STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0014	A. BUILDING: _____ B. WING _____	03/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CHEYENNE	1330 PRAIRIE AVENUE CHEYENNE, WY 82009

(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 licensure survey was conducted by Healthcare Licensing and Surveys from 3/19/19 through 3/22/19.	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		4/26/19

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S2928	Continued From page 1 Based on review of the facility's GI (gastrointestinal) tracking form, review of policy and procedures, and staff interview, the facility failed to report an outbreak of gastroenteritis which affected 18 residents and 11 employees to the Wyoming Department of Health, Epidemiology Unit. The findings were: 1. Review of the facility's GI surveillance tracking form revealed 6 residents and 3 employees showed symptoms of nausea, vomiting, and/or diarrhea on 3/10/19. An additional 5 residents and 1 employee showed symptoms on 3/11/19. On 3/12/19 another three residents and 4 employees were affected. Between 3/13/19 and 3/18/19 an additional 4 residents and 3 employees reported the GI symptoms. 2. Interview with the assistant director of nursing/infection control nurse on 3/21/19 at 3:18 PM revealed she had notified the Wyoming Department of Health, Epidemiology Unit on 3/18/19 (8 days after the start of the outbreak). In addition, she stated she was unaware of the requirement to report within 24 hours. 3. Review of the Surveillance of Infection policy last revised 3/2017 showed "...Reporting of infections to the Health Department is done as required by law." 4. Review of the Reportable Diseases policy last revised 4/1/15 showed "Reporting Timeframes: Notification of reportable diseases or conditions should be submitted according to timeframes specified in the Table of Reportable Disease or Conditions to Be Reported." In addition the policy stated "Reportable Disease and Conditions: Refer to Table of Reportable Disease or conditions to be reported. All outbreaks are to be reported to	S2928	A. The GI outbreak in mention was reported to the Wyoming Department of Health Epidemiology Unit on 3/18/19. B. The epidemiology reporting was changed on facility infectious disease outbreak checklist to specify report is to be submitted within 24 hours of outbreak. C. The DON will monitor completion of checklist including notifications to OHLS and Wyoming Department of Health Epidemiology Unit. D. A Performance Improvement tool will be used to conduct weekly audits to ensure GI outbreaks are reported to the Wyoming Department of Health Epidemiology Until within 24 hours of the outbreak. The Don or designee will conduct the weekly audits. E. The DON will report the results of the audits at the monthly Performance Improvement meeting. The report will include any problems and/or trends noted. Reporting will occur for no less than three months or until ongoing compliance is achieved.	

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S2928	Continued From page 2 the local health department for recommendations." 5. Review of the Wyoming Department of Health Reportable Diseases and Conditions, last revised January 2018 under "Other Reportable Conditions" showed: "Clusters/Outbreaks, GI, respiratory, other illness" are reportable within 24 hours of diagnosis.	S2928		