STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535033	A. BUILDING _____ B. WING _____	02/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSION AT CASTLE ROCK REHABILITATION CENTER	1445 UINTA DRIVE GREEN RIVER, WY 82935

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F 000	INITIAL COMMENTS A recertification survey was conducted by the Office of Healthcare Licensing and Surveys on 2/11/19 through 2/14/19. The following common abbreviations are used throughout this document: CNA- Certified Nurse Aide ADON- Assistant Director of Nursing DON- Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 801 SS=D	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e) This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree)	F 801		3/30/19

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

Electronically Signed | 03/11/2019

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F 801	Continued From page 1	F 801		

with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.
(ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.
(iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.
(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.

§483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who-
(i) For designations prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is:
(A) A certified dietary manager; or
(B) A certified food service manager; or
(C) Has similar national certification for food service management and safety from a national certifying body; or

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F 801	Continued From page 2 D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is not met as evidenced by: Based on staff interview, and review of dietary manager training program enrollment and employment information, the facility failed to ensure qualifications were met for the dietary manager. The findings were: Interview with the dietary manager on 2/12/19 at 2:31 PM revealed her college degree was not related to food and nutrition. However, she had a ServSafe certificate, and was enrolled in a dietary manager training program with an expected graduation date of 9/19/19. Review of employment information showed the manager was hired on 6/18/18. Review of enrollment information verified the expected 9/19/19 graduation date for the "Nutrition & Foodservice Professional Training Program."	F 801	Registered Dietician will hold the position of Dietary Supervisor until which time the Dietary Manager completes the enrolled Certified Dietary Manager course. The Dietary Manager is currently enrolled in an approved course and the anticipated date of graduation for said course is September 19, 2019. The Registered Dietician will audit course work completion quarterly and report findings to the QUAPI committee. The Registered Dietician is responsible for the compliance of this tag and reporting.	
F 803 SS=E	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of	F 803		3/15/19

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F 803	Continued From page 3 residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observation, review of menus, and staff interview, the facility failed to ensure planned portion sizes were followed for mechanically-altered diets during 1 of 1 meal service observations (noon meal on 2/13/19). The census of residents with mechanically-altered diets was 16. The findings were: Observation on 2/13/19 at 11:39 AM showed cook #1 was preparing to serve the noon meal. The food being served included boiled red potatoes, roast beef, carrots, and a roll. There was also a mechanically ground and pureed version of the roast beef, carrots, and mashed potatoes to be served for texture-modified diets.	F 803	The dietary manager and assistant received online training of the new software purchased to aide in documentation, tracking, and guidelines for proper measurement of all diets and serving sizes to include mechanically altered diets. 2 detailed in-services were conducted by the Registered Dietician and Dietary Manager to include menu production sheet printouts and guidelines, proper measurements and serving of mechanically altered diets. All dietary care partners have been educated on the	

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F 803	Continued From page 4 Review of the menu diet extensions showed the serving size for the mechanical and pureed texture roast beef was a #10 scoop (2/5 Cup), and the serving size for the pureed red boiled potatoes and the carrots was a #8 scoop (1/2 Cup). The following concerns were identified: a. Continued observation showed the serving scoop used for the mechanical and pureed texture meat and the pureed carrots was a #16 which was equivalent to 1/4 cup. The serving sized used for the pureed/mashed potatoes was a #20 scoop which was equivalent to 1/5 cup. b. Interview with cook #1 at 11:47 AM revealed she served the amount that "seems right for the resident." The cook did not have any information on what serving sizes were expected to be served as a standard. c. Interview on 2/13/19 at 12:01 PM with the dietary manager and the assistant dietary manager revealed they were awaiting training on the menu system and did not have access to the menus which included these portion sizes.	F 803	proper serving procedures. Monthly audits will be conducted at varying meal times to ensure proper measurement and serving of diet orders to include mechanically altered diets is done. All residents with therapeutic diet orders have been reviewed and care plans updated. Monthly audits of therapeutic diet orders will done and reviewed monthly at the weight meeting. All residents have the potential to be affected. The audit findings will be reported to the QUAPI committee monthly for 3 months, and then at a frequency to be determined by the QUAPI committee.	
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.	F 812		3/15/19

