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 _____	C 04/29/2021

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

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F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 4/28/21 through 4/29/21. The survey was prompted by complaint intake WY00003136. 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 4/28/21 through 4/29/21. The following common abbreviations are used throughout this document; NHA: Nursing Home Administrator Less commonly used abbreviations will be annotated in each deficiency.	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:	F 880		5/27/21

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

Electronically Signed | 05/19/2021

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F 880	Continued From page 1 §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, 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	F 880		

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F 880	Continued From page 2 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 IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, staff interview, policy and procedure review, review of the visitation screening log, and review of CDC (Centers for Disease Control) and CMS (Centers for Medicare and Medicaid Services) guidelines, the facility failed to implement an effective screening process for visitors to the facility, and failed to ensure core infection prevention practices were followed during 2 random observations (involving residents #7 and #21). These failures had the potential to expose residents, staff, and visiting personnel to COVID-19 (a viral infection that could lead to serious harm or death). The census was 47. The findings were: 1. Observation on 4/28/21 at 11:50 AM showed the main doors to the entrance of the facility were unlocked and opened into a small foyer. Signage instructed visitors to use hand hygiene, obtain their body temperature, and to complete the screening log sheet before entering. A free-standing temperature scanner stood in the corner of the foyer. A green button was then pushed to gain entrance to the main facility. The following concerns were identified:	F 880	F880: Infection Prevention and Control: The facility will establish and maintain and 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. Visiting hours have now been changed so that visitors are coming while there is staff to help screen, ensure screening is happening and masks are worn. 2. Visiting hours are can occur after hours and on weekends by appointment. 3. There will continue to be compassionate care visits when necessary. 4. Outdoor visits can happen with appointment as well. 5. A. Resident #21's visitor was educated. All visitors will be educated at the time of entry that masks need to be worn at all times while visiting with residents unless proof of a fully vaccinated is provided.	

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F 880	Continued From page 3 a. At no time during the survey timeframe was a staff member actively screening, educating, or determining the vaccination status of the visitors that entered the facility. Interview with the administrative assistant who sat at the entrance to the facility on 4/29/21 at 10:28 AM revealed she worked from 8 AM to 5 PM Monday through Friday, however no one manned the front desk on the weekends or when she was away. In addition, visitors self-screened in the foyer and then came into the facility, and if she saw someone without a mask she would remind them to put one on. 2. Review of the medical record for resident #21 showed the resident was admitted to the facility on 4/19/21. Further review showed no evidence of the resident's COVID-19 vaccination status. The following concerns were identified: a. Observation on 4/28/21 at 2 PM showed the resident was in his/her room with activity aide #1 and a visitor. The activity aide wore a facemask, however the resident and the visitor were not wearing facemasks and were within 6 feet from each other. Interview with the activity aide at 2:10 PM revealed she had not noticed the visitor was not wearing a facemask because she was concentrating on the resident. The activity aide returned to the resident's room and educated the visitor. Observation at 2:15 PM showed the visitor remained in the resident's room and had again removed her facemask. The administrator was then notified by the surveyor and the visitor was provided education pertaining to the use of facemasks in the facility. b. Interview on 4/29/21 at 8:45 AM with the NHA revealed the facility had obtained the resident's COVID-19 vaccination status and	F 880	B. All new admissions will have proof of vaccination upon admission and if there has been no vaccination started, DCC will call public health to get started on the vaccination process 3. A. Resident #7's family will be educated that a mask needs to be worn at all times and hugging is not permitted unless there is proof of fully vaccinated. 4. Visitor screening will be reviewed at date of visitor's entry by a DCC staff member and entry will be denied if any symptoms are occurring, temperature is above 100.0 degrees and had close contact with someone with Covid-19 infection in the prior 14 days. 5. A list of fully vaccinated residents and staff will be kept and updated. 6. DCC recognizes that all residents have the potential to be effected by visitors not screening properly and or wearing their masks while visiting. 6. Staff will be educated on the questions that need to be asked to visitors upon to entry and when a visitor should be denied entry. 7. Families will be called to review what our visitor policy is during the pandemic. 8. The visitor log will be reviewed weekly and brought to QAPI monthly until resolved.	

