STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0009	A. BUILDING: _____ B. WING _____	03/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK COUNTY MEDICAL SERVICES DISTRI(	713 OAK STREET SUNDANCE, WY 82729

(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 Nursing Care Facilities, Chapter 11, effective 06/26/2000 Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000 A licensure survey was conducted by Healthcare Licensing and Surveys from 3/1/21 through 3/4/21.	S 000		
S2956	Ch 11 Sec 9 (a)(ii)(B) Nursing Services (a) The facility shall have sufficient nursing staff to meet the needs of the residents. (ii) Twenty-four (24) Hour Nursing Service. (B) Full-time or part-time members of the nursing staff shall be primarily engaged in providing nursing services and only in rare and exceptional circumstances shall be involved in food preparation, housekeeping, laundry or maintenance services. Proper infection control procedures shall be adhered to at all times. This State Rule and Regulation is not met as evidenced by: Based on observation, review of policy and procedure, resident and staff interview, and review of professional standards, the facility failed to implement infection control practices to prevent the spread of infectious disease including COVID-19. Specifically, the facility failed to ensure source control through face coverings and social distancing, and failed to ensure effective hand hygiene. The census was 27. The findings	S2956	The facility will ensure that hand hygiene and source control are compliant with tag S2956. This will be accomplished by: 1. Drink cart will be disinfected with bleach solution prior to clean glasses being placed on it. Staff will perform hand hygiene per facility policy when passing water. 2. Charge nurse or designee will	4/1/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0009	A. BUILDING: _____ B. WING _____	03/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK COUNTY MEDICAL SERVICES DISTRI(	713 OAK STREET SUNDANCE, WY 82729

(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
S2956	Continued From page 1 were: Review of the Centers for Disease Control ' s "Preparing for COVID-19 in Nursing Homes" found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, accessed 3/17/21, showed core practices included "...Implement Source Control Measures. HCP should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Guidance on extended use and reuse of facemasks is available. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required. 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...Implement Social Distancing Measures...Implement aggressive social distancing measures (remaining at least 6 feet apart from others): Cancel communal dining and group activities, such as internal and external activities. Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene." Review of the Centers for Disease Control ' s "Hand Hygiene in Healthcare Settings" found at https://www.cdc.gov/handhygiene/index.html, accessed 3/12/21, showed "... Multiple	S2956	document on Infection Control water pass log compliance to proper water pass to include dirty glasses being collected in dirty dish bin, disinfection of cart prior to clean glasses being placed on it and hand hygiene per policy every shift. Log will be completed every shift until compliance has been maintained for 30 days. 3. Maintenance will install mask holders in the lobby and on the unit to ensure masks are readily available at all times. 4. The next staff meeting will cover education on proper PPE. Dietary and housekeeping will receive the same education. 5. All employees have completed social distancing and hand hygiene education and competency. Education and competency will be repeated the month of April and then will go back to yearly education. Staff will also cover hand hygiene during their yearly CNA competency checklist. 6. Weekly audits on hand hygiene and social distancing during mealtime will be done until compliance is reached. 7. Activities will log each activity and if masks were worn during activity or if resident refused mask. Documentation will be done in resident EHR if they refuse to wear a mask and IDT will follow-up weekly. 6 feet social distance will be maintained and masks will be encouraged. 8. Charge nurse or designee will monitor the dining room at mealtimes to ensure masks are being worn and social distancing is being maintained. Documentation will be done in resident EHR if they refuse to wear a mask and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0009	A. BUILDING: _____ B. WING _____	03/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK COUNTY MEDICAL SERVICES DISTRI(	713 OAK STREET SUNDANCE, WY 82729

