STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0033	A. BUILDING: _____ B. WING _____	08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CODY REGIONAL HEALTH LONG TERM CARE	707 SHERIDAN AVENUE CODY, WY 82414

(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 07/01/2020 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 8/23/21 to 8/26/21. The following common abbreviations are used throughout this document: DON: Director of Nursing CDC: Centers for Disease Control and Prevention LPN: Licensed Practical Nurse RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S2920	Ch 11 Sec 20 (b)(iv) Physical Environment (b) Sanitary Environment. The Nursing Care Facility shall establish policies and procedures for investigating, controlling and preventing infections. (iv) Inservice education shall be provided for all employees. This shall include the practice of aseptic techniques, such as: handwashing/universal precautions, proper grooming, masking and gowning procedures (for isolation), disinfection and sterilizing techniques, and the handling and storage of resident care equipment and supplies plus decontamination	S2920		9/24/21

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S2920	Continued From page 1 methods. (A) Continuing education shall be provided to all employees on the cause, effect, transmission, prevention and elimination of infections. This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview, review of professional standards, review of manufacturer recommendations, and policy and procedure review, the facility failed to ensure continuing education was provided related to sanitation of glucometers for 1 of 1 staff member (LPN #1) who performed blood glucose checks. The findings were: 1. Observation on 8/25/21 at 11:43 AM showed LPN #1 obtained a blood glucose reading for resident #24 using a glucometer. After obtaining the result, the LPN failed to clean the glucometer. Further, observation showed the LPN entered the main dining area to find the remaining residents on whom she needed to check glucose levels. Observation on 8/25/21 at 11:49 AM showed the nurse loaded the glucometer strip into the glucometer and approached resident #2. The nurse set the supplies down on the resident's table, and cleaned the resident's finger. Once it became apparent the nurse was going to utilize the same glucometer without disinfection, the surveyor intervened to stop the glucose check. 2. Interview with LPN #1 on 8/25/21 at 11:49 AM revealed she was going to obtain all the residents' blood glucose measurements before she sanitized the glucometer. At that time, the LPN left the cart and obtained a "Dispatch" (bleach	S2920	Corrective Action: The facility will immediately implement an appropriate infection prevention and intervention plan consistent with the requirements of 483.80 for the affected unit identified in the deficiency. The Infection Preventionist (IP) and Director of Nursing (DON), in conjunction with the medical director, shall complete the following: 1. Identify and implement device sanitation procedures for glucometers for staff, consistent with current nursing facility guidelines from the CDC and CMS. 2. Develop and implement hand hygiene procedures for staff during wound care. 3. Develop and implement donning and doffing of ppe procedures for staff during wound care. 4. Develop and implement clean technique and supply storage procedures during wound care. Identification of Others: The IP and DON, in conjunction with the interdisciplinary team (IDT) will review current COVID-19 nursing facility guidelines from the CDC and CMS. The IP, DON, and applicable IDT members will evaluate the facility□s overall compliance	

