PRINTED: 11/17/2020
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
	ALF028	A. BUILDING: _____ B. WING _____	11/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN PLAZA ASSISTED LIVING	4154 TALON DRIVE CASPER, WY 82604

(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 on 11/4/20 to 11/6/20. The survey was prompted by complaint intake LIC-20-016. In addition, a COVID-19 focused infection control survey was conducted.	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 policy and procedure, the facility failed to ensure infection control practices were followed to prevent transmission of COVID-19 in 1 of 2	S5007		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kenyre Humphrey — TITLE: Administrator — (X6) DATE: 11/25/20

STATE FORM 6899 1ON911 If continuation sheet 1 of 4

Kenyre Humphrey Administrator 11/30/20

Accepted with no changes on 12/2/20 by Jodie Rivers. Admin was notified

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S5007	Continued From page 1 units (memory care unit). The findings were: Review of the 11/4/20 resident roster showed 13 residents in the facility had positive test results for COVID-19. The facility had 2 distinct units one of which was the memory care unit, a secured unit with a census of 13. All residents were tested on 10/27/20 and three residents (#1, #7, #10) on the memory care unit were found to have COVID-19 positive lab results dated 10/30/20. The following concerns were identified related to infection control: 1. Observation on 11/4/20 at 11:40 AM showed certified nurse aide (CNA) #1 and CNA #2 were serving the noon meal on the memory care unit. Both CNAs wore N95 masks and eye protection. Resident #10 was seated at a table in the dining room with food in front of him/her. At 11:42 AM CNA #2 provided supervision for resident #13 (COVID-19 negative resident) who ambulated with a walker from his/her room to a seat at the dining table where resident #10 was sitting. At 11:50 AM resident #7 came into the dining room, and CNA #2 guided the resident to sit between resident #10 and #13. The 3 residents were within arm's reach of each other, and there was no attempt by the CNAs to create more distance between the residents. 2. On 11/4/20 at 11:55 AM CNA #2 provided assistance to resident #10 who was not eating much of the meal. The CNA wore gloves, a face mask, and a face shield, however did not wear a protective gown or covering while providing bites of food to the COVID-19 positive resident. 3. Interview on 11/4/20 at 10:13 AM with CNA #1 and CNA #2 revealed there were gowns available on the unit however, these were used mainly	S5007		

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S5007	Continued From page 2 when assisting with showers. The CNAs stated resident #10 required "a lot" of help including assistance with dressing and toileting. They further verified isolation carts/supplies were not available at the resident rooms. Observation at that time showed an isolation cart was located in the secured unit kitchen, and there were no gowns available; however, there were 3 protective coveralls available for use. 4. Interview with the director of nursing (DON) on 11/4/20 at 9:35 AM revealed due to dementia and wandering residents she felt it was not possible to effectively isolate the residents from one another. She verified there were also concerns for lack of supplies and the staff in the secured unit were instructed they did not need to use gowns. 5. Interview on 11/4/20 at 1:10 PM with the DON and the executive director verified there was not an inventory of the personal protective equipment supplies on hand and the number of gowns needed in the facility was unknown. They also acknowledged the need for staff to aide in helping residents with social distancing. 6. Review of 11/3/20 laboratory test results for residents on the memory care unit showed 2 additional residents (#4, #13) were found to be COVID-19 positive. 7. Review of the "COVID Policy" revised on "6/18" showed when residents were suspected or confirmed with COVID-19 the "Employees will utilize transmission-based precautions and wear a facemask, gown, gloves, and eye protection." The policy also included infection prevention strategiessuch as social distancing. 8. Review of the Centers for Disease Control and	S5007		

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S5007	Continued From page 3 Prevention "Coronavirus disease 2019 (COVID-19): Considerations for Memory Care Units in Long Term Care Facilities" updated May 12, 2020 showed "Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel."	S5007		

PLAN OF CORRECTION

Mountain Plaza Assisted Living
4154 Talon Drive
Casper, WY 82604

12/2/20

S5007 Chapter 12, Section 6

Deficiency 1: Failed to ensure infection control practices were followed – Six-foot social distancing at the dinner table was not followed.

Deficiency 2: Failed to ensure infection control practices were followed – CNA did not wear a gown while working with a Covid-positive resident.

Responsibility: Administrator and Director of Nursing

Corrective Action: An additional statement was added to the Covid Policy on page 25. This page will be distributed to all employees for review. Each employee not wearing appropriate PPE was pulled aside and educated. An additional PPE Use training video for all staff was completed 11/6/20. Employees will also complete mandatory training through Relias on the topics of Infection Control, Hand Hygiene, Droplet Precautions, and Donning/Doffing PPE during the month of December. Additional information has been shared with the team including the CDC's handout on Strategies for Optimizing the Supply of Isolation Gowns and Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE in During Shortages.

Policy Revision: A statement has been added to the Covid 2020 Policy on page 25: "In the memory care unit, Covid-positive residents should not be seated with non-Covid-positive residents. Any positive-Covid residents on Assisted living will be isolated to their room with meal service deliver." This avoids any risk of coming into close contact with positive residents.

Monitoring: The Administrator and Director of Nursing will observe each shift using PPE daily. The Nurse on Duty will monitor each shift on the weekends. The Verkada Security Camera System will also be utilized to observe PPE use.

Completion Date: 11/30/20