

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/21/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535040	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 11/13/2019
NAME OF PROVIDER OR SUPPLIER DOUGLAS CARE CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1108 BIRCH STREET DOUGLAS, WY 82633		
(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
{K 000}	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 11/13/2019 for all previous deficiencies cited on 09/17/2019. All previous deficiencies have been corrected and the facility is back in compliance.	{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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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{E 000}	Initial Comments	{E 000}			
{E 036} SS=F	A Life Safety Code revisit survey was conducted on 11/13/2019 for all previous deficiencies cited on 09/17/2019. EP Training and Testing CFR(s): 483.73(d) (d) Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually. *[For ICF/IIDs at §483.475(d):] Training and testing. The ICF/IID must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually. The ICF/IID must meet the requirements for evacuation drills and training at §483.470(h). *[For ESRD Facilities at §494.62(d):] Training, testing, and orientation. The dialysis facility must develop and maintain an emergency preparedness training, testing and patient orientation program that is based on the emergency plan set forth in paragraph (a) of this	{E 036}		12/7/19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/20/2019

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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{E 036}	Continued From page 1 section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training, testing and orientation program must be reviewed and updated at least annually. This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to provide a training and testing program in accordance with the 2016 CFR 483.73(d), Condition for Long Term Care (LTC) Facilities. Failure to provide a training and testing program as required could result in injury or death during an emergency. The deficiency affected 100 percent of the facility. The findings were: Document review on 11/13/2019 at 2:00 PM revealed the facility could not verify that training and testing of their emergency plan had been conducted for all their staff. Document review revealed seven (7) staff members out of 50 had failed to be trained. Interview with the facility administrator at the time of observation, and at exit, acknowledged the deficiency and indicated awareness of the requirement. REF: 2016 CFR 483.73(d)	{E 036}	E036 EP Training and Testing The facility will provide training and testing program in accordance with the 2016 CFR 483.73(d), Condition for LTC Facilities. 1. The employees of the facility will be trained on the emergency plan. The seven employees that were not trained will be. 2. The NHA or designee will educate the safety committee on the requirement of training and testing. 3. An audit of the trainings will be done monthly and brought to QAPI on a monthly basis for three months or until resolved.		