(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
S2956	Continued From page 2 opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an Alcohol-Based Hand Sanitizer. Immediately before touching a patient. After touching a patient or the patient ' s immediate environment...Wear gloves, according to Standard Precautions, when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur. Gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient or the patient environment. Perform hand hygiene immediately after removing gloves. Change gloves and perform hand hygiene during patient care, if gloves become damaged, gloves become visibly soiled with blood or body fluids following a task, moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs. Never wear the same pair of gloves in the care of more than one patient. Carefully remove gloves to prevent hand contamination." Review of facility policy titled " Standard Precautions - Overview " and last reviewed January 2017 regarding standard precautions showed staff were to " ...Assume that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting and apply [the following] infection control practices during the delivery of health care... " and to utilize hand hygiene when " ...Hands are visibly soiled, or after caring for a resident ... " Further review showed " Gloves ... are not a substitute for hand hygiene... " and " ...Staff must perform hand hygiene even if gloves	S2956	IDT will follow-up weekly. 6 feet social distance will be maintained and masks will be encouraged. The results of these audits will be presented to the QAPI committee to ensure continued compliance for a minimum of 3 months or until the QAPI committee is satisfied that the facility is in compliance with S2956.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0009	A. BUILDING: _____ B. WING _____	03/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK COUNTY MEDICAL SERVICES DISTRI(	713 OAK STREET SUNDANCE, WY 82729

(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
S2956	Continued From page 3	S2956		

are utilized ... " Staff are expected to " Remove gloves after contact with a patient, bodily fluid/excretions, and the surrounding environment (including medical devices) using proper technique to prevent hand contamination. Do not wear the same pair of gloves for the care of more than one patient. " The following concerns were identified:

Regarding source control:

1. Observation of the evening meal on 3/1/21 from 4:59 PM to 5:20 PM showed initially 18 residents were sitting at small square tables in the dining area, rising to 21 residents by the end of the observation. The residents were not wearing masks, and were not distanced at least 6 feet apart. Staff were not observed to encourage residents to wear masks or to socially distance. There were 7 total tables, of which 2 tables had 4 residents sitting side by side, 2 tables had 2 residents sitting beside each other, and 3 tables with 3 residents sitting by each other. In addition, two unidentified CNAs were observed wearing cloth face masks while passing trays and assisting residents with their food.

2. Observation on 3/02/21 at 9:24 AM showed an activity being conducted with a small group of 7 residents, all of whom were within arms length of each other. The residents were positioned in a circle and hitting a balloon back and forth. None of the residents were wearing masks. Staff were not observed to encourage the residents to wear masks or to socially distance. The activity was observed to be still ongoing at 9:35 AM.

3. Interview with the IPC/MDS coordinator on 03/01/21 at 2:47 PM revealed the facility had relaxed source control requirements for residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0009	A. BUILDING: _____ B. WING _____	03/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK COUNTY MEDICAL SERVICES DISTRI(	713 OAK STREET SUNDANCE, WY 82729

(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
S2956	Continued From page 4 She stated 20 residents had been vaccinated with the 2 doses, 3 residents refused the vaccination, and 2 more residents were scheduled for their vaccinations. Later interview at 3:01 PM confirmed facility residents were not wearing face masks, with the IPC stating, "Some of the residents would not even wear the mask if offered. Some would blow up if asked to wear a mask. Our county positivity is zero. That is why they are not wearing face masks...We have relaxed the expectation on residents." 4. Review of CMS county positivity data for the week ending 3/2/21, found at COVID-19 Nursing Home Data - Test Positivity Rates | Data.CMS.gov, retrieved 3/12/21, showed Crook County administered fewer than 20 tests. However, positivity rates for 3 surrounding counties (Campbell County WY, Fall River County SD, and Custer County SD) ranged from 1.7% to 11.4%. Regarding hand hygiene: 5. Observation on 03/01/21 at 3:04 PM showed used water containers had been removed from resident rooms and placed on the handrails outside the rooms. CNA #3 was observed leaving room 206 wearing gloves. She did not remove her gloves or perform hand hygiene upon exit. She then grabbed the dirty water containers that were sitting on the handrail, and placed them onto the cart she was utilizing. This cart contained clean water containers that she was distributing, as well as the dirty water containers from the handrails. She then pushed the cart farther down the hall and entered room 205, all while wearing the same contaminated gloves, with no hand hygiene or glove exchange observed prior to entering the room. While	S2956		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0009	A. BUILDING: _____ B. WING _____	03/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK COUNTY MEDICAL SERVICES DISTRI(	713 OAK STREET SUNDANCE, WY 82729

