Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF011	A. BUILDING: ______ B. WING ______	08/31/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSIONATE JOURNEY	624 TWIN RIDGE AVENUE EVANSTON, WY 82930

(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 8/31/20.	S 000	The corrective action that will take place at Compassionate Journey with regard to infection control will be that all staff and contracted personnel will be screened for all COVID-19 exposure and symptoms and their temperatures taken upon entry to the facility. Any person who has a temperature above 100 degrees Fahrenheit will not be allowed to enter the facility and will be sent home. Residents of the facility also have the capacity to exposure to illness. All residents are currently screened daily for COVID-19 symptoms and are isolated in their rooms if they have a temperature above 100 degrees Fahrenheit.	
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 Wyoming Department of Health (WDH) guidelines, the facility failed to ensure staff were screened for possible COVID-19 infection each shift. The findings were: 1. During an interview on 8/31/20 at 1:41 PM the owner stated the facility followed any guidelines issued by the WDH related to COVID-19. 2. Review of the COVID-19 guidance to assisted	S5007	The facility will put measures in place that ensure that everyone in the facility is checked daily for exposure. The nurse or aide on duty in the morning will obtain temperature and other information from staff and residents. When shift change occurs, the aide or nurse that will be leaving the facility will screen the new employee. The aide or nurse on the facility floor will screen any contractors or other entering the building during their shift. All staff and residents will continue to be educated on the symptoms and outcomes associated with the COVID-19 pandemic. Residents and staff will be asked daily about possible symptoms, and reminded of handwashing techniques and the need to increase cleanliness. All data obtained will be logged on an employee	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: owner (X6) DATE: 9/24/2020

8/31 POC accepted [signature], 10/13/20

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S5007	Continued From page 1 living facilities issued by the Wyoming Department of Health (WDH) on 3/16/20 revealed "...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." Review of the WDH guidance issued 6/12/20 and 8/11/20 revealed "...Continue to screen all residents and staff for symptoms of respiratory illness..." 3. When asked about employee screening related to COVID-19 on 8/31/20 at 1:50 PM the owner stated "I can't tell you we are still doing that." She further stated if staff were sick, they didn't come in. She was unable to provide any documentation to show employees were being screened each day for possible COVID-19 infection. 4. Observation on 8/31/20 at 3:19 PM revealed certified nurse aide (CNA) #1 arrived to the facility for her shift. Further observation showed no screening of the employee, such as answering questions or taking a temperature.	S5007	log sheet showing the daily temperatures. If someone is refused entry, that will be marked on the form as well. The owner and manager of the facility will review logs weekly to ensure that information is being captured and that no one is entering the facility without screening. The statistics gathered will be reviewed quarterly in the Quality Assurance meeting. If there is an employee who is not appropriately screening all who enter, the employee will be coached and a plan of correction will be put in the employee file. The information will be formally tracked on a monthly basis and will be integrated into the quality assurance system. The form necessary to track the information was created and put into use on September 1, 2020. All people who enter the facility are being screened and screening results appropriately tracked. The corrective action will be completed on September 1, 2020. It is already in place and the changes necessary to our screening process have been implemented.	