. 3.All discharges that fall under the Involuntary/Facility Initiated category will be reviewed by the IDT team and the Core QA Committee prior to discharge to ensure that the requirements of F-623, 483.15(c)(3)-(6)(8) have been met. 4.All potential discharges that fall under the Involuntary/Facility Initiated category will be reviewed by the IDT Team and the Core QA Committee to insure that all of the requirements of F-623, 483.15(c)(3)-(6)(8) have been met prior to initiating the discharge notification or process. The QA committee will continue to review/audit all discharges falling under the Involuntary/Facility Initiated category going forward to ensure continued compliance.	