POC accepted 6/19/13

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WY Dept of Health
JUN 7 2013
Healthcare Licensing

PRINTED: 05/24/2013
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
	WY0036	A. BUILDING: _____ B. WING _____	06/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWARD HEIGHTS CARE CENTER	150 CARING WAY LANDER, WY 82520

(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
SALF	LIC REGS FOR ASSISTED LIVING FACILITIES This State Rules and Regulations is not met as evidenced by: Wyoming Department of Health Aging Division Rules and Regulations for Program Administration of Nursing Care Facilities Chapter 11 Section 6. 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 Officer, 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 rule was not met as evidenced by: Based on review of facility infection control documentation and staff interview, the facility failed to report an outbreak to all entities required under state regulations. The findings were: During a review of the facility infection control program documentation on 5/16/13 at 9 AM, it was revealed that the facility had an outbreak of upper respiratory infections in April 2013 that	SALF	SALF This facility will establish a procedure to ensure all necessary parties including the State Department of Health, the Fremont County Health Officer, and the State Licensing Division be notified when an infectious outbreak occur within the facility to residents and or staff affecting two or more persons. A check list has been developed to ensure the necessary parties are informed in the event of an infectious outbreak within the facility and kept by the Infection Prevention Nurse in the APIC manual with the Outbreak prevention and Investigation Policy. Illness patterns are monitored by the IP nurse and discussed with IDT team weekly and any trends will be reported as identified. Will be reviewed at the QA meetings monthly for 3 months; then quarterly for the remainder of the year.	7/1/2013

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

Natalie Kessell — TITLE Administrator — (X6) DATE 6/7/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM 6899 — C00011 — If continuation sheet 1 of 2

Changes per Natalie Kessell, Administrator via phone call on 6/19/13 @ 3:55 PM.
Janelle Cook, DNP/L

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SALF	Continued From page 1 affected 9 residents and 4 staff members. During an interview with the infection control practitioner (ICP) at that time, she confirmed she contacted the Wyoming Department of Epidemiology, and was directed to obtain 2 cultures for influenza. The documentation showed the cultures were negative. Further interview with the ICP showed the facility failed to contact any other entity, including the County Health Officer and the Licensing Division.	SALF		