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Healthcare Licensing and Surveys

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

PRINTED: 11/25/2020
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 _____	11/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASPER MOUNTAIN REHABILITATION AND CARE CENTER	4305 S POPLAR CASPER, WY 82601

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F 000	INITIAL COMMENTS A COVID-19 focused Infection control survey, which included a review of emergency preparedness requirements, was conducted by Healthcare Licensing and Surveys on 11/9/20 to 11/13/20.	F 000	Casper Mountain Rehabilitation and Care Center CCN: 535024 Event ID: IKGGI1 Survey Date: 11/13/2020 **Directed Plan of Correction - F880** **Corrective action:**	
F 880 SS=E	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 accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include,	F 880	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 director of nursing (DON), in conjunction with the medical director, shall complete the following: a. Identify and implement use of personal protective equipment (PPE) procedures consistent with current nursing facility guidelines from the Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS). b. Identify and implement transmission-based precautions procedures consistent with current nursing facility guidelines from the Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS),	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

NHA. 12/2/20

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.

1/4/2021 - POC accepted by Tony Madden on 12/8/2020. Administrator notified. J. VanDeMore

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F 880	Continued From page 1 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. §483.80(f) Annual review. The facility will conduct an annual review of its	F 880	For residents #1, 2, #7, #8, #9, #10, and #11: (2) Staff will utilize appropriate PPE when providing care to the resident. (3) Staff will implement appropriate transmission-based precautions when providing care to the resident. **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 facility's overall compliance with the guidelines. The facility will develop action plans to address any newly identified non-compliance. Guidelines for COVID-19 can be found at htt ps:/ / www .cdc.gov/ coronavirus/2019-ncov/ hcp/ long-term-care .html **System Changes:** On or before 11/27/20 the facility shall complete the following actions: Related to PPE: (1) DON, IP, and applicable IDT members will conduct root-cause analysis to identify and address the reasons for non-compliance related	

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F 880	Continued From page 2 IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, staff interview, and review of facility policies and procedures, the facility failed to ensure personal protective equipment (PPE) was used appropriately to minimize the spread of COVID-19. Specifically, extended use of gowns was not done per national recommendations and eye protection was not worn in accordance with transmission-based precautions. Deficient practice was observed with 7 of 14 sample residents (#1, #2, #7, #8, #9, #10, #11). The findings were: Related to extended use of gowns: 1. Medical record review revealed the following: a. Review of nursing notes showed resident #1 tested positive for COVID-19 on 10/24/20. Review of a social services note dated 11/5/20 showed the family notified the resident had a fever and a decrease in oxygen saturation levels. Review of orders showed on 11/5/20 the physician ordered Dexamethasone 2 milligrams (mg) three times per day for COVID-19 for 10 days. b. Review of orders showed on 10/24/20 the physician ordered isolation for resident #2 due to exposure to COVID-19. Review of a nursing note dated 10/24/20 showed the resident was being treated as presumptive positive because his/her roommate tested positive. Although the resident complained of a headache and fatigue, s/he refused to be tested for COVID-19. Further review of the medical record showed no test results for COVID-19.	F 880	Failure to ensure extended/reused PPE was used according to national guidelines. a. Failure to ensure face masks and face shields or other appropriate eye protection were worn. Related to Transmission-Based Precautions: (1) DON, IP, and applicable IDT members will conduct root-cause analysis to identify and address the reasons for non-compliance related to: c. Failure to ensure staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator (if available) or facemask (acceptable alternative if N95 is not available) for a resident with known or suspected COVID-19. d. Failure to ensure staff wear the required PPE (gloves, gown, eye protection and respirator or facemask) when caring for residents on the unit (or facility-wide based on the location of affected residents). (4) ~~The DON and IP will ensure education~~	