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S2920	Continued From page 2 disinfectant towels) wipe to sanitize the glucose monitor. She stated the "Dispatch" contact time (time the disinfectant must remain wet in are being disinfected) was 3 minutes. 3. Interview with the DON on 8/25/21 at 12:20 PM revealed it was the facility's expectation for staff to clean the glucometer between each resident use. Staff were to use the Sani-wipes with the contact time of 1-3 minutes. 4. Review of the manufacturer recommendations showed " ... Cleaning the exterior surface of the Precision Xceed Pro Monitor daily recommended. Follow your facility's policies and procedures for infection control, which may require more frequent cleaning. ...Bleach or hydrogen peroxide based cleaners will fade the monitor keypad ...wipes are not recommended..." 5. Review of the policy and procedure titled "Glucometer Use Guidelines" provided by the facility on 8/25/21 showed "...7. c. Proficiency Testing: i. Proficiency tests are performed quarterly by those that routinely use the system... ...8. Cleaning of the glucometer units: a. Cleaning of glucometer units is performed after each patient use. b. Glucometer units are cleaned with the PDI Super Sani-Cloths. Instruments will be wiped thoroughly until visibly wet and must sit for at least 2 minutes before being used on another patient." a. Review of LPN #1's "FreeStyle Precision Pro Blood Glucose and B-Ketone Monitoring System Learning Assessment" showed the LPN was last assessed for proper use and disinfecting of the glucometer on 5/21/19. 6. Review of the CDC's "Frequently Asked Questions (FAQs) regarding Assisted Blood	S2920	with the guidelines. The facility will develop action plans to address any newly identified non-compliance. System Changes: On or before 9/25/21 the facility shall complete the following actions: 1. DON, IP and applicable IDT members will conduct root-cause analysis to identify and address the reasons for non-compliance related to: a. Failure to ensure device sanitation procedures for staff, consistent with current nursing facility guidelines from the CDC and CMS. b. Failure to ensure guidelines were implemented for hand hygiene while performing procedures during wound care. c. Failure to ensure guidelines for donning and doffing of ppe procedures for staff during wound care. d. Failure to ensure guidelines were implemented for clean technique and supply storage procedures during wound care. 2. The DON and IP will ensure education is provided for the following: a. All staff are educated on glucometer device sanitation procedures for staff, consistent with current nursing facility guidelines from the CDC and CMS b. All staff are educated on hand hygiene while performing procedures during wound care c. All staff are educated on donning and doffing ppe procedures for staff during wound care d. All staff are educated on clean technique and supply storage procedures during wound care	

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S2920	Continued From page 3 Glucose Monitoring and Insulin Administration" last reviewed: March 2, 2011 showed "...Blood Glucose Meters...Infectious agents, such as HBV, can be transmitted through indirect contact transmission, even in the absence of visible blood [4]. Indirect contact transmission is defined as the transfer of an infectious agent (e.g., HBV) from one patient to another through a contaminated intermediate object (e.g., blood glucose meter) or person (e.g., healthcare personnel hands) [12].With some blood glucose meters that require pre-loading of the test strip, the device may come into direct or close contact with the patient's finger stick wound. If blood is transferred from the patient to the meter, and the meter is not cleaned and disinfected after use, subsequent patients can be exposed to this blood when the meter is used on them. Indirect contact transmission can also occur even if the patient never directly contacts the meter. Healthcare personnel's hands can become contaminated with blood at various points while performing assisted blood glucose monitoring including pricking the patient's finger or handling the test strip. Blood can then be transferred to the meter when healthcare personnel handle the meter to obtain the reading. If the meter is not cleaned and disinfected after use, the blood remaining on the meter can be transferred to subsequent patients via healthcare personnel hands when they handle the meter and then assist with fingerstick procedures. Numerous outbreaks have implicated this mechanism in the spread of HBV infections [3, 4]. Contamination of equipment and transmission of HBV can also occur if healthcare personnel fail to change their gloves and perform hand hygiene between patients... For these reasons, blood glucose meters should be cleaned and disinfected after each use, unless they are dedicated to a single patient and appropriately	S2920	3. The facility leadership will contact the Mountain Pacific Quality Improvement Organization (QIO) to inquire about the assistance and services available from the QIO in improving infection and prevention control within the facility Monitoring: Monitoring of approaches to ensure infection control and prevention are effective will include: 1. Weekly for no less than 12 weeks, the IP, DON and applicable IDT will conduct on-going monitoring via observation to ensure staff are complying with requirements for: a. Compliance with glucometer device sanitation procedures for staff b. Compliance with hand hygiene while performing procedures during wound care c. Compliance with donning and doffing ppe procedures for staff during wound care d. Compliance with clean technique and supply storage procedures during wound care. After 12 weeks of monitoring, provided that such monitoring demonstrates expectations are met, monitoring may be reduced to monthly. Monthly monitoring will continue for no less than three months. All monitoring will be reported to the quality assurance process improvement (QAPI) committee as part of QAPI activities. Monitoring will not be discontinued until the facility completes three consecutive rounds of monthly monitoring which demonstrates sustained compliance as approved by the QAPI committee and medical director.	

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S2920	Continued From page 4 stored to prevent inadvertent contamination..."	S2920		