Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF013	A. BUILDING: _____ B. WING _____	08/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHOWBOAT RETIREMENT CENTER	150 WYOMING STREET LANDER, WY 82520

(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.	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 review of Wyoming Department of Health (WDH) recommendations, staff and resident interviews and review of facility temperature logs, the facility failed to ensure staff were screened for possible COVID-19 infection at the beginning of each shift, and failed to ensure residents were routinely screened for possible COVID-19 infection. The census was 18. The findings were: During an interview on 8/20/20 at 9:10 AM the	S5007		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Steve Owen — TITLE: Administrator — (X6) DATE: 9.6.20

Plan of correction accepted 10/1/20. I spoke with the administrator on 10/1/20. Alleged date of compliance: 9/6/20.
BSW

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S5007	Continued From page 1 assistant to the administrator, who was identified as the person with knowledge of the facility's COVID-19 procedures, stated the facility followed any guidelines issued by the WDH and the Centers for Disease Control (CDC) related to COVID-19. She stated all of the guidelines were kept in a binder and that is what the facility used for their policies. Review of the facility's COVID-19 binder revealed a copy of the COVID-19 guidance to assisted living facilities issued by the Wyoming Department of Health (WDH) on 3/16/20. The guidance read "...Staff, contract personnel, and residents should be screened for potential exposure to COVID-19, travel history, respiratory infection (fever, cough, shortness of breath or sore throat). Staff and contract personnel should be checked for a temperature of 100 degrees F [Fahrenheit] or greater at the beginning of each shift. Residents should be monitored for symptoms of potential infection." There was also a copy of the 6/12/20 updated guidance from the WDH which read "...Continue to screen all residents and staff for symptoms of respiratory illness and ensure those residents suspected of having COVID-19 are screened by a healthcare provider and tested for the virus." Finally, there was a copy of the 8/11/20 WDH guidance which read "...Continue to screen all residents and staff for symptoms of respiratory illness and ensure those residents suspected of having COVID-19 are screened by a healthcare provider and tested for the virus." The following concerns were identified: 1. Review of the facility's "temperature log" (to screen employees and residents for fever) for July and August 2020 showed documentation only on 7/1/20, 7/15/20, 7/28/20, 8/13/20, 8/17/20	S5007		

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S5007	Continued From page 2 and 8/20/20. 2. During an interview on 8/20/20 at 10:40 AM resident #1 replied "not very often" when asked how often the facility took his/her temperature or screened for illness. 3. During an interview on 8/20/20 at 9:10 AM the assistant to the administrator stated temperatures were not taken each day for staff. She stated it was random temperatures that were usually taken every couple of days. She stated it was a small facility so when she saw staff she would ask how they were feeling. She further stated residents were not screened for fever each day either. She stated other than the "temperature logs" the facility did not have any further documentation to show residents and staff were screened for COVID-19 symptoms each day.	S5007		

Showboat Retirement Center ALF 013
August 20, 2020
COVID-19 Focused Infection Control Survey

PLAN OF CORRECTION

S5007- Personnel and Staffing Requirements

The Showboat Retirement Center is committed to ensuring a safe and sanitary environment for our residents and personnel.

The facility will ensure that daily temperature logs will be maintained for both residents and personnel. This has been accomplished by the following:

1. The Assistant to the Administrator created a daily log for individual residents and personnel on August 20, 2020, the day of the survey.

2. The Assistant to the Administrator has created 2 separate temperature log notebooks – one for residents and one for personnel. Each notebook has a separate page for each individual resident and individual staff member.

   Residents will be checked for temperature and if they are feeling any COVID-19 symptoms every day at either breakfast or lunch and the results will be recorded on the individual resident's temperature log page. This will be conducted by the RN, Lead CNA, CNA on duty or Owner/Manager. Staff will initial daily results for each individual.

   Personnel will be checked at the beginning of each shift for temperature and if they are feeling any COVID-19 symptoms and results will be documented in notebook by RN, Lead CNA or Owner/Manager.

3. The RN will review temperature logs weekly to ensure the logs are being consistently completed and initialed by staff. The RN will report any issues or areas of concern immediately to the Administrator or Owner/Manager.

4. The Assistant to the Administrator completed training with staff who will be involved in completion of temperature logs to ensure our facility is in compliance and maintaining accurate records. This training was completed on August 20 following the survey. Ongoing training and coordination will be conducted by the RN.

5. The RN will bring temperature logs to the Showboat Quarterly Quality Assurance Meeting for discussion and review for effectiveness.

Plan Of Correction - September 6, 2020

Stoor Owen
Administrator

Showboat Retirement Center ALF 013
August 20, 2020
COVID-19 Focused Infection Control Survey

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completed September 6, 2020

updated September 21, 2020

updated September 27, 2020

Scott Owen
Administrator