

SEP 08 2020

PRINTED: 08/27/2020
FORM APPROVED

Healthcare Licensing and Surveys

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/21/2020
NAME OF PROVIDER OR SUPPLIER EDGEWOOD MEADOW WIND		STREET ADDRESS, CITY, STATE, ZIP CODE 3955 EAST 12TH STREET CASPER, WY 82609		
(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 Assisted Living Facilities, Chapter 12, effective 12/12/2007 Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001 A COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys on 8/20/20 through 8/21/20.	S 000		
S5007	Ch 12 Sec 6 (d)(i) Personnel And Staffing Requirements (d) Infection Control. Written policies shall be in effect to ensure that newly hired and current employees do not spread a communicable disease that could be transmitted through usual job duties. These shall not be limited to: (i) Ensure a safe and sanitary environment for residents and personnel. This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview, and review of CDC (Centers for Disease Control) guidelines, the facility failed to ensure adequate infection control practices during 1 random observation which involved resident #1. The findings were: Observation on 8/20/20 at 8:57 AM showed the beautician was providing hair care to resident #1 in the salon. The resident was wearing a mask which covered both her nose and mouth. The beautician was wearing her mask below her nose	S5007		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kandus Brooks

TITLE

Executive Director

(X5) DATE

9/1/2020

STATE FORM

5620

18QQ11

If continuation sheet 1 of 2

This plan of correction was accepted with the agreed upon change on 9/9/2020

Jean Gunn

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/21/2020
NAME OF PROVIDER OR SUPPLIER EDGEWOOD MEADOW WIND		STREET ADDRESS, CITY, STATE, ZIP CODE 3955 EAST 12TH STREET CASPER, WY 82809		
(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
S6007	Continued From page 1 exposing both nostrils. Continuous observation until 10:39 AM showed the beautician made no effort to adjust the mask to cover her nose. Interview with the beautician on 8/20/20 at 10:40 AM revealed she rented space from the facility and worked Monday, Tuesday, Thursday, and Friday providing hair care to approximately 6 to 10 residents per day, including the residents in memory care. In addition, the beautician stated her knowledge of mask use was "personal knowledge" and she had not received any education from the facility. Interview with the Executive Director (ED) on 8/20/20 at 11:20 AM revealed the beautician rented booth space from the facility and had her own set of guidelines outlined by the State. The beautician was screened upon entry to the building and was tested for COVID-19 as if she was an employee. Further, the ED stated she assumed the beautician was following the right procedures and would provide education and obtain guidance from the State. Review of the 6/2/20 CDC document titled "Facemask Do's and Don'ts for Healthcare Personnel (found at https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/fs-facemask-dos-donts.pdf retrieved 8/21/20) showed, "...Clean your hands and put on your facemask so it fully covers your mouth and nose... When wearing a facemask DON'T wear your facemask under your nose or mouth..."	S6007		

Plan of Correction for Meadow Wind Assisted Living, August 21, 2020 survey date.

Tag #S5007

Facemask wearing education was given to beautician on 8/22/2020. It was verbal education on how to wear mask, plus copy of Edgewood's policy on "Use of Masks" and copy of CDC's recommendations for mask use. Beautician was also given COVID19 Employee travel guidelines, CDC's recommendation on protecting self, other, & prevent the spread, Quarantine and Self-Monitoring, PPE guide, Collection, Transport, & Sorting of contaminated laundry, State of Wyoming instructions for Assisted Living. There is also a sign on Safe use of masks posted outside of Beautician's shop and other areas of building for quick reference. Going forward monitoring and spot checks of Beautician's mask compliance, all employees, residents, visitors, and any other vendors that are in the building will be monitored by ED and ~~or designee~~ documented. New employees that are hired will be given this same COVID-19 education by CSD with written documentation they received this training. We will review in our Quality Assurance meeting that CSD conducts monthly. Continued education will be done monthly with all of the staff and beautician and will continue until COVID pandemic is deemed over.

agreed upon
additions
with Kandus
Brooks
9/9/2020

JL

Complete date 9/25/2020

This plan of correction was accepted on
9/9/2020 with the agreed upon change.

Sam Gunn