PRINTED: 10/07/2015
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
	WY0021	A. BUILDING _____ B. WING _____	09/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER MANOR NURSING HOME	900 W 8TH ST GILLETTE, WY 82716

(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 2 of 2 outbreaks of infectious disease in the facility. The findings were: Interview with the administrator, director of infection prevention, and medical director on 9/24/15 at 10:10 AM revealed the facility had identified, and reported to the state epidemiologist, two outbreaks of influenza in the facility during December 2014 and February 2015, with residents and staff testing positive for influenza. Review of Licensing Division incident records failed to show any report to that agency	S2928	S2928 Correction Influenza outbreak reports for December 2014 and February 2015 will be submitted to the Department of Health Licensing and Survey. Identification of other residents will occur by: All residents have the potential to be affected by infectious disease outbreaks. Systemic Changes and Monitoring: Outbreak Management/Investigation and Reporting Infection policy and algorithm will be updated to assure prompt reporting of infectious disease outbreaks. Infection prevention and DON will conduct education to leadership staff regarding reporting of infectious disease processes. Outcome: All infectious disease outbreaks will be reported to the Department of Health Licensing and Survey department per policy by Infection Prevention. Continuous quality improvement activities with oversight by Quality committee will be conducted. Infection Prevention or designee will collect data from surveillance reports. Data will be aggregated and reported quarterly at long term care quality meetings with discrepancies investigated and resolved.	11/08/15

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jamie Belden	Administrator	10/27/15

STATE FORM 6899 UUL111 If continuation sheet 1 of 2

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S2928	Continued From page 1 of any outbreaks of infectious disease. Continued interview on 9/24/15 at 10:10 AM confirmed the facility did not report the outbreaks to the Licensing Division.	S2928		

11/9/15 The revised POC accepted with agreed to changes between Jonni Belden, Administrator and Tony Madden, Surveyor with a DOC for all tags.

11/9/15