STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535032	A. BUILDING _____ B. WING _____	C 03/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CHEYENNE	1330 PRAIRIE AVENUE CHEYENNE, WY 82009

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F 000	INITIAL COMMENTS A recertification survey was conducted by the Office of Healthcare Licensing and Surveys on 3/19/19 through 3/22/19. Also reviewed in the course of the survey was complaint intake WY00002797. The following common abbreviations are used throughout this document: ADLs- Activities of Daily Living ADON- Assistant Director of Nursing CNA- Certified Nurse Aide DON- Director of Nursing MDS- Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 623 SS=E	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.	F 623		4/26/19

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

Electronically Signed | 04/12/2019

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F 623	Continued From page 1 §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 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;	F 623		

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F 623	Continued From page 2 (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 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:	F 623		

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F 623	Continued From page 3 Based on medical record review, staff interview and policy review, the facility failed to issue a notice of transfer to 3 of 5 residents (#41, #99, #119) reviewed for transfers. The findings were: 1. Medical record review showed resident #41 was transferred to the hospital on 1/1/19 for an acute condition and returned on 1/6/19. Further review of the medical record failed to show evidence a notice of transfer was given to the resident or resident's representative. 2. Review of the medical record for resident #99 showed s/he was admitted to the hospital for an acute change of condition on 3/6/19 and re-admitted to the facility on 3/9/19. Further review showed no evidence the facility issued a written notice of transfer to the resident or the resident's representative. Interview with the DON on 3/21/19 at 3:43 PM confirmed the notice had not been issued to the resident or the resident's representative. 3. Review of the medical record for resident #119 showed s/he was admitted to the hospital for an acute change of condition on 11/15/18 and readmitted to the facility on 11/16/18. Further review showed no evidence the facility issued a written notice of transfer to the resident or the resident's representative. Interview with the ADON on 3/22/19 at 9:03 AM confirmed the notice had not been issued to the resident or the resident's representative. 4. Review of Transfers and Discharges policy, last revised 9/1/17 showed, "When a resident is temporarily transferred on an emergency basis to an acute care facility, notice of the transfer may be provided to the resident and resident representative..."	F 623	A. The facility has implemented a Notice of Resident Transfer or Discharge form for all resident transfers to an acute care hospital. B. All residents who transfer from the facility to an acute care hospital are potentially affected. The facility will use the Notice of Resident Transfer or Discharge form when a resident is being transferred to the hospital. C. The ED or designee will conduct an in-service on or before 4/26/19 with all licensed nursing staff regarding the use of and importance of the Notice of Resident Transfer or Discharge form. D. A Performance Improvement tool will be utilized to conduct weekly audits to determine whether the Notice of Resident Transfer or Discharge form was completed as required. Any problems identified will result in immediate education and/or corrective action. The audits will be conducted by the ED or designee. E. The ED will report the results of the audits at the monthly Performance Improvement meeting. The report will include any problems and/or trends noted. Reporting will occur for no less than three months or until ongoing compliance had been achieved.	
F 625	Notice of Bed Hold Policy Before/Upon Trnsfr	F 625		4/26/19

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F 625 SS=E	Continued From page 4 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 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, staff interview and policy review the facility failed to issue a bed hold policy at the time of transfer for 3 of 5 residents (#41, #99, #119) reviewed for hospital transfers. The findings were: 1. Review of the medical record for resident	F 625	A. All residents that were transferred due to hospitalization returned to the facility. The facility has implemented a copy of the facility bed-hold policy to be utilized in the transfer documentation for all resident transfers to an acute care hospital. B. All resident transfers from the	

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F 625	Continued From page 5 #41 showed the resident transferred to the hospital on 1/1/19 for an acute condition and returned on 1/6/19. Further review of the medical record failed to show a written notice of the bed hold policy was issued to the resident or the resident's representative. 2. Review of the medical record for resident #99 showed s/he was admitted to the hospital for an acute change of condition on 3/6/19 and readmitted to the facility on 3/9/19. Further review showed no evidence the facility issued a written notice of the bed-hold policy to the resident or the resident's representative. Interview with the DON on 3/21/19 at 3:43 PM confirmed the notice had not been issued to the resident or the resident's representative. 3. Review of the medical record for resident #119 showed s/he was admitted to the hospital for an acute change of condition on 11/15/18 and readmitted to the facility on 11/16/18. Further review showed no evidence the facility issued a written notice of the bed-hold policy to the resident or the resident's representative. Interview with the ADON on 3/22/19 at 9:03 AM confirmed the notice had not been issued to the resident or the resident's representative. 4. Review of the Transfers and Discharges policy, last revised 9/1/17, showed "...Explain and give copy of bed hold form to the resident and/or representative..."	F 625	facility to an acute care hospital are potentially affected. The facility will use a copy of the facility bed-hold policy to provide notice when a resident is being transferred to the hospital. C. The ED or designee will conduct an in-service on or before 4/26/19 with all licensed nursing staff regarding the use of the facility bed-hold policy upon transfer to the hospital. D. A Performance Improvement tool will be used to conduct weekly audits to determine whether the bed-hold policy form was given as required upon transfer. Any problems identified will result in immediate education and/or corrective action. The audits will be conducted by the ED or designee. E. The ED will report the results of the audits at the monthly Performance Improvement meeting. The report will include any problems and/or trends noted. Reporting will occur for no less than three months or until ongoing compliance had been achieved.	
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and	F 656		4/26/19

