DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535024	A. BUILDING _____ B. WING _____	C 10/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASPER MOUNTAIN REHABILITATION AND CARE CENTER	4305 S POPLAR 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) COMPLETION DATE
F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare licensing and Surveys from 10/21/20 through 10/22/20. The survey was prompted by complaint intake #WY000003119. It was determined, based upon the findings of the survey team, that no deficiencies were identified pertaining to the complaint investigation. In addition, a COVID-19 focused infection control survey, which included a review of emergency preparedness requirements, was conducted by Healthcare Licensing and Surveys from 10/21/20 through 10/22/20.	F 000	Directed Plan of Correction F880 Corrective Action The facility will immediately implement an appropriate infection prevention and intervention plan consistent with the requirements of 483.80 for the affected unit identified in the deficiency The infection preventionist (IP) and	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following	F 880	director of nursing (DON), in conjunction with the medical director shall complete the following: (1) Identify and implement use of personal preotective equipment (PPE) procedures consistnet with current nursing facility guidelines from the Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS). Identification of others The IP and DON, in conjunction with the interdisciplinary team (IDT) will review current COVID-19 nursing facility guidelines from the CDC and CMS. The IP, DON, and applicable IDT members will evaluate the	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: NHA — (X6) DATE: 11/13/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation. 11/19/20 POC reviewed & approved Colleen Hogan

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F 880	Continued From page 1 accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880	facility's overall compliance with the guidelines. The facility will develop action plans to address any newly identified non-compliance. System Changes On or before 11/17/20 the facility shall complete the following actions: (1) DON,IP, and applicable IDT members will conduct root-cause analysis to identify and address the reasons for non-compliance related to: a. Failure to identify and implement appropriate use of PPE, consistnet with current nursing facility guidelines from the CDC and CMS. (2) The DON and IP will ensure education is provided for the following: a. All staff are educated on proper use of PPE in accordance with the current CDC and CMS guidelines. (3) The facility leadership will contact the Mountain Pacific Quality Improvement	

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F 880	Continued From page 2 §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of the Center for Disease Control (CDC) guidelines, the facility failed to ensure staff utilized appropriate personal protective equipment to prevent the spread of COVID-19. The findings were: 1. Observation on 10/21/20 at 11:52 AM showed RN #1 wearing a cloth mask. Interview with the RN at that time revealed she believed she could wear a cloth mask if she had a filter inside the mask. However, she also stated she did not have a filter inside her mask. Interview with the director of nursing on 10/21/20 at 12:50 PM revealed her understanding was staff could wear a cloth mask if they had a filter inside the mask. Review of the CDC Guidelines: Preparing for COVID-19 in Nursing Homes, updated June 25, 2020, and retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, showed "...facemasks are generally preferred over cloth face coverings for healthcare providers as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others...Cloth face coverings should NOT be worn by healthcare providers instead of a respirator or facemask if personal protective equipment (PPE) is required."	F 880	Organization (QIO) to inquire about the assistance and services available from the QIO in improving infection prevention and control within the facility. Monitoring Monitoring of approaches to ensure infection control and prevention are effective will include: Weekly for no less than 12 weeks, the IP, DON, and Applicable IDT will conduct on-going monitoring via observation to ensure staff are complying with requirements for: a. Compliance of staff with appropriate PPE use. After 12 weeks of monitoring, provided that such monitoring demonstrates expectation are met, monitoring may be reduced to monthly. Monthly monitoring will continue for no less than three months. All monitoring will be reported to the quality assurance process improvement (QAPI) committee as part o QAPI activities. Monitoring will not be discontinued until the facility completes three consecutive rounds of monthly monitoring which	

demonstrates sustained compliance as approved by the QAPI committee and medical director.

Facility POC

1)On or before 11/17/20 IP will provide an education to employee RN#1

2)On or before 11/17/20 IP will conduct a 100% audit will all staff to ensure mask policy and procedure are adhered

3) IP will ensure all staff are educated on proper use of PPE in accordance with the current CDC and CMS guidelines.

4) Weekly for no less than 12 weeks, the IP, DON, and Applicable IDT will conduct on-going monitoring via observation to ensure staff are complying with requirements for:

b. Compliance of staff with appropriate PPE use.

After 12 weeks of monitoring, provided that such monitoring demonstrates expectation are met, monitoring may be reduced to monthly. Monthly monitoring will

continue for no less than three months. All monitoring will be reported to the quality assurance process improvement (QAPI) committee as part o QAPI activities. Monitoring will not be discontinued until the facility completes three consecutive rounds of monthly monitoring which demonstrates sustained compliance as approved by the QAPI committee and medical director.