PRINTED: 03/01/2017
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
	WY0033	A. BUILDING: _____ B. WING _____	C 02/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST PARK LONG TERM CARE CENTER	707 SHERIDAN AVENUE CODY, WY 82414

(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
S 000	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11, effective 06/26/2000 Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000 A complaint survey was conducted by Healthcare Licensing and Surveys on 2/13/17 through 2/14/17. The survey was prompted by complaint intake WY00002356.	S 000		
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:	S2928	The facility will ensure that all available pertinent information related to reportable diseases/conditions classified as nosocomial where two (2) or more persons, either residents or employees, are affected, will be provided to the state Healthcare Licensing and Surveys (HLS) office, in accordance with the Wyoming Rules and Regulations for Licensure of Nursing Care Facilities.	3/3/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Joanne Kaiser, NHA — TITLE: Administrator — (X6) DATE: 3/3/2017

RECEIVED
MAR 03 2017
Healthcare Licensing and Surveys

POC accepted, message left with Joanne Kaiser, NHA on 3/15/17 2:09pm - DOC - 3/3/17

PRINTED: 03/01/2017
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
	WY0033	A. BUILDING: _____ B. WING _____	C 02/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST PARK LONG TERM CARE CENTER	707 SHERIDAN AVENUE CODY, WY 82414

(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	Continued From page 1 Based on staff interview and review of the Healthcare Licensing and Surveys (HLS) incident log, the facility failed to report an outbreak of Influenza Type A to the Licensing Division (HLS). The findings were: During an interview on 2/14/17 at 8:16 AM the infection control preventionist (ICP) and the director of nursing (DON) stated the facility had 3 confirmed cases of Influenza Type A from 1/29/17 to 2/4/17. The ICP stated the Wyoming Department of Health Epidemiology Unit was notified of the positive cases by the lab, but stated she had not notified the Licensing Division (HLS). Review of the HLS incident log on 2/14/17 confirmed the Influenza outbreak was not reported.	S2928	A. An incident report detailing the findings of three (3) confirmed cases of Influenza Type A in facility residents between 1/29/2017 and 2/5/2017 was faxed to the Healthcare Licensing and Surveys office on 2/16/2017. There have been no further suspected or confirmed cases of influenza since the last case on 2/5/2017, and no other reportable, nosocomial diseases/conditions have occurred within the facility. B. A Quality Improvement indicator will be developed to track and ensure reporting of pertinent Infection Control events to the required agencies as per state regulations. This information will be reported to the facility's Quality Assurance/Performance Improvement Committee on a quarterly basis until resolved. C. The Infection Control Preventionist (ICP) and the Director of Nursing (DON) will jointly monitor, and the facility administrator will have overall responsibility for ensuring the appropriate reporting occurs.	