

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Cheyenne		STREET ADDRESS, CITY, STATE, ZIP CODE 1330 Prairie Avenue Cheyenne, WY 82009	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>35081</p> <p>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:</p> <ol style="list-style-type: none"> 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 state regulation) .Medications are properly labeled with patient name, lot # [number], and expiration date .

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.

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