PRINTED: 04/23/2015
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
	WY0019	A. BUILDING: _____ B. WING _____	04/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZONS CARE CENTER	1111 LANE 12 LOVELL, WY 82431

(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 and State Epidemiology Office of any outbreaks of infections in the facility for 2 of 2 outbreaks (Upper Respiratory Illness, Gastrointestinal Illness). The findings were: Interview with the director of nursing upon entrance to the facility on 4/6/15 at 4:35 PM revealed some residents and staff were experiencing gastrointestinal symptoms. Interview with the infection preventionist (IP) on 4/6/15 at 5:45 PM revealed the facility had experienced an outbreak of upper respiratory illness among the residents which started on 3/18/15, and a current	S2928	The facility will report the required disease/conditions to the Wyoming Department of Health, Epidemiology Unit per W.S. 35-4-107. The facility will report nosocomial infections if two (2) or more persons, either residents or employees, are affected. This will be reported immediately to the State Health Officers, the County Health Officer, and the Licensing Division. A) The facility will notify the Licensing Division and State Epidemiology Office two outbreaks (Upper-Respiratory Illness, Gastrointestinal Illness). B) The Interdisciplinary Care Team will be educated on the importance of reporting all illness outbreaks immediately to the Licensing Division and State Epidemiology Office. C) Education will be provided to nursing staff on the importance of reporting all illness outbreaks immediately to a member of the Interdisciplinary Care Team. D) Monitoring of compliance will be done bi-weekly review of physician's orders, physician's rounds list, and 24 hour report. E) Interdisciplinary Care Team members not immediately reporting illness outbreaks to the Licensing Division and State Epidemiology Office, and nursing staff not immediately reporting illness outbreaks to a member of the Interdisciplinary Care Team, will receive immediate in-servicing and corrective action will be taken. F) Results will be reported quarterly, as part of the facility Quality Assurance Program.	~~5/24/15~~ 5/24/15

Per Tracie, DON on 5/24/15 CAP 25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Vicki Schaub — CEO — 5-1-15

STATE FORM 6899 BY6C11 If continuation sheet 1 of 2

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WY Dept of Health
MAY 01 2015
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Accepted on 5/24/15 per conversation w/ Tracie, DON

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S2926	Continued From page 1 outbreak among resident and staff concerning a gastrointestinal illness which started on 4/4/15. Review of Licensing Division records failed to show any report to that agency of an outbreak of infectious disease at the facility for the months of March and April 2015. Interview with the IP on 4/6/15 at 5:45 PM confirmed the facility failed to report either outbreak to state officials.	S2926		