FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0004	A. BUILDING: ______ B. WING ______	10/03/2013

RECEIVED
WY Dept of Health
OCT 24 2013
Healthcare Licensing

NAME OF PROVIDER OR SUPPLIER: CASTLE ROCK CONVALESCENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 1445 UINTA DRIVE, GREEN RIVER, WY 82935

(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) COMPLETE DATE
S2928	Ch 11 Sec 6 (b)(iii) Physical Environment (b) Sanitary Environment. The Nursing Care Facility shall establish policies and procedures for investigating, controlling and preventing infections. (iii) The facility shall report the required diseases/conditions to the Wyoming Department of Health, Epidemiology Unit as per W.S. §35-4-107. In addition, those conditions classified as nosocomial where two (2) or more persons, either residents or employees, are affected shall be reported immediately to the State Health Officers, the County Health Officer, and the Licensing Division. The Nursing Care Facility Administrator or his/her designated representative shall furnish all available pertinent information related to such disease or condition to the Licensing Division This State Rules and Regulations is not met as evidenced by: SHN LIC REGS FOR NURSING HOMES Based on staff interview and review of the infection control log, the facility failed to notify the State Epidemiology Unit and the State Licensing Office of an outbreak of respiratory illness that affected 15 residents (#3, #35, #40, #41, #44, #50, #51, #52, #55, #58, #59, #60, #61, #62). The findings were: Review of the facility's infection control log revealed between 1/4/13 and 1/27/13 two sample residents (#3, #50) and thirteen non-sample residents (#30, #35, #40, #41, #44, #51, #52, #55, #58, #59, #60, #61, #62) had symptoms of	S2928	S2928 Ch. 11 Sec 6 (b) (iii) Sanitary Environment. The Nursing Care Facility shall establish policies and procedures for investigating, controlling and preventing infections. (iii) The facility shall report the required diseased/conditions to the Wyoming Department of Health, Epidemiology Unit as per W.S. S35-4-107. In addition, those conditions classified as nosocomial where two (2) or more persons, either residents or employees, are affected shall be reported immediately to the State Health Officers, the County Health Officer and the Licensing Division. The Nursing Care Facility Administrator or his/her designated representative shall furnish all available pertinent information related to such disease or condition to the Licensing Division. The facility will follow policies and procedures regarding Outbreaks to the State Epidemiology Unit, County Health Officer, and the State Licensing Office. This standard will be accomplished by the following: (including but not limited to): 1. The Infection Preventionist (IP) will collect, analyze and provide infection data and trends per policy, guidelines, and tools.	12/02/13

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bobbi Jo Diaz (signature) TITLE: NHA, RN, BCAI (X6) DATE: 10/24/13

10/29/13 This POC accepted between Bobbi Jo Diaz, Administrator and Tiny Madden, Surveyor.

10/29/13

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S2928	Continued From page 1 respiratory illness that included cough, sore throat, body aches, hoarseness, and cough with blood. Further review revealed the facility failed to notify the State Epidemiology Unit and the State Licensing Office of this outbreak. Interview on 10/3/13 at 9:50 AM with the facility's infection control coordinator confirmed the state Epidemiology lab and the State Licensing Office were not notified.	S2928	2. Analysis of data will be reviewed to determine a common source of infection as outlined in policy and per CDC guidelines. 3. Public information will be provided through notification to family members, posting of information for the general public on news media as needed. 4. The IP will write a final written report of the investigation, outlining findings and recommendations and report to the State Health Officers, the County Health Officer and the Licensing Division. 5. The facility will conduct weekly survey audits to assure compliance of reporting of outbreaks in the facility. See Attached Audit CRCC Survey 2013 Infection Control 6. The results of the quality monitoring tool will be reported to the Quality Assurance Committee. 7. The Director of Nursing is responsible for compliance of the above standard.	

10/24/13