PRINTED: 08/12/2020
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
	ALF27	A. BUILDING: _____ B. WING _____	07/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONDELL HEIGHTS RETIREMENT COMMUNIT	106 E MAIN STREET NEWCASTLE, WY 82701

(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 complaint survey was conducted by Healthcare Licensing and Surveys from 7/23/20 to 7/29/20. The survey was prompted by complaint intakes LIC-20-030, LIC-20-031, and LIC-20-032.	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 Wyoming Department of Health guidance, and policy and procedure review, the facility failed to ensure appropriate infection control practices were implemented. The census was 17. The findings were: Review of the Wyoming Department of Health (WDH) 6/12/20 "Nursing and Assisted Living Guidance" showed " ...Due to the current prevalence of COVID-19 in Wyoming, as of June	S5007	SEE PLAN OF CORRECTION on separate page	

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Diane Sundstrom | TITLE: Director | (X6) DATE: 9/23/20

STATE FORM 6899 YMG811 If continuation sheet 1 of 5

Plan of Correction accepted September 23, 2020. Spoke with Administrator and alleged date of compliance is 9/23/20. JG, RN

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S5007	Continued From page 1 11, 202, and identified clusters of COVID-19 cases impacting long-term care facilities in Wyoming, the WDH recommends that all nursing facilities and assisted living facilities maintain current practices to mitigate the potential spread of the virus ...To the extent practicable, continue to restrict visitation of all visitors and non-essential personnel, with the exception of required contractors as well as certain compassionate care situations such as end-of-life events ...In cases where visitors need to be allowed into the building for compassionate care situations, the following guidelines should be followed: ...Visitors must be screened for symptoms of respiratory illness; Physical distancing should be maintained to the greatest extent practicable; Visitors must be required to wear face coverings while in the building; and, Visitors must be restricted to the room of the resident whom they are visiting ...Continue to screen all residents and staff for symptoms of respiratory illness ...Continue enhanced infection control practices, including proper hand wash techniques, increase in the availability and accessibility of hand-washing stations and alcohol-based rubs (ABHRs), re-enforcing strong hand hygiene practices and no-touch receptacles for disposal, and requiring staff and allowed visitors to perform hand hygiene upon entering the building ...Staff should use personal protective equipment (PPE) when appropriate, following CDC [Centers for Disease Control],... and WDH guidance ...Continue to limit communal dining and requiring distancing of at least six (6) feet between residents in dining situations ..." The following concerns were identified: 1. Observation on 7/23/20 at 1:50 PM showed the facility administrator and the Director of Nursing (DON) were at the entry wearing masks;	S5007		

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S5007	Continued From page 2 however, the DON ' s mask was positioned so her mouth was covered, but her nose was uncovered. No visitor screening was performed at that time. Further observation showed 3 residents were working collaboratively on a puzzle, and were not maintaining social distancing. 2. Observation on 7/23/20 at 3:44 PM showed that there were 4 entrances into the facility. Only 2 of 4 facility entrances were locked. The main entrance and the entrance next to the garden were secure. The back door and entrance next to the kitchen were unlocked. Continued observation showed staff and visitors frequently entered the facility through the kitchen entrance, and were not screened for symptoms of respiratory illness at the time of entrance. 3. Observation on 7/23/20 at 4:07 PM showed the facility co-administrator entered through the door next to the kitchen. No screening was performed prior to his entry to the facility. 4. Observation on 7/23/20 at 3:15 PM showed the DON continued to wear a mask which covered her mouth, but left her nose uncovered. Further observation showed cook #1 in the kitchen wearing a mask which covered her mouth and her nose was uncovered. 5. Observation on 7/23/20 at 4:30 PM showed the facility co-administrator was assisting residents to the dining room for dinner. He was wearing a mask which covered his mouth but left his nose uncovered. 6. Observation on 7/23/20 at 4:46 PM showed certified nurse aide (CNA) #3 carried a bag of trash out the main entrance of the facility and re-entered through the door next to the kitchen.	S5007		