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F 656	Continued From page 6 §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to ensure the	F 656	A. Resident #97 had lap tray added to care plan on 3/22/2019 and has since	

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F 656	Continued From page 7 care plan was updated to reflect current needs for 1 of 25 sample residents (#96). The findings were: Observation on 3/19/19 at 3:01 PM and on 3/21/19 at 8:10 AM showed resident #96 used a lap tray cushion device which attached to the wheelchair. Interview with CNA #2 on 3/21/19 at 8:16 AM stated it was used to position the resident when in the wheelchair. Review of the 2/28/19 admission MDS assessment showed the resident required total assistance for ADLs except bed mobility and eating, which required extensive assistance. The resident was unable to stand or ambulate due to paralysis. Review of the occupational therapy notes dated 2/22/19 showed the tray was "provided to support and to decrease lateral lean." The following concerns were identified: a. Review of the care plan showed there was no mention of the tray device used for the resident. b. Interview with the MDS coordinator on 3/21/19 at 2:48 PM revealed the care plan did not include the use of the lap tray positioning device and it would be added to the care plan.	F 656	discharged. B. The DON or designee has conducted a 100% observation audit of other residents that use a lap-tray to ensure that the lap tray has been added to the care plan for those residents. C. The DON or designee will conduct an in-service on or before 4/26/19 with MDS Coordinators regarding the importance adding lap-trays to the care plan when they are utilized. D. A Performance Improvement tool will be utilized to conduct weekly audits that a care plan has been created for residents utilizing lap trays. Auditing will continue for no less than three months or until ongoing compliance has been met. Any problems identified will result in immediate education and/or corrective action. The audits will be conducted by the DON or designee. E. The DON will report the results of the audits at the monthly Performance Improvement meeting. The report will include any problems and/or trends noted. Reporting will occur for no less than three months or until ongoing compliance had been achieved.	
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.	F 812		4/26/19

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F 812	Continued From page 8 (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, and staff interview, the facility failed to ensure food storage areas were clean and sanitary in 2 of 2 kitchens (the main kitchen and the arrowhead kitchen). The findings were: 1. Observation on 3/19/19 at 10 AM and 3/21/19 at 4 PM showed concerns with the walk-in refrigerator in the main kitchen: The floor was damaged and there was rust and dark colored areas that could not be effectively cleaned due to the lack of a smooth finished surface. The conduit pipe that ran along the inside wall for the electrical was directly above the top self which contained food items, and about 3 feet of the pipe was rusted. Interview with the certified dietary manager (CDM) on 3/19/19 at 10 AM revealed the floor had been in this condition since she started and it was unable to be cleaned well due to the surface. 2. Observation on 3/21/19 at 4 PM showed the dry storage room in the main kitchen had accumulated food and paper debris under the	F 812	A. The walk-in refrigerator floor was replaced on 4/9/19. The conduit pipe in the walk-in refrigerator was replaced on 4/11/19. The dry storage room floor was cleaned during survey on 3/21/19. Turning off the air-conditioner was added to closing checklist to prevent freezing of unit and water droplets. B. The Dietary Director or designee will conduct weekly audits to ensure that the dry storage room floor will be kept clean and free from debris and the area under the air-conditioning unit will be kept free of food and contaminable items and will be turned off at night. C. The Dietary Director or designee will conduct an in-service on or before 4/26/2019 with dietary staff regarding the importance of ensuring the dry storage room floor is clean and free of debris, and the area under the air-condition unit is free from food and contaminable items and is turned off at night. D. A Performance Improvement tool	

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F 812	Continued From page 9 shelving units. Interview with the CDM at that time revealed more in-depth cleaning was required. 3. Observation on 3/21/19 at 4:40 PM showed an air conditioner unit in the arrowhead kitchen was located above a food storage and preparation area. The air conditioner was on and there were water droplets on the vents dripping onto the bags of bread and the toaster. Interview with the CDM at that time revealed the dripping would be considered contamination and correction was needed. 4. According to Food Code 2017, U.S. Public Health Service: 4-601.11 "(A) Equipment food-contact surfaces and utensils shall be clean to sight and touch. (B) The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris." 5. According to Food Code 2017, U.S. Public Health Service: 3-305.11 Food Storage. "(A) Except as specified in (B) and (C) of this section, FOOD shall be protected from contamination by storing the FOOD: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination; and (3) At least 15 cm (6 inches) above the floor."	F 812	will be utilized to conduct weekly audits to ensure the dry storage room floor is kept clean and free from debris, and the area under the air-conditioning unit is kept free from food and contaminable items and is turned off at night. E. The Dietary Director will report the results of the audits at the monthly Performance Improvement meeting. The report will include any problems and/or trends noted. Reporting will occur for no less than three months or until ongoing compliance is achieved.	