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F 812	Continued From page 5 (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of monitoring logs, the facility failed to ensure 1 of 1 dish machines was in working order to effectively sanitize dishes. In addition, the facility failed to ensure the cleanliness of hood vents and the ice machine in the facility kitchen, and failed to ensure cold holding temperatures were maintained during 1 of 1 meal service observations. The findings were: 1. Review of the February 2019 log for the single rack heat sanitizing dish machine showed from 2/1/19 to 2/11/19 there were 17 documented entries when the temperature was below the required 180 degrees Fahrenheit (F) (12 times), or an entry was not recorded (2 times) or showed a maintenance error (P2) (3 times). The following concerns were identified: a. There was no information on the log related to corrective measures. b. Interview on 2/11/19 at 2:33 PM with the assistant dietary manger verified the documentation showed a problem and the expectation was for the staff to notify her or the dietary manager if the temperature was not adequate of there was a need for maintenance. c. Observation on 2/11/19 at 2:33 PM showed the assistant dietary manager ran the dish machine, and the rinse cycle display showed 148 degrees F, and then read P2 which the assistant dietary manager stated was a maintenance code.	F 812	1. The dishwasher was taken out of service in order that maintenance run diagnostic testing and order a new sensor for temperature detection. All care partners were educated on proper reporting, follow-up and procedures regarding dishwasher temperatures and logs. One on one education was provided to the individual who failed to report the P2 code to the Dietary Manager and or Maintenance Supervisor. The dishwasher temperature log and reporting will be audited weekly to ensure compliance of proper procedure. 2. All care partners were educated regarding proper storage and temperatures of food being served. A log has been created to specifically track temperatures for all three meals. This log will be audited weekly to ensure proper food temperature. 3. The ice machine was emptied and immediately cleaned as indicated. All care partners were educated regarding proper cleaning of the ice machine and what to look for and address as needed. The ice machine will be scheduled to be deep cleaned no less than quarterly. A	

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F 812	Continued From page 6 She then stated an alternative to using the machine would be required and maintenance would be called. During the remainder of the survey the machine was out of order and the 3 compartment sink and disposable dinnerware were used. 2. Observation of the meal preparation and service on 2/13/19 at 9:38 AM showed 2 partially full gallons of milk placed in a 4 inch pan with ice in a separate pan underneath (no ice contact to the gallons of milk). Interview at 10 AM with cook assistant #1 revealed the temperature of the milk had not been taken and it had been out for the breakfast meal since approximately 8 AM. At 10 AM cook assistant #1 took the temperature of the milk and the first reading showed 55.6 degrees F and the second reading showed 55.9 degrees F. The cook assistant stated the temperature was too high and the milk was discarded. 3. Observation of the ice machine located in the kitchen showed a build-up of black substance on the interior plastic located above the ice in the holding bin. Interview on 2/11/19 at 2:25 PM with the assistant dietary manager revealed the ice machine was cleaned and sanitized twice per year. She observed the black build-up and verified it was in need of cleaning. 4. Observation on 2/11/19 at 2:20 PM and on 2/13/19 at 12 PM showed the hood vents above the range were soiled with heavy build-up of grease and dust. Interview on 2/13/19 at 12 PM with the dietary manager and the assistant dietary manager verified the vent needed to be cleaned more frequently. 5. According to Food Code 2017, U.S. Public	F 812	monthly audit will be conducted to ensure proper maintenance and cleaning of the ice machine. 4. The hood was professionally cleaned on February 27, 2019. In addition the hood panels will be removed no less than quarterly and ran through the dish washer. All dietary care partner were educated on proper cleaning, reporting, and cleaning schedules. A monthly audit will be conducted to ensure proper maintenance and cleaning of the hood vents. All residents have the potential to be affected. The audit findings will be reported to the QUAPI committee monthly for 3 months, and then at a frequency to be determined by the QUAPI committee. The Registered Dietician and or designee is responsible for the compliance of this tag and reporting.	

