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 09/05/2024

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 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys on 9/4/24 through 9/5/24. The survey was prompted by complaint intakes WY000003946 and WY000003960. The following common abbreviations are used throughout this document: RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to	F 761		10/1/24

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

Electronically Signed | 09/24/2024

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F 761	Continued From page 1 abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and policy and procedure review, the facility failed to ensure medications were safely stored during 1 of 2 observations of medication administration. The census was 113. The findings were: 1. Observation on 9/5/24 at 10:13 AM showed RN #1 removed a medication cup, which was not labeled and had 4 capsules in it, and placed it on the top of the medication cart in a plastic basket on an ice pack. Further observation showed the RN walked away from the medication cart and the medication remained in the basket. 2. Interview with RN #2 on 9/5/24 at 10:17 AM revealed medications should not be left unattended on the top of a medication cart. Observation at that time showed RN #2 removed the medications from the top of medication cart. 3. Interview with RN #1 on 9/5/24 at 10:25 AM revealed the medications he placed on top of the cart were "probiotics" the needed to be cool. Further interview revealed he was not aware the medications could not be left unattended. 4. Review of the facility policy titled "Medication Storage" dated March 2022 showed "...Medications requiring refrigeration must be locked or stored in a locked room...Medication carts and cabinets should be locked when unattended...No pre-set/pre-prepared medications are not permitted (unless allowed by	F 761	A. Written education provided to Nurse #1 to address medication storage in locked cart, all medications in original packaging and no pre-poured medications. B. The DON or designee will conduct 100% audit of medication carts, to ensure all medications are locked in the cart and medications are stored in original packaging and not pre-poured. C. The DON or designee will conduct in-service on or before 9/25/24 with nurses and med techs; addressing medication storage in locked cart, all medications in original packaging, and no pre-poured medications. D. A performance improvement tool will be utilized to conduct audits of medication carts to ensure all medication storage in locked cart, all medications in original packaging and no pre-poured medications weekly for two months or until substantial compliance has been achieved. Any problems identified will result in immediate corrective action. The audits will be conducted by DON or designee. E. The DON will report results of audits at the monthly performance improvement meeting. The report will include any	

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F 761	Continued From page 2 state regulation)...Medications are properly labeled with patient name, lot # [number], and expiration date..."	F 761	problems or trends. Reporting will occur for no less than two months or until sustained compliance has been achieved.	