Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0008	A. BUILDING _____ B. WING _____	08/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WORLAND HEALTHCARE AND REHABILITATIC	1901 HOWELL AVENUE WORLAND, WY 82401

(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: Interview with the infection control nurse on 8/20/15 at 10 20 AM revealed the facility had identified an outbreak of influenza in the facility in January 2015, with residents testing positive for influenza 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 January 2015.	S2928	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the state operations manual. S2928 The facility will notify the Licensing Division of an outbreak of infectious disease in the facility. Corrective action: On or prior to the date of compliance the Nursing Home Administrator/Designee re-educated the Director of Nursing/Assistant Director of Nursing/Infection Control nurse on State regulation 35-4-107, which states that Infectious Disease outbreaks must be reported to the State epidemiology department as well as the State Health Department	~~11/2015~~ 10/5/15

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 9/10/2015

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STATE FORM 6899 W3VG11 If continuation sheet 1 of 2

Changes made per phone conv with Kristen Schaeckman, on 9/28/15 @ 4:17pm. POC - 10/5/15. POC accepted. Janice Colmenero, RN

Healthcare Licensing and Surveys

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S2928	Continued From page 1 Further interview with the infection control nurse on 8/20/15 at 10:20 AM confirmed while notification was made to the state epidemiologist, the facility failed to notify the Licensing Division as required.	S2928	Identification: Residents that reside at the facility are at potential risk. Systemic Changes: Going forward the Director of Nursing and/or designee will report infectious Disease outbreaks to the State epidemiology department as well as the State Health Department. On or prior to the date of compliance the Nursing Home Administrator/Designee re-educated the Director of Nursing/Assistant Director of Nursing/Infection Control nurse on State regulation 35-4-107, which states that Infectious Disease outbreaks must be reported to the State epidemiology department as well as the State Health Department. Monitoring: The infection control report will be reviewed in Quality Assessment and Assurance Committee Meeting monthly by the Director of Nursing/Designee at which time any report of an infectious outbreak will be reviewed to ensure it was reported to the State epidemiology department as well as the State Health Department. Issues to be reviewed at Quality Assessment and Assurance Meeting to ensure plan has been implemented, sustained, and evaluated for effectiveness.	