Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF019	A. BUILDING: _____ B. WING _____	C 01/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNDANCE ASSISTED CARE LLC	108 ABBY LANE 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 Assisted Living Facilities, Chapter 12, effective 08/24/2020. Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001. A complaint survey was conducted by Healthcare Licensing and Surveys on 1/19/22. The survey was prompted by complaint intakes LIC-22-006 and LIC-22-007. In addition, a COVID-19 focused infection control survey, was conducted by Healthcare Licensing and Surveys on 1/19/22.	S 000		
S5003	Ch 12 Sec 6 (d) Personnel and Staffing Requirements (d) Infection Control. Written policies must be in effect to ensure that newly hired and current employees do not spread a communicable disease that could be transmitted through usual job duties. These written polices must, at a minimum: (i) Ensure a safe and sanitary environment for residents and personnel; (ii) Require tuberculin testing, or screening as appropriate; and (iii) Prohibit any person with an airborne, contagious, or infectious disease from being employed until a work release is obtained. (A) The facility shall prohibit employees with a communicable disease or infected skin	S5003		

LABORATORY DIRECTOR'S OR PROVIDER/~~SUPPLIER REPRESENTATIVE~~'S SIGNATURE — TITLE: OWNER — (X6) DATE: 2/24/22

POC accepted. Spoke to Linda Johnson, Administrator, on 3/3/22 @ 9:15 am.

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S5003	Continued From page 1 lesions from direct contact with residents and their food, if direct contact will transmit a disease. (B) The facility shall require staff to follow universal precautions when performing direct resident care. This State Rule and Regulation is not met as evidenced by: Based on observation, resident record review, staff interview, review of resident and staff COVID-19 immunization logs, policy review, review of the Wyoming Department of Health guidelines, review of Centers for Disease Control and Prevention (CDC) guildelines, and review of the Wyoming COVID-19 Transmission Indicators, the facility failed to ensure appropriate infection control practices were implemented to prevent the spread of COVID-19. The census was 9. The findings were: Observation on 1/19/22 at 8:43 AM showed staff #1 was screening visitors to the facility for COVID-19 signs, symptoms, and exposure. Interview with staff #1 at that time revealed there were no active COVID-19 cases in the facility. The following concerns were identified: a. Observation on 1/19/22 between 8:43 AM and 4:58 PM showed staff #1 completed tasks which included screening visitors, cooking, direct serving of food to residents, and washing dishes. At no time was she wearing a facemask. b. Observation on 1/19/22 at 9 AM showed the staff #2 entered the facility in the front of the building, where 4 residents, none of whom were wearing face masks, were watching television. Staff #2 was not wearing a facemask at that time. She then spoke to one of the residents, and met with the surveyor. At that time, staff #2 confirmed there were no active cases of COVID-19 or other	S5003		

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S5003	Continued From page 2	S5003		

respiratory illnesses in the facility. Staff #2 continued to ambulate throughout the building during the observation, and at 11:30 AM she assisted staff #1 to pass out lunch trays and drinks to all 9 residents in the dining area, and she failed to wear a facemask.

c. Observations throughout the survey timeframe on 1/19/22 from 8:43 AM to 4:58 PM showed 8 of 9 residents, who moved freely about the facility, did not wear facemasks. The observation included a 1/19/22 observation at 11:30 AM in the dining area, where all 9 residents were observed dining, with separation which included 3 tables and 6 feet of distance between residents. However, no residents wore a facemask when entering the dining area, or at any time during their stay in the dining area.

d. Resident record review for the 9 current residents showed no indication of COVID-19 vaccination status. Review of the "Resident Sign Up Sheet for COVID-19 Shot" showed 6 of 9 facility residents signed up for the vaccine. However, the document, which showed a sign up period from 12/18/20 to 7/23/21, failed to show exactly when residents were vaccinated, what type of vaccine was administered, and how many doses of vaccine the residents received.

e. Review of the staff COVID-19 immunization log showed 2 of 11 staff were immunized. Of the staff who were vaccinated, the log failed to show which vaccines were administered, the dates of administration, or the number of vaccine doses received.

f. Interview with the DON on 1/19/22 at 4:40 PM regarding her expectation for staff wearing facemasks revealed she felt the facility, with no known active cases of COVID-19, was not at a high risk. She felt the facility staff and residents were exhausted from the pandemic, and she was not convinced the facemasks actually did a lot of

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S5003	Continued From page 3	S5003		

good for prevention. She further stated the 3 residents who had not been vaccinated were good at wearing facemasks.