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S5007	Continued From page 3 No hand hygiene was performed after re-entry, and the CNA began filling beverage glasses for residents. She applied gloves after filling two glasses. 7. Review of facility documentation showed there was no evidence employee screenings were performed after 7/15/20. The facility was unable to provide evidence outside visitors were screened prior to entry. 8. Observation 7/23/20 at 2:25 PM showed housekeeper #1 filled, carried, and placed buckets of clear liquid near resident rooms #3, #6, #14, and #18. Interview with the housekeeper at that time revealed the solution consisted of quatramine and water. Interview with the administrator at that time revealed the solution was " ... to dunk your hands in, in between to keep the bugs at bay ... since we ' re low on PPE" and the facility encouraged the use of this solution to rinse gloved hands to allow the re-use of the gloves. Observation on 7/23/20 at 3:50 PM showed a notice was posted on the wall next to the time clock, which read "All Staff. Please scrub to the elbows in the scrub sink before going down the hall. Please dip and scrub with the Sani-T in the buckets down the hall between each resident. It lasts longer than Hand Sanitizer! Use Hand Sanitizer sparingly. We have limited supply. It should never take you more than 1 pump from the big bottle to sanitize your hands." Interview with administrator and co-administrator on 7/24/20 at 8:55 AM revealed the facility was not able to produce any guidelines or references supporting the use of quatramine solution in this manner. Further interview revealed that the facility was " ... just going off of word of mouth from the chemical sales rep."	S5007		

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S5007	Continued From page 4 Observation of facility PPE inventory supply on 7/24/20 at 9:05 AM showed the facility had approximately 80 boxes of gloves (approximately 100 gloves per box), with a shipment of "4 or 5 cases coming in a couple days, and there ' s about 1000 [gloves] per case." 9. Observation on 7/23/20 beginning at 5:09 PM showed the DON administered medications to residents in the dining room. The DON utilized the same gloves during the entire medication pass, making physical contact with multiple residents. The DON did not change her gloves or perform hand hygiene after making physical contact with residents. 10. Observation on 7/23/20 at 4:51 PM showed 4 residents were seated at one table in the dining room, and 2 residents were seated at a second table in the hallway next to the kitchen. All residents were within arms-reach of each other at their respective tables, and were not maintaining social distancing. 11. Review of the facility "Infection Control Policy and Addendum", undated, showed "...activities will be organized to maintain infection control and social distancing." Further review showed "...all staff are to be masked at all times while on duty ... staff are to disinfect between caring for each resident." Continued review of the policy in reference to visitors showed all visitors shall "...wear a mask..." and "...sanitize upon entry ..." In reference to screening, "...All staff will be screened for temperature upon entry to the building."	S5007		

Mondell Heights Retirement Community
106 E. Main Street, Newcastle, WY 82701

307-941-1919
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Revised Plan of Correction for July 29, 2020 Survey - 9/23/20

S5007 Chapter 12 Section 6 (d)(i) Personnel and Staffing Requirements

The facility will provide for an enhanced level of infection control to ensure a safe and sanitary environment by:

1. Reviewing existing Infection Control Procedures and upgrade to be consistent with WDH 8/11/20 "Nursing and Assisted Living Guidance"
2. The Registered Nurse and Director will complete the Updated Addendum by 9/12/20.
3. Providing training or upgrading knowledge of Infection Control procedures pursuant to the 8/11/20 "Nursing and Assisted Living Guidance" to all staff and residents,
4. The training with a particular focus on appropriate use of the following items will be completed for all staff and residents by 9/15/20.:
    a. Masks to ensure that all staff keep masks tightly covering their nose and mouth when within 6 feet of residents or staff in the building or on the grounds;
    b. Residents will be encouraged to keep masks tightly covering their nose and mouth when within 6 feet of others and especially when visiting with outsiders, or when displaying signs or symptoms of contagion or within 6 feet of anyone with signs or symptoms of a contagious disease;
    c. hand hygiene to include scrubbing to the elbow with soap and water at the beginning of each shift, each time hands have been contaminated, between care for each resident, before meals or assistance with meals, after each personal visit to the restroom, and before touching ones' face, nose mouth or eyes;
    d. change of gloves after each hand hygiene procedure, identified above in (c),
    e. hand hygiene products (alcohol based rubs) placed at each infection control station, on the med cart and on the kitchen cart,
    f. Resident's hands will be sanitized before each meal, and
    g. Social distancing to maintain a 6 foot radius around each staff person and each resident will be encouraged unless the ADL care requires that perimeter to be violated.
5. All doors will remain locked with the exception of the kitchen door/staff entrance. A chart and thermometer and to report the results of screening of staff is located at the time clock near that door with hand sanitizer; and the main entrance will be locked with a chart, thermometer and hand sanitizer to screen and sanitize all outside or inside visitors.

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6. Monitoring to be performed multiple times daily, with both scheduled and random staff and resident checks. Reminders and re-education to occur daily and during bi-monthly staff meetings. Compliance monitoring to be documented in COVID-19 information log book.