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	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Cheyenne	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 37220 Based on medical record review and staff interview, the facility failed to ensure the comprehensive care plan was revised as needed to reflect the resident's current needs for 1 of 23 sample residents (#5). The findings were: 1. Review of the 5/1/24 admission MDS assessment showed resident #5 had a cognitive assessment which determined the resident to be severely impaired. The resident had diagnoses which included traumatic brain dysfunction, Alzheimer's disease, dementia, and anxiety disorder. Review of the physician orders showed the resident was prescribed 25 mg of Seroquel (antipsychotic) daily at bedtime for agitation on 4/27/24 and 25 mg of Zoloft (antidepressant) daily for depression on 5/16/24. Review of the care plan, last revised on 5/30/24, failed to show the care plan had been revised to include goals and interventions related to the diagnosis of depression. 2. Interview with the DON on 6/6/24 at 10 AM confirmed the care plan had not been updated to reflect the use of the antidepressant medication.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 37220 50665 Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure medication-specific target symptoms were identified and monitored for 2 of 5 sample residents (#5, #29) reviewed for unnecessary medication use. The findings were: 1. Review of the 5/21/24 MDS assessment showed resident #29 had a BIMS score of 10 out of 15, which indicated moderate cognitive impairment, and diagnoses which included Parkinson's disease, dementia, anxiety, and depression. Review of the most current physician orders showed the resident received 25 (mg) of Seroquel (antipsychotic) by mouth in the evening related to psychotic disorder with hallucinations, 25 mg of Zoloft (antidepressant) by mouth one time a day related to depression, and 34 mg of Nuplazid (atypical antipsychotic) by mouth one time a day for Parkinson's related hallucinations. The following concerns was identified: a. Review of the June 2024 Behavior Monitoring & Interventions task showed the resident could be verbally and physically aggressive, exhibited inappropriate sexual behavior, had periods of restlessness, anxious concerns, tearfulness, and had paranoid or delusional thoughts. Further review showed no evidence medication-specific target symptoms had been identified for each of the psychoactive medications prescribed. 2. Review of the 5/1/24 admission MDS assessment showed resident #5 had a cognitive assessment which determined the resident to be severely impaired. The resident had diagnoses which included traumatic brain dysfunction, Alzheimer's disease, dementia, and anxiety disorder. Review of the physician orders showed the resident was prescribed 25 mg of Seroquel (antipsychotic) daily at bedtime for agitation and 25 mg of Zoloft (antidepressant) daily for depression. The following concerns was identified: a. Review of the June 2024 Behavior Monitoring & Interventions task for the resident showed agitation, verbal and physical aggression, and resistance to care were identified as behaviors to monitor. Further review showed no evidence medication-specific target symptoms had been identified for each of the psychoactive medications prescribed. 3. Interview with the DON on 6/5/24 at 2:09 PM and again on 6/6/24 at 11:06 AM confirmed the facility did not have medication-specific target symptoms identified on the behavior monitoring and intervention task for the psychoactive medications prescribed. 4. Review of the policy titled Unnecessary Medication, last reviewed on 8/9/23, showed .8. The facility will ensure proper monitoring and accurate documentation to a medication in order to evaluate the ongoing benefits as well as risks of various medications.