STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535043	A. BUILDING _____ B. WING _____	C 11/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARAMIE CARE CENTER	**503 S 18TH ST LARAMIE, WY 82070**

(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 11/12/19. The survey was prompted by complaint intakes WY000002885, WY000002957, and WY000002969.	F 000		
F 568 SS=D	Accounting and Records of Personal Funds CFR(s): 483.10(f)(10)(iii) §483.10(f)(10)(iii) Accounting and Records. (A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. (B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. (C)The individual financial record must be available to the resident through quarterly statements and upon request. This REQUIREMENT is not met as evidenced by: Based on review of trust statements, staff interview, and family interview, the facility failed to ensure the accuracy of account transactions for 1 of 4 sample residents (#3). The census of residents with trust funds was 54. The findings were: Review of the June 2019 transaction history for the trust account belonging to resident #3 showed an opening balance of $951.18, and one credit to the account in the amount of $1361. There were 3 debits to the account which included $1311 (pay to accounts receivable), $16.88 (cash withdrawal), and $407 (pay to accounts	F 568	Corrective Action: A refund for the debit of $407 was requested 12/2/19 and will be refunded back to Resident #3 Resident Trust Account. Nursing Home Administrator met with the Power of Attorney and Resident on 12-2-2019 to review Resident Trust Fund Statement. Identification: On or prior to the allegation of compliance the Nursing Home Administrator/Designee will review all Resident Trust Fund accounts with automatic resource payment (e.g., rent, room and board, etc.) from July 2019 to	12/13/19

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

Electronically Signed | 12/06/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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LARAMIE CARE CENTER	503 S 18TH ST LARAMIE, WY 82070

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F 568	Continued From page 1 receivable). The ending balance was $577.30. The following concerns were identified: a. Review of the account details failed to show why the amount of $407 was being debited from the account other than it was owed to the facility as accounts receivable (A/R). b. Interview with the business office manager on 11/12/19 at 4:25 PM revealed the facility was paid for the resident's stay out of the social security deposits minus $50 the resident was allowed to keep. These payments to the facility showed up as A/R payments on the statements. She further stated an automatic payment (credit) from social security in May 2019 was short. The manager had been told by social security there had been an error and there would be 2 deposits the next month to correct it. The manager stated in June the extra $407 paid to A/R was from this extra credit. However, when the account was reviewed, she was unable to show the credit was ever received into the resident's account. c. Interview with the resident's family on 11/12/19 at 2:50 PM revealed this inaccuracy had been brought up to the facility in the past and had not yet been resolved.	F 568	November 2019 for withdrawal transactions to the facility operating account for debits that differ from previous automatic withdrawals and confirm a receipt was written. Systemic Changes: Accounts Payable Coordinator/Resident Trust Fund Cashier who held position during allegation of noncompliance is no longer working as Resident Trust Fund Cashier. On or prior to the date of compliance the Nursing Home Administrator/Designee will re-educate the Business Office Manager and resident trust fund Cashiers on the Resident Trust Fund policy. Monitoring: The Nursing Home Administrator/Designee will review all Resident Trust Fund accounts with automatic resource payment (e.g., rent, room and board, etc.) withdrawal transactions to facility operating account debits that differ from previous automatic withdrawals and confirm a receipt was written approving the debit for a different payment amount once a week for three months and then monthly once compliance is obtained. Any issues of noncompliance will be reviewed monthly in QAPI.	