STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535056	A. BUILDING _____ B. WING _____	C 06/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAGE VIEW CARE CENTER	**1325 SAGE STREET ROCK SPRINGS, WY 82901**

(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 on 5/25/21 to 6/10/21. The survey was prompted by complaint intake WY00003233. In addition, a COVID-19 focused infection control survey, which included a review of emergency preparedness requirements, was conducted by Healthcare Licensing and Surveys on 5/25/21 to 6/10/21. The following common abbreviations are used throughout this document: CDC- Centers for Disease Control and Prevention CNA- Certified Nurse Aide 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		7/3/21

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

Electronically Signed | 06/29/2021

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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.	F 880		

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F 880	Continued From page 2 §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 IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on review of facility policies and procedures, employee timecards, and staff interview, the facility failed to develop and implement COVID-19 policies regarding travel based on national standards. One of one staff (CNA #1) reviewed who traveled internationally did not quarantine per the CDC recommendations prior to returning to work. The findings were: 1. During an interview on 6/9/21 at 3:29 PM administrator #1 stated CNA #1 was not fully vaccinated when she traveled internationally in March. Review of a typed statement from the administrator dated 6/3/21 and review of employee timecards showed CNA #1 traveled March 1 to March 22, 2021. Further review showed the CNA returned to work on 3/24/21 (two days after international travel). The CNA did have a negative COVID-19 test on 3/24/21. 2. Review of the facility's "COVID-19 Policy and Procedure" (revised 2/10/21) showed procedures for returning to work after travel were not addressed. During an interview on 6/9/21 at 5:36	F 880	Corrective action -Staff will be educated on expectations for return to work for international travel for unvaccinated staff members ID of others -As of 6/25/21 only unvaccinated staff member that has traveled internationally was staff member referenced in summary statement of deficiencies Systemic Change -Facility will adhere to CDC's recommendations for international travel for unvaccinated staff -Get tested with a viral test 3-5 days after travel -Self-quarantine for a full 7 days after travel -Even if test comes back negative full 7-day quarantine will be in effect until able to return to work -Self-monitor for COVID-19 symptoms; isolate and get tested if symptoms develop -Follow all state and local recommendations or requirements	

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F 880	Continued From page 3 PM administrator #1 stated the facility did not have a policy on travel, including international travel. 3. Review of the CDC's "International Travel During COVID-19," revised June 10, 2021 (https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel-during-covid19.html, accessed 6/14/21) showed "Recommendations for Unvaccinated People...After you travel: Get tested with a viral test 3-5 days after travel AND stay home and self-quarantine for a full 7 days after travel. Even if you test negative, stay home and quarantine for the full 7 days."	F 880	-Expectation of facility is for staff traveling internationally to notify facility of dates of international travel and exact return date. Upon return will conduct viral test and have staff member self-quarantine for 7 days. Monitoring -Results of corrective actions as well as systemic changes will be monitored via the QAPI process monthly with recommendations made as needed times three months.	