STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535036	A. BUILDING _____ B. WING _____	C 02/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAWLINS REHABILITATION AND WELLNESS	**542 16TH STREET RAWLINS, WY 82301**

(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 1/28/21 to 2/16/21. The survey was prompted by complaint intakes WY000003190, WY000003061, WY000003185. It was determined, based upon the findings of the survey team, that no deficiencies were identified pertaining to the complaint investigation. Additionally, a COVID-19 focused infection control survey, which included a review of emergency preparedness requirements, was conducted by Healthcare Licensing and Surveys from 1/28/21 to 2/16/21.	F 000		
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	F 880		3/19/21

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

Electronically Signed | 03/11/2021

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.

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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		

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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 staff and residents utilized appropriate personal protective equipment (PPE) in 3 of 6 resident areas (front entrance area, main dining hall, nurse's station area by the therapy room) to prevent the spread of COVID-19. The findings were: 1. Observation on 1/28/21 at 11:38 AM of the front entrance showed registered nurse (RN) #3 talking with a resident with her mask underneath her chin. Further observation at 12:21 PM showed RN #3 at the back nurses's station with her mask underneath her nose. 2. Observation on 1/28/21 at 12:25 PM showed licensed practical nurse (LPN) #4 in the main dining room with her mask below her nose. Continued observation at 1:32 PM showed her in the hallway by the back nurse's station with her mask below her nose. 3. Observation on 1/28/21 at 3:12 PM showed resident #3 in the hallway by room 50 with the mask under his/her chin. Further observation showed 2 unidentified staff members walked past the resident and did not attempt to adjust the mask. 4. Interview on 2/1/21 at 1:21 PM with the infection prevention nurse revealed the expectation was for staff to wear an N95 mask	F 880	Plan of correction for survey 2/16/2021 This plan of correction is the center's credible allegation of compliance. Preparation and/ or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of the deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law. F880 1. Corrective action: The ED and DNS immediately went through the facility to ensure all staff was wearing PPE properly on 1/28/21. The facility implemented appropriate infection prevention and intervention plan. DNS re-educated the two identified staff members in the deficiency write-up on proper application and PPE wearing. Resident number 3 was educated and assisted with wearing a mask in the hallway. 2. ID of others: Audit with be performed on 3/9/21 of all staff members and residents to identify non-compliance of face coverings. The IP and DNS evaluate our current compliance and develop a plan to address any non-compliance found in the audit. 3. Plan of correction: Staff education provided on current policy and CDC	

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F 880	Continued From page 3 over their face. When residents were in the hallway without a mask on the staff should make every attempt to help the resident wear the mask. 5. Review of the CDC guidance titled "How to Put on PPE Gear," last updated 8/19/20 showed, "...4. Put NIOSH- approved N95 filtering facepiece respirator or higher....Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin...". Review of the CDC guidance titled "Preparing for COVID-19 in Nursing Homes, last updated 11/20/20 showed, "...Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room..."	F 880	recommendations for facial covering and the proper way to wear them. A root-cause analysis will be completed by DNS or designee on 3/9/21 to identity and address reasons for non-compliance. 4. Monitoring: Audits of compliance of staff use of facemask and face shields and the encouragement and assistance of residents wearing a mask outside of their room. These audits will be completed weekly x 12 weeks., monthly x 3 months, and then as needed. Date of Compliance March 19, 2021	