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F 880	Continued From page 3 c. Review of nursing notes showed resident #3 tested positive for COVID-19 on 11/6/20 and exhibited signs and symptoms of COVID-19 starting 11/5/20. d. Review of nursing notes showed resident #4 tested positive for COVID-19 on 11/3/20 and exhibited signs and symptoms of COVID-19 starting on 11/3/20. e. Review of nursing notes showed resident #5 tested positive for COVID-19 on 11/3/20. Review of orders showed on 11/10/20 the physician ordered Dexamethasone 6 mg everyday for hypoxia. f. Review of nursing notes showed resident #6 tested positive for COVID-19 on 11/3/20. g. Review of the medical record for resident #7 showed no COVID-19 test results. Review of facility documentation showed the resident refused testing the week of 11/9/20. Review of a nursing assessment dated 11/11/20 showed the resident did not have symptoms of COVID-19 and was "negative for COVID at this time." h. Review of laboratory results showed resident #8 was tested for COVID-19 on 10/28/20 and 11/3/20. Both results showed COVID-19 was "not detected." i. Review of laboratory results showed resident #9 was tested for COVID-19 on 10/28/20 and 11/6/20. Both results showed COVID-19 was "not detected." j. Review of COVID-19 laboratory results showed resident #10 tested negative (COVID-19 not detected) on 11/3/20 and 11/6/20. 2. Observations revealed the following concerns: a. On 11/9/20 from 3:25 PM to 3:30 PM CNA #1 provided care to resident #1 (confirmed positive for COVID-19) in his/her room. The CNA	F 880	is provided for the following: Related to PPE: a. All staff are educated on the proper use of PPE in accordance with the current CDC and CMS guidelines. Related to Transmission-Based Precautions: a. All staff are educated on each type of transmission-based precaution and the proper use of PPE for each type of in accordance with the current CDC and CMS guidelines. **Monitoring:** Monitoring of approaches to ensure infection control and prevention are effective will include: (2) 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 during resident care. b. Compliance of staff with the use of extended/reused PPE c. Compliance of staff with the	

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F 880	Continued From page 4 was wearing a cloth gown. The CNA adjusted the oxygen cannula on the resident's face, checked the resident for incontinence, and provided care for incontinence while the resident was in bed. At 4:25 PM, wearing the same gown, CNA #1 went into the room of resident #2 (not confirmed positive for COVID-19). The CNA walked next to the resident, with her hand touching the back of the resident, as the resident was walking. The CNA's gown touched the side of the resident's clothes and arm as she walked with him/her in the room. b. On 11/10/20 from 9:59 AM to 10:34 AM CNA #2 entered the rooms of residents #3, #4, 5 and #6 (all confirmed COVID-19 positive) to obtain vital signs. She wore the same cloth gown for all of the observations. During the observations, the CNA's gown touched the residents, the resident's clothing, and/or furniture in the residents' rooms. Then, from 10:42 AM until 11:04 AM, the CNA (#2) obtained vital signs from residents #7, #8, #9, and #10 (not confirmed positive for COVID-19) wearing that same cloth gown (as in the earlier observations from 9:59 AM to 10:34 AM). During the observations, the CNA's gown touched the residents, the residents' clothing, or furniture in the residents' room. 3. Interview on 11/9/20 at 5:09 PM with CNA #1 revealed she put on a gown before entering the hallway, and then wore that same gown when proving care to all residents. She stated resident #2 was negative for COVID-19. 4. During interviews on 11/9/20 at 5:12 PM and 5:27 PM CNA #3 stated about two weeks ago the facility started treating all the hallways as "presumptive positive." She stated staff wore the	F 880	use of facemasks and face shields. (1) 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 using the appropriate PPE for all types of transmission-based precautions. After 12 weeks of monitoring, provided that such monitoring demonstrates expectations 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 of 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. **Date of compliance:** 11/27/20 Facility Plan of Correction 1)	

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F 880	Continued From page 5 same gown to care for all residents in the hallway, including ones that have tested negative for COVID-19. She stated there were two residents in her hallway that were still negative for COVID-19. 5. During an interview on 11/10/20 at 11:12 AM licensed practical nurse (LPN) #1 stated her hallway contained a mix of COVID-19 positive and negative residents. She stated staff used to change gowns after providing care to COVID-19 positive residents, but now all residents were considered presumptive positive, so staff wore the same gown to care for all residents in the hallway. 6. Interview on 11/10/20 at 11:22 AM with CNA #2 revealed she wore the same gown to provide care to residents in her hallway, both COVID-19 positive and negative. 7. During an interview on 11/9/20 at 5:50 PM the director of nursing (DON) stated all residents were considered presumptive positive now, although some residents have not tested positive for COVID-19 yet. She stated staff put on a gown before entering a hallway, and would remove it when leaving the hallway. She further stated the facility's PPE supply, including gowns, was "excellent." 8. During an interview on 11/10/20 at 9:36 AM the medical director stated the facility did not have enough room to isolate the COVID-19 negative residents since there were so many positive residents in all the hallways, so all residents were isolated in their current rooms. Additionally she stated if a staff member was in a COVID-19	F 880	A. On or before 12/2/2020 IP will educate staff on correct use of eye protection B. On or before 12/2/2020 residents 1,2,7,8,9, and 10 will have isolation stations created outside their rooms or be moved to halls consistent with their current isolation status. 2) A. On or before 12/2/2020 the IP will conduct a random audit with all staff to ensure eye protection policy and procedure are adhered B. On or before 12/2/2020 the IDT will evaluate every resident to ensure proper isolation is assigned to each. 3) On or before 12/2/2020 IP will ensure all staff are educated on proper use of PPE and isolation procedures 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 all staff are complying with requirements for:	

