Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0009	A. BUILDING: _____ B. WING _____	02/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK CO MEDICAL SERVICE DISTRICT LON	713 OAK STREET SUNDANCE, WY 82729

(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 Rule and Regulation is not met as evidenced by: Based on review of Licensing Division records, and staff interview, the facility failed to notify the Licensing Division of an outbreak of infectious disease in the facility. The findings were: Review of Licensing Division records failed to show any report to that agency of an outbreak of infectious disease at the facility in the month of February 2015. Interview with the Infection Control Nurse on 2/26/15 at 9:30 AM revealed the facility had identified an outbreak of influenza in the facility, and confirmed the facility failed to notify the Licensing Division.	S2928	The influenza outbreak of 02/11/2015 was reported to the Department of Health on 04/16/2015. The Epidemiology Section was notified during the week of the outbreak. All outbreaks, clusters, and other unusual infection control events will be reported be reported to 2 facilities, HLS Healthcare Licensing & Surveys, (307-777-7123) and Epidemiology Section (307-777-7953) by the Infection Preventionist or designee as soon as they are identified. Outbreaks, clusters and other unusual infection control events will be tracked by the infection control nurse using a log. Findings will be reported to QAPI quarterly with follow up actions to be determined by QAPI committee.	04/10/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 4/27/2015

Accepted plan of Correction. Notified NHA on 4/27/15.

4/27/15