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 12/29/2021

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 on 12/29/21. The survey was prompted by complaint intakes WY00003343 and WY00003344. In addition, a COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys on 12/29/21. It was determined, based on the findings of the survey team, that no deficiencies were identified pertaining to the infection control survey. The following common abbreviations are used throughout this document: CMS- Centers for Medicare and Medicaid Services DON- Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and	F 550		2/9/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/21/2022

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F 550	Continued From page 1 promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, interview with the ombudsman, review of facility policy and procedure, and review of CMS guidance, the facility failed to ensure the residents' rights to self-determination, communication, and access to persons inside the facility was facilitated related to communal dining. The census was 91. The findings were: 1. Observation on 12/29/21 at 8:10 AM showed the breakfast meal was served in the residents	F 550	1. All residents will be interviewed to identify any resident that would like to take part in communal dinning and dinning spaces will be provided to those residents. 2. All residents will be interviewed to identify any resident that would like to take part in communal dinning and dinning spaces will be provided to those residents. Education will be provided to staff during the all staff meeting.	

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F 550	Continued From page 2 rooms. The main dining room was empty of residents, and there was a staff member using one of the tables for work. 2. Interview with the administrator and DON on 12/29/21 at 3:25 PM confirmed there had been no offer to resume communal dining made to the residents. They had a couple of COVID-19 outbreaks, and since the end of the last outbreak on 11/11/21, dining continued in the residents' rooms. The administrator stated he was not aware the residents wished to eat in the dining room. 3. Interview with the ombudsman on 12/29/21 at 1:40 PM revealed his discussions with residents that day confirmed they were eating all meals in their rooms, and they thought this was due to COVID-19 restrictions. According to the ombudsman, the residents interviewed expressed a desire to be able to return to the dining room for meals. 4. Review of the 12/7/21 revised facility "Coronavirus (COVID 19) (SARS-CoV-2)" policy pg 28 showed, "Communal dining may be facilitated (if approved by your local health department and state survey agency) for residents who are; fully vaccinated, COVID-19 recovered, and for those who are not on quarantine for observation, or in isolation for suspected, or confirmed COVID-19 positive." 5. Review of CMS guidance found in QSO-20-39-NH, "Nursing Home Visitation-COVID-19" revised 11/12/21 showed"...While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur..."	F 550	3. Interviews with residents will be conducted on admission and monthly and as needed to ensure that residents would like to take part in communal dinning. If dinning room guidance changes, education will be provided to the residents. 4. Interviews from the Executive Director will be conducted by the ED from a sample of residents and families to evaluate compliance. This process will be reviewed in QAPI over the next three months to ensure compliance. Completion date for the above: February 9, 2022.	

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F 563 SS=E	Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v) §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time; (iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time; (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation. This REQUIREMENT is not met as evidenced by: Based on staff and family interview, interview with the ombudsman, review of facility policy and procedure, and review of CMS guidance, the facility failed to ensure residents and families were kept informed about clinical and safety restrictions, and their ability to have visitation	F 563	1. All residents and family contact (including resident #2 and #4 and family of resident of #2 and #4) will be notified with a letter from the facility informing them about clinical and safety restrictions and their ability to have visitation without	2/9/22

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F 563	Continued From page 4 without advanced scheduling. The census was 91. The findings were: 1. Interview with the administrator on 12/29/21 at 8:30 AM verified the facility was allowing visitation at any time. He stated visits were allowed without an appointment; however, scheduling a time was offered to ensure the resident was available and ready. He also stated if the visitors wished to meet in the resident's room, this could be accommodated depending upon the circumstance. The administrator further stated there was no written policy and procedure regarding visitation, and they were following the CMS guidelines. The following concerns were identified: a. Interview with the family of resident #4 on 12/29/21 at 2:33 PM revealed s/he visited frequently and was told at the facility s/he was "required to make an appointment." The family member stated when requesting to visit in or see the resident's room, s/he was denied and "was told there are no visits allowed in resident rooms." On Christmas Eve s/he "had to" sit with other families and residents in the living room common area for the visit. The family member stated it was "unsettling" not to be able to see where her family member was living in the facility. S/he further stated nothing had been received in writing from the facility concerning the visitation policies and procedures. b. Interview with the family of resident #2 on 12/29/21 at 2:51 PM revealed they "were asked to schedule visits" and it was their understanding visits must be scheduled, so they never attempted to visit without an appointment. They were also "told" by the facility staff they were not allowed to visit in the resident's room. c. Interview with the administrator on	F 563	advanced scheduling, visitation can occur in residents room, and other private areas offered for visitation, as well as continuing to educate in resident council. 2. All new residents and family contact will receive the most current letter. Education will be provided to the staff during the all staff meeting. 3. The facility will provide information to the residents and the family with new guidance about clinical, safety restrictions, and their ability to have visitation without advanced scheduling. 4. Interviews from the executive director will be conducted by the ED from a sample of residents and families to evaluate compliance. This process will be reviewed in QAPI over the next three months to ensure compliance. Completion date for the above: February 9, 2022.	

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F 563	Continued From page 5	F 563		

12/29/21 at 8:30 AM confirmed there had been no written information communicated to the residents or families regarding visitation policies and procedures.

d. Interview with the ombudsman on 12/29/21 at 2:30 PM revealed in his discussions with residents on that day their understanding was that visits needed to be pre-arranged.

e. Interview on 12/29/21 at 9:50 AM with the Facility Liaison confirmed although visits were allowed without appointments, visitors were "encouraged to call ahead...and visits were allowed in common areas." She further stated there were "certain considerations" for visits in the resident rooms; however, she was unsure what the details were to allow resident room visits.

f. Review of the 12/7/21 revised "Coronavirus (COVID 19) (SARS-CoV-2)" policy showed "Educational Recommendations" on pg 10, "...Educate residents and families through educational sessions and written materials on topics including information about SARS-CoV-2, actions the facility is taking to protect them and their loved ones, any visitor restrictions that are in place, and actions they should take to protect themselves in the facility..."

g. Review of CMS memo QSO-20-39-NH, last revised on 11/12/2021 showed "Facilities must allow indoor visitation at all times and for all residents as permitted under the regulations. While previously acceptable during the PHE [public health emergency], facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits. Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of

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F 563	Continued From page 6 COVID-19 infection prevention and does not increase risk to other residents..."	F 563		