STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0023	A. BUILDING: _____ B. WING _____	12/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASPER MOUNTAIN REHABILITATION AND CA	4305 S POPLAR CASPER, WY 82601

(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 12/12/21 to 12/17/21.	S 000		
S2917	Ch 11 Sec 6 (b)(i) Physical Environment (b) Sanitary Environment. The Nursing Care Facility shall establish policies and procedures for investigating, controlling and preventing infections. (i) Policies, procedures, and techniques shall be regularly reviewed, particularly those concerning food service, laundry practices, and the disposal of environmental and resident wastes. This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview, review of infection control policies and procedures, and review of Centers for Disease Control and Prevention's (CDC) standards, the facility failed to ensure personal protective equipment, social distancing, and disinfection requirements were followed during 1 of 1 observation of COVID-19 testing procedures. This failure resulted in an unacceptable risk to resident health. The census was 85. The findings were: 1. Interview with the infection preventionist and	S2917	Correction: The Infection Preventionist is currently wearing the appropriate PPE, following appropriate standards for social distancing when appropriate and ensuring that disinfecting of surfaces is being done as required during COVID-19 testing. The facility is now testing at a frequency required by CMS guidance. The infection Preventionist and the DON, in conjunction with the Medical Director, have completed the following:	1/14/22

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S2917	Continued From page 1 the administrator on 12/16/21 at 10 AM revealed the infection preventionist wore her personal prescription eye glasses, a N95 mask, and gloves during COVID-19 specimen collection unless the individual being tested had symptoms. If the individual had symptoms of COVID-19, the infection preventionist revealed she also applied a gown. Further interview revealed she tested staff and sometimes residents in her office, and the only surface she sanitized after specimen collection was her "cart." The administrator revealed, the facility was testing all residents and staff for COVID-19 weekly. He stated the testing frequency was based on the county's positivity rate, which was at 6%. 2. Observation on 12/16/21 at 2:56 PM showed the infection preventionist entered her office, opened a clean N95 mask and applied it. The infection preventionist performed hand sanitation with alcohol based hand gel and then applied gloves. She obtained a specimen bag, removed the nasal swab, and inserted it into an employee's nares. The infection preventionist placed the swab into a vial, placed the vial in a biohazard bag, and sealed the bag. The following concerns were identified: a. Observation at that time of the infection preventionist's office showed it was a small area which housed computer networking equipment as well as a desk, some shelves, and a small plastic cart. The office opened directly into a common area where residents were frequently observed to gather. b. At the time of collection, the infection preventionist wore gloves, an N95 mask, and personal prescription eye glasses. No gown or eye protection were worn. c. The employee being tested stood just outside the door of the office (in the common	S2917	Completed a hand hygiene procedure for the staff and residents which is consistent with the current nursing facility guidelines from the Centers for Disease Control and Centers for Medicare and Medicaid Services. Identification: The Infection Preventionist, in conjunction with the interdisciplinary team will review current COVID-19 nursing facility guidelines. Systemic: The Facility has contracted an outside consultant who has her Infection Preventionist Certification through CDC to conduct an ICAR with the facility to assess IPC practices r/t to covid- Monitoring: Monitoring of approaches to ensure infection control and prevention are effective will include: Weekly for no less than 12 weeks, the IP, DON, and applicable IDT will conduct on-going monitoring via observations to ensure staff are complying with the requirements for hand washing. DON/designee will complete reviews regarding PPE and testing frequency to ensure that the new guidelines and policy are followed. The DON/designee will trend any issues identified from her review and submit a report on this to the QAPI Committee Monthly x3, to ensure that compliance is maintained. After 12 weeks of monitoring, provided that such monitoring demonstrates expectations are met, monitoring may be	

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S2917	Continued From page 2	S2917		

area), and this is where the infection preventionist obtained the specimen.

d. After obtaining the specimen, the infection preventionist disinfected only the top of the plastic cart where the specimen was handled. No other surfaces within six feet of the specimen collection site, including handrails and doorknobs, were disinfected.

3. Review of the policy "Coronavirus Disease (COVID-19)- Testing and Return to Work Criteria for Healthcare Personnel" showed it was dated August 2020. The policy and procedure did not cover collecting and handling of clinical specimens for COVID-19 testing.

4. Review of the Centers for Disease Control and Prevention's (CDC) "Interim Guidelines for Collecting and Handling of Clinical Specimens for COVID-19 Testing" last revised on 10/25/21 showed "...Collecting and Handling Specimens Safely...For healthcare providers collecting specimens or working within 6 feet of patients suspected to be infected with SARS-CoV-2, maintain proper infection control and use recommended personal protective equipment (PPE), which includes an N95 or higher-level respirator (or face mask if a respirator is not available), eye protection, gloves, and a gown..."

5. Review of the CDC's "NIOSH Eye Safety" archive last revised on 7/29/13 showed "...The Centers for Disease Control and Prevention (CDC) recommends eye protection for a variety of potential exposure settings where workers may be at risk of acquiring infectious diseases via ocular exposure... Workers should understand that regular prescription eyeglasses and contact lenses are not considered eye protection..."

reduced to monthly. Monthly monitoring will continue for no less than three months. All monitoring will be reported to the 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

Directed Plan of Correction