(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
S2956	Continued From page 5	S2956		

wearing the same contaminated gloves, she then delivered clean water containers into the room, grabbing the dirty containers from the handrail upon exiting, and placing them onto the cart with the clean containers. No glove removal or hand hygiene was observed upon exit. She pushed the cart down the hall to room 208, delivered clean water containers, and collected the dirty containers from the rail upon exit, still wearing the same contaminated gloves. No glove exchange or hand hygiene observed upon entry or exiting of the room. Observations of entry and exit of rooms 207, 209, 210, 211, 212, 213, 214, 215, 216, and 217 showed the CNA continued to collect dirty water containers and distribute clean water containers wearing the same gloves for the duration of this entire task. No glove exchange or hand hygiene was observed upon entry or exit of the rooms, or after contamination of the gloves.

6. Observation on 03/01/21 at 3:25 PM showed RA-CNA #4 leaving room 215. No hand hygiene was observed upon exit. She then returned to room 215 at 3:29 PM, with no hand hygiene prior to entry. She exited a few seconds later, did not perform hand hygiene, and then entered room 213 without performing hand hygiene. She was observed moving the resident's tray table, and assisting the resident with positioning in bed. Next, she exited the room, again with no hand hygiene observed. She went down the hall to the restorative therapy office, retrieved two small hand-held exercise balls, and then entered room 207. No hand hygiene was observed upon entry.

7. Observation on 03/01/21 at 4:14 PM showed RA-CNA #4 entered room 210, with no hand hygiene observed before entry. She exited at 4:19 PM, and no hand hygiene was observed. She then went into the clean utility storage/bathing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0009	A. BUILDING: _____ B. WING _____	03/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK COUNTY MEDICAL SERVICES DISTRI(	713 OAK STREET SUNDANCE, WY 82729

(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
S2956	Continued From page 6	S2956		

suite to retrieve clothing protectors used for meals, and began disbursing them to every place setting in the dining room.

8. Observation on 3/01/21 at 4:35 PM showed RA-CNA #4 walking with resident #22, who was utilizing a crutch, to the dining room. After the resident was seated, RA-CNA #4 took the crutch and leaned it against the wall. She then retrieved a coffee cup for the resident and a communal pitcher of coffee for the table. Two more residents joined the table and poured themselves coffee from the communal pitcher. No hand hygiene was observed after contact with the resident or his crutch before contacting items to be shared at the table.

9. Observation on 3/01/21 at 4:39 PM showed CNA #2 took the coffee cup of resident #125 from the table to a microwave inside the nurses station to warm up its contents. She then took the cup to the beverage counter to add sugar, and returned the cup to the resident. No hand hygiene was performed after delivery of the cup. She then assisted two other residents with the warming and adding of condiments to their coffees, using the same microwave and beverage counter. No hand hygiene was performed in between contacts.

10. Observation on 3/01/21 at 4:43 PM showed dietary aide #1 wearing gloves in the dining room. He touched the shoulder of resident #14 with gloved hands, and then went to the clean dietary cart to put trays together with supplies for each resident. No hand hygiene or glove exchange was performed after the contact.

11. Observation on 3/01/21 at 4:53 PM showed LPN #1 helped resident #14 set up his/her meal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0009	A. BUILDING: _____ B. WING _____	03/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK COUNTY MEDICAL SERVICES DISTRI(	713 OAK STREET SUNDANCE, WY 82729

(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
S2956	Continued From page 7 place setting, and assisted the resident with positioning in his/her chair. No hand hygiene was observed before or after contact with the resident. LPN #1 then left the dining room and went to the nurses station, where she made contact with the counter and computer inside the nurses station. 12. Observation on 3/01/21 at 4:56 PM showed CNA-MA #5 made contact with resident #3 through a hug, and with the resident's food and place setting, as well. She then left the dining room, opened the gate to the nurses station, touched the med cart and its contents, and began retrieving the next resident's medications. No hand hygiene was observed between contacts or tasks. 13. Observation on 3/01/21 at 5:17 PM showed dietary aide #1 wearing gloves, and making contact with resident #3 and his/her wheelchair. He then returned to the clean dietary cart, touching the cart and passing out desserts. No glove exchange or hand hygiene was observed after contact.	S2956		