

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535032	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Life Care Center of Cheyenne			STREET ADDRESS, CITY, STATE, ZIP CODE 1330 Prairie Ave , Cheyenne, Wyoming, 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
F0000	<p>INITIAL COMMENTS</p> <p>A complaint survey was conducted by Healthcare Licensing and Surveys from 3/25/26 to 3/26/26 which was prompted by complaint intakes 2645745, 2717828, and 2786105.</p> <p>The following common abbreviations are used throughout this document:</p> <p>BIMS: Brief Interview for Mental Status</p> <p>DON: Director of Nurses</p> <p>MDS: Minimum Data Set</p> <p>Less commonly used abbreviations will be annotated in each deficiency.</p>	F0000		04/06/2026
F0580 SS = D	<p>Notify of Changes (Injury/Decline/Room, etc.)</p> <p>CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p>	F0580	<p>A.) Resident #6 POA was notified of change of condition on 2/12/26.</p> <p>B.) The DON or designee will conduct 100% audit on all residents that have had a change of condition.</p> <p>C.) The DON or designee will conduct an in-service on or before 5/1/26 with all nursing staff to ensure residents representative are notified of change of condition.</p> <p>D.) A performance improvement tool will be utilized to conduct weekly audits to ensure that resident representative has been notified of change of condition for three months. Any problem identified will result in immediate education and/or corrective action. The audits will be conducted by DON or designee.</p>	05/01/2026

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 reverse for further 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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F0580 SS = D	<p>Continued from page 1</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on resident representative and staff interview, medical record review, and policy and procedure review, the facility failed to ensure a notification of change of condition was given for 1 of 3 sample residents (#6) reviewed for a change in condition. The findings were:</p> <p>1. Review of the 1/12/26 annual MDS assessment showed resident #6 had a BIMS score of 11 out of 15 (which indicated mild cognitive impairment); showed no signs or symptoms of delirium, behaviors, or hallucinations; was continent of both bladder and bowel, and was independent with personal hygiene, oral hygiene, and toileting hygiene. The resident had diagnoses which included non-Alzheimer's dementia and depression. The findings were:</p>	F0580		

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F0580 SS = D	<p>Continued from page 2</p> <p>a. Telephone interview with the resident's representative on 3/26/26 at 11:51 AM revealed the resident had a urinary tract infection (UTI) in February. Further, the resident's representative stated the resident had told her s/he was taking medication for an infection. At that time the resident's representative contacted the facility to obtain information related to the resident's change of condition.</p> <p>b. Review of a "Health Status Note", dated 2/2/26 and timed 8:02 AM, showed "[The resident] reported c/o [complained of] dysuria, urinary urgency and frequency. UA [urinalysis] collected and pending."</p> <p>c. Review of a "Health Status Note", dated 2/2/26 and timed 10:38 PM, showed "Resident is being monitored for keflex (antibiotic) for UTI day 1/7 [1 out of 7] with no adverse reaction."</p> <p>d. Review of a "Health Status Note", dated 2/3/26 and timed 11:45 AM, showed "Resident is on Keflex day 2/7 [2 out of 7] for UTI. [S/he] is up out of bed. Alert to staff and all cares. No complaints of nausea, vomiting or diarrhea. No adverse skin reactions or complaints of discomfort."</p> <p>e. Review of an "Infection Note", dated 2/3/26 and timed 1:30 PM, showed the resident had been diagnosed with a UTI related to dysuria, increased urgency/frequency and a positive urine culture. The resident was prescribed cephalexin (antibiotic) for 7 days per the culture and sensitivity report. "Good hygiene to be encouraged and fluids offered per current medical condition. Will continue to monitor."</p> <p>f. Review of the communication with family notes showed the resident's representative was notified on 2/12/26 at 9:53 AM to inform her the facility was collecting a urine sample to ensure the infection was cleared. There was no evidence the resident's representative had been notified of the change of condition at the onset of the UTI.</p> <p>2. Interview with the DON on 3/26/26 at 1:56 PM confirmed there was no documentation the resident's representative had been notified of the change of condition.</p> <p>3. Review of the "Changes in Resident's Condition or Status" policy, last reviewed 8/29/25, showed "This facility will notify the resident, his/her primary care provider, and resident/resident representative of</p>	F0580		

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F0580 SS = D	Continued from page 3 changes in the resident's condition or status...A facility must immediately inform the resident' consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is...(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment)..."	F0580		