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 09/17/2021

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 complaint survey was conducted by Healthcare licensing and Surveys from 9/16/21 to 9/17/21. The survey was prompted by complaint intake WY00003281. In addition, a COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys from 9/16/21 to 9/17/21. It was determined, based upon the findings of the survey team, that no deficiencies were identified pertaining to the focused infection control survey.	F 000		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on family interview, staff interview, medical record review, and hospital medical record review, the facility failed to ensure the resident's environment was free of accident hazards for 1 of 6 sample residents (#206) with Alzheimer's and/or dementia diagnoses who suffered falls. This failure resulted in harm to resident #206, who fell from an electric recliner that was not assessed for safety, sustaining multiple bone fractures. The findings were: 1. Review of the 6/17/21 quarterly MDS assessment showed resident #206 was admitted	F 689	1. Resident #206 was discharged from the facility 9/6/2021. 2. 100% audit will be performed to identify any resident with an electric recliner by nursing on 10/06/2021. Safety evaluation will be performed by therapy/nursing on each resident with an electric recliner and IDT will review to determine if recliner is safe to use by 10/06/2021. Remote will be secured to side of recliner to prevent accidental use of remote by maintenance or designee 10/06/2021.	10/6/21

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

Electronically Signed | 10/06/2021

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F 689	Continued From page 1 to the facility on 9/9/20 with diagnoses that included Alzheimer's disease with late onset, dementia without behavioral disturbance, pain, generalized muscle weakness, age-related osteoporosis without pathological fracture, cognitive communication deficit, unspecified kyphosis, and unsteadiness on feet. Further review showed the resident utilized a wheelchair, and required extensive assistance of at least two people for bed mobility, toilet use, and transfers, and required extensive assistance of at least one person for ambulation. Interview with the resident's family member on 9/16/21 at 3:15 PM revealed the family provided a recliner upon admission for the resident; the recliner was electric, and could be reclined or elevated to assist with standing through the use of a remote control that was attached to the chair. The family member further revealed the resident did not have the cognitive ability to operate the chair due to the resident's condition, and the family member had never observed the resident operating the chair. Review of the current Visual/Bedside Kardex Report used for guidance in performing resident-specific cares, as of 9/16/21, indicated safety measures " ...Call light within reach ... one way glide on recliner ... Staff to ensure recliner remote over the edge of arm of chair and not in the chair." The following concerns were identified: a. Review of the facility event report showed the resident suffered a "Fall With Injury" on 8/30/21 at 7:30 AM. Further review showed at 7:00 AM staff assisted the resident with his/her activities of daily living (ADLs) while the resident was in his/her wheelchair. Upon completion, the resident was transferred into his/her recliner, and " ...staff left room at approximately 7:20-7:25 AM ..." but due to the resident " ...inadvertently [sitting] on the remote ... [the] chair slowly raised	F 689	3. Safety evaluation will be performed by therapy/nursing on each resident with an electric recliner and IDT will review to determine if recliner is safe for resident by 10/06/2021. Policy will be created for evaluation of safety for electric recliners 10/06/2021. Education will be provided to staff regarding Electric recliner policy, and for all staff to check prior to transferring a resident for any items in the chair/wheelchair/bed that should not be underneath the resident by ED or designee 10/06/2021. 4. An audit tool will be created and utilized for all electric recliners by ED or designee 10/06/2021. The ED or designee will present the audits to QAPI monthly for review and feedback for a minimum of 3 months to ensure compliance is achieved and maintained.	

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F 689	Continued From page 2	F 689		

and tipped [him/her]." Further review showed social services entered the room at 7:30 AM and found the resident on the floor; the nurse was notified, and after assessment, the resident was assisted by the nurse and CNA back into the recliner, with " ...no apparent injury at this time." Continued review showed at 2:30 PM the CNA " ...noted resident right ankle to be swollen and left hand to be swollen and discolored with slight deformity ..." and reported her findings to the nurse; the nurse then notified the nurse practitioner (NP), who performed an assessment and ordered the resident be sent to the emergency room for x-rays.

b. Review of a nursing progress note from 8/30/21 and timed 10:32 PM showed the resident was sent to the emergency room at 3:00 PM for x-rays, and returned at approximately 7:00 PM. Review of the emergency room medical record from the 8/30/21 visit showed the resident sustained tibial and fibular fractures to lower right leg, and a dislocation fracture to the middle finger on her left hand.

c. Interview with the DON on 9/16/21 at 3:08 PM revealed the facility utilized both standard recliners and recliners with electric lifts. She stated the facility tried to use the furniture the family provided, if applicable; otherwise, the facility would " ...just use whatever chair or recliner is available for chairs ..." at the time of admission. She further stated the facility did not have a safety evaluation for recliners with electric lifts. The DON stated she used her own judgement to determine if a lift chair was suitable for a resident or not.

d. Interview with the administrator and DON on 9/16/21 at 4:40 PM revealed the facility did not have a policy surrounding the safe usage of electric assistive devices or electric recliners.

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F 689	Continued From page 3	F 689		

Both staff members confirmed a safety evaluation was warranted when the resident was admitted, but the DON stated " ... we assumed it was okay, since she had it with her at [the previous ALF]." The administrator stated the facility had never previously had a reason to evaluate recliners of any kind, including recliners with electric lifts. He further stated it would be difficult to determine when an evaluation was needed " ... until a problem came up, then [the facility] would re-evaluate and look at cognition, safety, misuse of the chair, restraints, or messing with buttons ..." Both staff members confirmed the chair remote should not be underneath a resident, both for safety and to prevent skin breakdown.

e. Review of the resident's care plan, last revised 8/31/21, showed the resident was " ...at risk for falls and fall related injuries [related to] weakness, impaired mobility, and poor safety awareness." Interventions included "Anticipate and meet the resident's needs ... Call light within reach ... Complete fall risk assessment ... one way glide on recliner ... Provide adaptive equipment or devices as needed ..." and "Staff to ensure recliner remote over the edge of arm of chair and not in the chair", which was added as an intervention after the fall on 8/30/21.

f. Review of a physician's progress note from 8/31/21 and timed for 10:28 AM showed the resident received a consult with an orthopedic surgeon; it was determined surgical intervention was not appropriate for the resident. Interview with the resident's family member on 9/16/21 at 3:15 PM confirmed the resident was not a good candidate for surgery due to his/her age, cognitive status, complicities, and chances for recovery.

g. Review of the facility discharge record showed the resident was transferred to a hospice

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F 689	Continued From page 4 facility on 9/6/21.	F 689		