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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535040	A. BUILDING _____ B. WING _____	10/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUGLAS CARE CENTER LLC	1108 BIRCH STREET DOUGLAS, WY 82633

(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 COVID-19 focused infection prevention survey, which included a review of emergency preparedness requirements, was conducted by Healthcare Licensing and Surveys from 10/9/20 to 10/13/20. The following common abbreviations are used throughout this document: CNA: Certified Nursing Assistant Less commonly used abbreviations will be annotated in each deficiency.	F 000		
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 accepted national standards;	F 880		

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Healthcare Licensing and Surveys

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

[signature] NHA 11/10/20

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.

DOC = 11/19/20

Accepted and discussed w/ Kelli NHA on 11/30/20 [signature]

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F 880	Continued From page 1 §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	**F880** The facility will 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 disease and infections. 1. Resident #13 will have a mask on at all times when not in room. a. All residents will have masks on when not in room. b. Staff will be educated that all residents need to have masks on when leaving their rooms and in communal areas. c. A weekly audit will be done and brought to QAPI for a minim of 12 weeks or until resolved. 2. Recliners have been moved and some removed with red x's placed so that staff know where the recliners should be placed. a. There has been a seating arrangement put in place and TV trays purchased. Therfore residents #11, #9 and #10 are no longer sitting closer then six feet from each other. b. Reisents # 2, #4 and #1will not be sitting closer together c. All residents will be six feet apart while in dining room unless roommates. d. Staff will be educated on seating arrangements and that residents need to be six feet apart while in dining room unless roommates.	11/10/20

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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 Centers for Disease Control (CDC) guidelines, the facility failed to ensure residents utilized appropriate personal protective equipment and followed social distancing in 2 of 3 resident care areas (100 unit, 300 unit) to prevent the spread of COVID-19. The findings were: 1. Observation on 10/9/20 at 11:38 AM showed resident #13 exited his/her room in a wheelchair and did not have a face mask applied. The resident carried a face mask in his/her right hand. The resident traveled from his/her room to room 102 and interacted with the resident in the doorway of the room. The resident in room 102 was wearing a mask; however, during the interaction the residents' wheelchairs were touching and 6 feet of social distancing was not maintained. Continued observation showed 2 unidentified staff members walked past and did not remind the resident to apply the face mask. 2. Observation on 10/9/20 at 11:45 AM showed the dining room had 3 recliners near the wall by the entrance. The dining tables were arranged in 2 sets of 3 square tables that were pushed together, 1 single square table, and 1 round table. Continued observation showed 11 residents were in the dining room at that time. The following concerns were identified. - a. Observation on 10/9/20 at 11:45 AM showed the recliners were occupied by residents and were within arm's reach of one another. None of the residents in the recliners were	F 880	e. Audits will be done weekly to ensure compliance is being met. Results of audits will be brought to QAPI for a minim of 12 weeks.	11/10/20

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F 880	Continued From page 3 wearing masks. b. Observation on 10/9/20 at 11:45 AM showed there were 3 residents seated at the round table. Resident #11 was seated at the 2 o'clock position, resident #9 was seated at the 7 o'clock position, and resident #10 was seated at the 10 o'clock position. The residents were within arm's reach of one another and none of the residents were wearing a face mask. c. Observation on 10/9/20 at 11:45 AM showed the set of 3 tables near the windows had 2 residents seated on the same end across from each other. Resident #6 was positioned at the 12 o'clock position and resident #7 was positioned at the 6 o'clock position and neither resident was wearing a face mask. d. Observation on 10/9/20 at 11:54 AM showed resident #2 was assisted to the table at the 9 o'clock position of the first table, in the set of 3 tables closest to the recliners. Resident #4 was seated at the 3 o'clock position of the 2nd table in the set of 3 tables. Observation on 10/9/20 at 12:05 PM showed resident #1 was assisted to the at the 3 o'clock position across from resident #2 and next to resident #4. Resident #1 was positioned with arm's reach of resident #2 and resident #4 and none of the residents were wearing face masks. e. Interview with the administrator on 10/9/20 at 11:53 AM revealed the square tables were between 36 inches (3 feet) and 48 inches (4 feet) across. 3. Interview with the facility administrator on 10/13/20 at 8:33 AM revealed her expectation was for staff to attempt to keep residents separated to ensure social distancing and attempt to have residents wear personal protective equipment. Further interview revealed staff	F 880		

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F 880	Continued From page 4 should remind residents to wear face masks when they are outside of their rooms. 4. Review of the CDC guidance titled "Preparing for COVID-19 in Nursing Homes" last updated 6/25/20 showed "...Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance...Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene...Considerations when restrictions are being relaxed include: Allowing communal dining and group activities for residents without COVID-19, including those who have fully recovered while maintaining social distancing, source control measures, and limiting the numbers of residents who participate...	F 880		