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F 812	Continued From page 7 Health Service: 4-501.112 "(A) Except as specified in (B) of this section, in a mechanical operation, the temperature of the fresh hot water SANITIZING rinse as it enters the manifold may not be more than 90oC (194oF), or less than: (1) For a stationary rack, single temperature machine, 74oC (165oF); or (2) For all other machines, 82oC (180oF)." 6. According to Food code 2017, Public Health Service: 4-601.11 "...(C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris." 7. According to Food Code 2017, U.S. Public Health Service: 3-501.16 "(A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under §3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57oC (135oF) or above... or (2) At 5ºC (41ºF) or less."	F 812		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention	F 880		3/11/19

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F 880	Continued From page 8	F 880		

and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed

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F 880	Continued From page 9 by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and policy and procedure review, the facility failed to ensure infection control practices were followed in 2 random observations of resident care. The findings were: 1. Observation on 2/12/19 at 11:45 AM showed CNA #1 performed perineal care to resident #24. Further observation showed the CNA wiped the perineum from back to front and continued in a back and forth motion while using the same cloth. 2. Observation on 2/12/19 at 1:41 PM showed CNA #2 donned gloves and helped transfer resident #5 from the wheelchair to the bed. The CNA removed her gloves, walked out of the room and failed to perform hand hygiene prior to touching clean linen. 3. Interview with the ADON on 2/14/19 at 9 AM revealed her expectation was for staff to wipe residents from front to back in a single motion when performing perineal care, and staff were to perform hand hygiene after resident care.	F 880	F. Tag. 880 - Improper peri-care was performed on resident #24 by C.N.A. #1. C.N.A. #2 assisted in a transfer of resident #5, removed gloves and failed to sanitize hands prior to handling clean linen. Immediate corrective action: All C.N.A.'s and nurses educated on proper peri-care; C.N.A. #1 educated initially on proper peri-care. All staff members to be educated on proper handwashing; C.N.A. #2 educated initially on proper handwashing. How the facility will identify other residents having the potential to be affected: All residents have the potential to be affected Measures put in place or system correction in this area include: Random peri-care audits to be done with	

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F 880	Continued From page 10 4. Review of the Infection Control Policy showed "...hand washing should take place:...before and after caring for each resident...every time a person takes off gloves..."	F 880	C.N.A.s to ensure proper peri-care process is taking place. Handwashing audits will be conducted weekly at random times. Who will monitor the new system: DON, ADON or a designee How frequently will we monitor: Three random audits conducted weekly for one month on peri-care and handwashing. How will we incorporate the new system into our QAPI system: Identified trends will be reviewed weekly in morning meetings and monthly in QA until lesser frequency is deemed necessary by committee.	
F 908 SS=D	Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and policy and procedure review, the facility failed to ensure supplies were available for use in 1 of 1 emergency carts. The census of full-code residents was 13. The findings were: Observation of the emergency crash cart on 2/13/19 at 11:30 AM showed an automated external defibrillator (AED) on top of the cart with no AED pads for use. Continued observation showed the daily check sheet on top of the cart	F 908	F. Tag. 908 – Emergency cart showed that the AED did not have pads and that the daily check sheet was blank. Immediate corrective action: Education on the need to perform daily checks and the proper way to document the daily checks. How the facility will identify other residents having the potential to be affected:	3/11/19

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F 908	Continued From page 11 was blank, with no entries. Interview at that time with the ADON revealed the cart was to be checked frequently to ensure operational status, and verified they did not have the AED pads. Review of the Emergency Procedures/General policy and procedure showed "...12. All supplies used during emergency will be immediately re-stocked for future use..."	F 908	All residents have the potential to be affected Measures put in place or system correction in this area include: Monitoring the daily check log. Who will monitor the new system: DON, ADON or a designee How frequently will we monitor: Weekly audits of the daily check log. How will we incorporate the new system into our QAPI system: Identified trends will be reviewed weekly in morning meetings and monthly in QA until lesser frequency is deemed necessary by committee.	