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determined that the resident had received his/her first vaccination and the second one was due on 5/5/21.

3. Review of the medical record for resident #7 showed the resident was admitted to the facility on 3/2/16. Further review of the medical record showed no evidence of the resident's COVID-19 vaccination status. The following concerns were identified:

a. Observation on 4/28/21 at 4:35 PM showed two visitors entered the resident's room with a sack of food. Both visitors were wearing facemasks at that time, however the resident was not wearing a facemask. Continued observation showed one of the visitors removed her facemask, coughed into her hand, and hugged the resident. The visitor then reapplied her facemask and left the facility.

b. Interview on 4/29/21 at 8:45 AM with the NHA revealed the resident had not received the COVID-19 vaccine.

4. Interview with the NHA on 4/29/21 at 8:45 AM revealed the facility did not test residents for COVID-19 prior to admission or determine the residents' COVID-19 vaccination status. At 10:28 AM the NHA revealed the visitor screening logs were reviewed on a monthly basis. Further, at 11:10 AM the NHA stated she was unaware if the scanning thermometer in the foyer set off an alarm if a staff member or visitor had a body temperature outside of the acceptable range because no one at the facility had ever recorded an abnormal temperature. She revealed she would have to review the manufacturer's instructions.

5. Review of the facility's visitation screening log

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from 4/2/21 through 4/29/21 showed 456 visitors entered the facility. No temperatures were recorded for 29 visitors and the temperature was marked as "normal" for 10 visitors. The symptom screening section of the log which included cough, sore throat, difficulty breathing or shortness of breath, vomiting and/or diarrhea, chills and/or repeated shaking with chills, muscle pain, headache, or new loss of taste or smell, was incomplete or absent for 60 of the 456 entries.

6. Review of the facility's Interim COVID-19 Visitation policy revised and implemented on 11/11/20 showed "...4. The core principles of COVID-19 infection prevention will be adhered to and as follows: a. Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g. temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms...A face covering or mask, covering the mouth and nose, will be worn at all times..."

7. Review of the CMS memo QSO-20-39-NH last revised on 4/27/21 showed "Core Principles of COVID-19 Infection Prevention Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status)...CMS and CDC continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection, including physical distancing (maintaining at least 6 feet between people). This

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continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated. However, we acknowledge the toll that separation and isolation has taken. We also acknowledge that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Therefore, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility."

8. Review of the CDC's Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination last revised 4/27/21 showed "...Facilities should maintain a record of the vaccination status of patients/residents and HCP (health care personnel). Before allowing indoor visitation, the risks associated with visitation should be explained to patients/residents and their visitors so they can make an informed decision about participation. Full vaccination for visitors is always preferred, when possible. Visitors should be screened and restricted from visiting, regardless of their vaccination status, if they have: current SARS-CoV-2 infection; symptoms of COVID-19; or prolonged close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection in the prior 14 days or have otherwise met criteria for quarantine. Visitors should be counseled about recommended infection prevention and control practices that should be used during the visit (e.g., facility policies for

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source control or physical distancing). Visitors, regardless of their vaccination status, should wear a well-fitting cloth mask, facemask, or respirator (N95 or a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators) for source control...Hand hygiene should be performed by the patient/resident and the visitors before and after contact... Physical distancing and source control recommendations when both the patient/resident and all of their visitors are fully vaccinated: While alone in the patient/resident's room or the designated visitation room, patients/residents and their visitor(s) can choose to have close contact (including touch) and to not wear source control. Visitors should wear source control and physically distance from other healthcare personnel and other patients/residents/visitors that are not part of their group at all other times while in the facility."

9. Review of the CMS memo QSO-20-38 NH last revised 4/27/21 showed under definitions "Fully vaccinated' refers to a person who is greater than or equal to 2 weeks following receipt of the second dose in a 2-dose series, or greater than or equal to 2 weeks following receipt of one dose of a single-dose vaccine." Unvaccinated" refers to a person who does not fit the definition of "fully vaccinated", including people whose vaccination status is not known, for the purposes of this guidance.