PRINTED: 08/03/2020
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
	ALF004	A. BUILDING: _____ B. WING _____	08/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE ASSISTED LIVING COMMUNITY	1830 EAST 12 STREET CASPER, WY 82601

(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. The following common abbreviations are used throughout this document. CNA: Certified Nursing Assistant DON: Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	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, review of a facility directive, and review of CDC (Centers for	S5007		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jaime Carothers — TITLE: Executive Director — (X6) DATE: 9-9-2020

This plan of correction was accepted with Jaime Carothers on 9/10/2020.

Jean Yunis RN (ASCP)

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S5007	Continued From page 1 Disease Control) guidelines, the facility failed to ensure adequate infection control practices were implemented in regard to the use of personal protective equipment (PPE) in 3 of 3 resident apartment locations (1st floor, 2nd floor, 3rd floor). The census was 55. The findings were: Interview on 8/20/20 at 1:15 PM with CNA #1 revealed isolation gowns and eye protection for residents on isolation were kept in an empty apartment on each of the 3 floors of the facility. Interview on 8/20/20 at 1:20 PM with the DON revealed staff had been educated to don and doff PPE (gowns and goggles) in the appropriate floor's staging room for asymptomatic residents on isolation. PPE used for a symptomatic resident was to be discarded before leaving the resident's room. Further, the facility's corporate office had provided the guidance for this procedure. The facility currently had one resident on isolation (#1) because s/he had left the facility to "take a drive". Observation on 8/20/20 at 1:30 PM of the first floor staging room (apartment #104) showed blue isolation gowns and brown paper bags containing goggles for eye protection were located in the apartment. The bags and gowns were each labeled with a staff member's name. Observation on 8/20/20 at 1:45 PM of the second floor staging room (apartment #206) showed blue isolation gowns and brown paper bags containing goggles for eye protection were located in the apartment. The bags and gowns were each labeled with a staff member's name. Further, the room contained disinfectant spray, bleach germicidal wipes, and alcohol wipes. On the wall there was a sign with instructions on how to properly don and doff PPE.	S5007		

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S6007	Continued From page 2 Observation on 8/20/20 at 3:15 PM, with CNA #1 in attendance, of the third floor staging room (apartment #318) showed supplies of blue isolation gowns and brown paper bags containing goggles for eye protection. The bags and gowns were each labeled with a staff member's name. The following concerns were identified: 1. Interview with CNA #1 on 8/20/20 at 3:15 PM revealed staff would go into the staging room/apartment and put on the PPE, complete resident care in the apartment, and when finished would return to the same staging room to doff the goggles and gowns. In addition, she stated the same gown could be worn for multiple residents. 2. Review of a facility directive from the corporate office, dated 4/9/20 and provided by the facility showed "The CDC states that in an effort to conserve PPE, it can be worn beyond a single patient contact...If you are taking care of a resident who is currently in isolation, a set of PPE will be issued to you. You will need to store the PPE in a paper bag, in a designated location. You are able to wear the same set of PPE for the care of multiple residents who are in isolation. You are expected to conserve the set of PPE to the greatest extent possible...Even though you are able to wear the same PPE between multiple residents, you still need to change gloves and practice good hand hygiene between patients." 3. Interview on 8/20/20 at 2 PM with the DON confirmed the facility used the same isolation gown for multiple residents on isolation regardless of their diagnoses to conserve PPE. The DON stated she had called the corporate office to clarify the instructions and was verbally told to use the PPE as instructed. An additional	S6007		

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S5007	Continued From page 3 Interview with the DON at 3:20 PM revealed the facility had tried to store isolation gowns in each individual apartment, however the procedure did not "work" and the facility was told by corporate at that time to use a "staging room" for donning and doffing PPE. 4. According to the CDC found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019, last updated 7/15/20 showed "...Patient Placement...It might not be possible to distinguish patients who have COVID-19 from patients with other respiratory viruses. As such, patients with different respiratory pathogens might be cohorted on the same unit. However, only patients with the same respiratory pathogen may be housed in the same room. For example, a patient with COVID-19 should ideally not be housed in the same room as a patient with an undiagnosed respiratory infection or a respiratory infection caused by a different pathogen...Gowns...Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use..." 5. According to the CDC found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html, last updated 5/29/20, "...Rapidly identify and properly respond to residents with suspected or confirmed COVID-19-...For situations where close contact with any (symptomatic or asymptomatic) resident cannot be avoided, personnel should at a	S5007		

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S5007	Continued From page 4 minimum, wear: Eye protection (goggles or face shield) and an N95 or higher-level respirator (or a facemask if respirators are not available). Cloth face coverings are not PPE and should not be used when a respirator or facemask is indicated. If personnel have direct contact with a resident, they should also wear gloves. If available, gowns are also recommended but should be prioritized for activities where splashes or sprays are anticipated, or high-contact resident-care activities that provide opportunities for transfer to pathogens to hands and clothing of personnel (e.g., dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care..."	S5007		

PLAN OF CORRECTION

FACILITY NAME: PARK PLACE ASSISTED LIVING COMMUNITY **CLIA ID:** ALF004

SURVEY DATE: 08/21/2020

TAG: S5007 Ch. 12 Sec 6 (d)(i) Personnel and Staffing Requirements

1. Corrective Action

Staging rooms have now been set up on each floor and supplied with reusable gowns, proper signage with instructions on how to properly don and doff PPE, disinfectant spray, bleach germicidal wipes and alcohol wipes.

Individual resident isolation rooms will have a hook behind the entry door where gowns will be located for the employee on that shift. After the shift is over, the employee will put the contaminated gown in the bag and transport that to the staging room for later laundering at the end of each shift.

2. Identification of others

All residents were at risk. The corrective action will remedy the issue of cross contamination for all residents that could be on isolation for any reason.

3. System Measures

Staff will be educated on the new process and supplies made available for each use. Staff will be trained by September 15th 2020. The new procedures will be in writing and posted in the staging area rooms as well.

4. Monitoring

The Clinical Services Director will check each isolation room for proper gown storage, monitor all staging areas to ensure they continue to be equipped with supplies and PPE. The Clinical Services Director will also spot check/observe staff following proper procedure when donning and doffing PPE for a resident in isolation once a week for the next 8 weeks.

5. QA

The corrective action was put into place on August 26th where gowns were hung in isolation rooms and staging areas properly stocked. Education for all staff will be completed September 15th and spot checks starting on September 16th and weekly thereafter for the next 8 weeks.

This plan of corrections was accepted with Jaime Carothers on 9/10/2020.

Jean Yonnie MT (ASCP)