g. Review of the undated policy # H-240 titled, "Sundance Assisted Living COVID-19 Protocol" showed "...2. Employees who have a temperature greater than 100.4 [degrees Fahrenheit] will not be allowed to work, a. 100% screening of all persons entering the facility and all staff at the beginning of each shift:...Ensure all outside persons entering the building have cloth face covering or facemask...6. Group activities, including outings, allowed for (for asymptomatic or COVID-19 negative residents only) with no more than the number of people where social distancing among residents can be maintained, appropriate hand hygiene, and use of a cloth face covering or facemask."

h. Review of the Wyoming Department of Health "Updated Nursing and Assisted Living Facility Guidance" dated 11/24/21 showed "...WDH recommends that nursing and assisted living facilities follow the most current healthcare infection and control recommendations from the CDC..."

i. Review of the Centers for Disease Control and Prevention (CDC) "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic", updated 9/10/21, found at https://www.cdc.gov/2019-ncov/hcp/infection-control-recommendations.html and retrieved 1/19/22 showed "... Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to

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S5003	Continued From page 4 high community transmission..." j. Review of the "Wyoming COVID-19 Transmission Indicators" accessed on the Wyoming State Epidemiology site on 1/21/22, for 1/6/22 through 1/19/22, showed the county in which the facility was located was in the "Red Zone: High Transmission Levels" indicator level.	S5003		

Statement of Deficiencies and Plan of corrections	(x1)Provider/supplier/clia identification number	(x2)Multiple construction	(x3) Date survey completed
	ALF019	A. Building_____ B. Wing _____	1/19/2022

Name of Provider or Supplier	Street Address, City, State, Zip Code
Sundance Assisted Care	108 Abby Lane/PO Box 944, 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	Providers Plan of correction (Each corrective action should be cross-referenced to the appropriate deficiency)	(x5) Complete Date

Providers Plan of correction
Corrective Action Plan

The facility will immediately implement an appropriate infection prevention and intervention plan consistent with the requirements of the Wyoming Department of Health Aging Division Rules for Program Administration of Assisted Living Facilities, Chapter 12, for the affected unit identified in the deficiency.

The director of nursing and the administration, shall complete the following:

1. Identify and implement continued reinforcement of hygiene procedures, for staff and residents, consistent with current nursing facility guidelines.
2. Identify and implement continued reinforcement of hygiene procedures consistent with current assisted living facility guidelines.
3. Identify and implement transmission-based precautions procedures consistent with current assisted living facility guidelines.

Additionally to S5003:

1. Additional education for residents to wear facemasks when anyone enters public areas.
2. Facility staff meetings will be informed as to the adherence to the proper PPE practices.

Identification of Others:

The administration and DON will review current COVID-19 nursing facility guidelines. The Administration and DON will evaluate the facility's overall compliance with the guidelines. The facility will develop action plans to address any newly identified non-compliance

System Changes:

On or before 2/02/2022 the facility shall complete the following actions:

Related to S5003 Deficiency Ch 12 Sec 6 (d) Personnel and Staffing Requirements (d) Infection Control:

1. The administration and DON will conduct a root-cause analysis to identify and address the reasons for non-compliance related to:
   a. Failure to ensure the deficiencies Ch 12 Sec 6 (d) Personnel and Staffing Requirements (d) Infection Control.

Related to Transmission-Based Precautions:

1. The administration and DON will conduct a root-cause analysis to identify and address the reasons for non-compliance related to:

   a. Failure to ensure staff wear facemasks
   b. Failure to ensure staff wear the required PPE (gloves, gown, eye protection and respirator or facemask) when caring for residents on the unit (or facility-wide based on location of affected residents) and to ensure signage on the use of specific PPE was posted in appropriate locations in the facility.

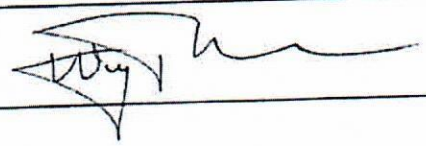
Monitoring:

Monitoring of approaches to ensure infection control and prevention are effective will include:

1. The facility DON or appropriate delegate will conduct on-going monitoring via observation to ensure staff are complying with the requirements for:
   a. Compliance of staff with the use of facemasks and face shields.
   b. Compliance of staff using the appropriate PPE for all types of transmission-based precautions.
   c. The appropriate use of PPE signage.

All monitoring will be reported to the quality improvement program.

Date of compliance
2/02/2022

Provider/supplier representative's signature Wayne Johnson	Title	Date
	**Owner**	**2/23/2022**

POC accepted 3/3/22
James G