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F 880	Continued From page 6 positive room, they should change their gown before going into a COVID-19 negative room. 9. During an interview on 11/12/20 at 11:03 AM, the infection preventionist (IP) stated all residents were treated as presumed positive, whether they tested negative or not. She stated staff wore the same gown when providing care to residents within a hallway. She further stated the PPE supply, including gowns, was "good." 10. Review of "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic," updated November 4, 2020, by Centers for Disease Control and Prevention showed the PPE recommended for caring for a patient with suspected or confirmed COVID-19 included "...Gown. Put on a clean isolation gown upon entry to the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area...Reusable (i,e. washable or cloth) gowns should be laundered after each use." 11. Review of "Preparing for COVID-19 in Nursing Homes," updated June 25, 2020, by Centers for Disease Control and Prevention, showed "...If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g. Clostridioides difficile)."	F 880	a. Compliance of staff with appropriate eye protection use b. Compliance with staff with transmission-based precautions. After 12 weeks of monitoring, provided that such monitoring demonstrates expectations 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 committee as part of 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.	

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F 880	Continued From page 7 12. Review of "Responding to Coronavirus (COVID-19) in Nursing Homes," updated April 30, 2020, by Centers for Disease Control and Prevention showed "...Cohorting residents on the same unit based on symptoms alone could result in inadvertent mixing of infected and non-infected residents...If cohorting symptomatic residents, care should be taken to ensure infection prevention and control interventions are in place to decrease the risk of cross-contamination." Related to eye protection: 1. Observation on 11/9/20 from 3:25 PM to 3:30 PM showed CNA #1 provided care to resident #1 in his/her room. The CNA adjusted the oxygen cannula on the resident's face, checked the resident for incontinence, and provided care for incontinence while the resident was in bed. Although the CNA was wearing prescription eyeglasses, she was not wearing goggles or a face shield. Review of nursing notes showed resident #1 tested positive for COVID-19 on 10/24/20. Review of a social services note dated 11/5/20 showed the family was notified the resident had a fever and a decrease in oxygen saturation levels. Review of orders showed on 11/5/20 the physician ordered Dexamethasone 2 milligrams (mg) three times per day for COVID-19 for 10 days. 2. Observation on 11/9/20 at 4:21 PM showed CNA #1 went into the room of resident #11 to answer a call light. The CNA leaned over to talk to the resident. The CNA's face was within 2 feet of the resident's face. Although the CNA was	F 880		

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F 880	Continued From page 8 wearing prescription glasses, she was not wearing goggles or a face shield. Review of a nursing note showed on 11/3/20 the resident tested positive for COVID-19 and exhibited signs and symptoms of COVID-19, including cough and fatigue. 3. During an interview on 11/9/20 at 4:35 PM CNA #1 stated she used to have goggles that fit over her glasses, but they disappeared. She stated she would wear goggles or a face shield "If the resident was coughing a lot." 4. During an interview on 11/9/20 at 5:50 PM the DON stated staff should be wearing PPE to care for residents, which included eye protection. She stated if residents wore prescription glasses, the expectation would still be to wear goggles or a face shield. 5. Review of the facility's policy "Personal Protective Equipment- Using Protective Eyewear" (Revised September 2010) showed "...Personal glasses should not be considered as adequate protective eyewear." 6. Review of "Covid-19 Guidance. Preparation and rapid response checklist for residential care facilities" (updated 9/10/20) by the Colorado Department of Public Health and Environment, provided by the facility as guidance they followed, showed "...Staff should follow standard, contact and droplet precautions (gown, gloves, N-95 or facemask if N-95 not available and eye protection) for any resident with fever, respiratory symptoms, or when COVID-19 is suspected."	F 880		