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

9/20/11

PRINTED: 09/12/2011
FORM APPROVED
OMB NO. 0938-0391

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 08/24/2011

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

(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 153 SS=D	483.10(b)(2) RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS	F 153		10/7/11

The resident or his or her legal representative has the right upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and after receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.

This REQUIREMENT is not met as evidenced by:
Based on review of facility information, staff interview, and review of policy and procedure, the facility failed to ensure requested photocopied medical records were available in the required timeframe for 2 of 7 requested resident records (#143, #145). The findings were:

Review of the release of information log showed on 4/8/11 medical records were requested by an authorized individual to receive the "entire records" for residents #143 and #145 who were both expired. Review of the bill statement for the record of #143 showed it was dated 4/28/11. Interview with the administrator on 8/24/11 at 9:30 AM revealed the date on the bill (4/28/11) was when both resident records were available to be picked up, this was 14 working days after they were requested. Additionally, the administrator's interview revealed he was unaware that the regulatory two day requirement to provide the copies included closed records. Review of the facility policy and procedure related to requests

A) Resident #143 and #145 discharged on 4/1/11 and 4/5/11 respectively and were no longer residents at the time of the daughter's request for records on 4/8/11.

B) The facility will provide a copy of the **resident's** record within two working days, as required by 42 CFR §483.10 (b)(2)(ii):
   (i) After receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portion of them upon request and 2 working days advance notice to the facility.

C) Random audits will be conducted by medical records director to ensure that all requests for copies of medical records are provided to the resident within the required timeframe.

D) An in-service will be given to all health information staff by the Executive Director on the topic of Release of Information and Confidentiality to include the preparation of the record to be released.

E) Compliance will be monitored through the facility's Performance Improvement meeting by the Health Information Director. Executive Director to oversee.

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

Executive Director 9/22/11

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.

RECEIVED
Wyoming Department of Health
SEP 22

Accepted w/out Changes. Left voice message for Brian Merrill, NHA on 9/29/11

Office of Healthcare Licensing and Surveys

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F 153	Continued From page 1 for copies of medical records last reviewed 1/24/08 showed: "The maximum turnaround time to respond to a valid request for a discharged or expired resident's information is 30 days from the date of request unless otherwise required by state law."	F 153		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the dignity of 2 non-sample residents (#112, #88) whose appearance was not maintained in a clean manner. The findings were: 1. Observation on 8/22/11 at 4:30 PM, 8/23/11 at 10:55 AM and on 8/24/11 at 9:15 AM showed resident #112 wore a seatbelt while seated in his/her wheelchair located in the hallway. During each observation the seatbelt was noticed to be soiled with a brown substance on the left strap. The seatbelt was worn outside the resident's clothes and was visible to any passerby. Interview with the DON on 8/24/11 at 9:12 AM revealed wheelchairs and attached equipment like the seatbelt were on a rotating schedule and were cleaned nightly. The DON stated the CNAs were responsible to keep the resident's outward appearance clean.	F 241	F 241 Dignity and Respect of Individuality The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect. A) Residents #112 and #88 will receive the necessary action to ensure that soft cloth restraints are maintained in clean fashion. B) Weekly audits will be conducted to ensure that all soft cloth restraints on residents are maintained in a clean and respectable fashion. These weekly audits will include residents #112 and #88. C) The Director of Nursing or designee will provide education to all licensed nursing staff regarding the importance of maintaining clean cloth restraints and following the appropriate cleaning schedule for cloth restraints. The in-services will be conducted on or before October 7, 2011. D) The facility will utilize a Performance Improvement auditing tool to perform the weekly audits. When a problem is identified, immediate staff education will take place. The Director of Nursing and/or designee will conduct these audits.	10/7/11

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F 241	Continued From page 2 2. Observation on 8/22/11 at 1:50 PM showed resident #88 was seated in his/her wheelchair located in the lobby area. The resident wore a soft cloth restraint visible above the tray table that was attached to the wheelchair. The soft restraint was noted to be soiled with two brownish areas. Observation on 8/23/11 at 8:55 AM showed the resident was seated in the lobby area wearing the same soiled soft restraint.	F 241	E) The Director of Nursing will report the results of these audits at the monthly Performance Improvement meeting. The report will include any problems and/or trends noted. This will continue for the period of at least three months or until substantial compliance has been achieved.	