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	535042	A. BUILDING _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE VALLEY REHABILITATION AND WELLNESS	**60 MAGNOLIA CASPER, WY 82604**

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F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 2/9/22 to 2/10/22. The survey was prompted by complaint intakes WY000003357 and WY000003360. In addition, a COVID-19 focused infection control survey, which included a review of emergency preparedness requirements, was conducted. The following abbreviations were used throughout the document: ADON - Assistant Director of Nursing DON - Director of Nursing CDC - Centers for Disease Control and Prevention CNA - Certified Nursing Assistant HCP - Healthcare Personnel PPE - Personal Protective Equipment	F 000		
F 880 SS=K	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: §483.80(a)(1) A system for preventing, identifying,	F 880		3/11/22

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

Electronically Signed | 03/07/2022

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F 880	Continued From page 1	F 880		

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 identified under the facility's IPCP and the

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F 880	Continued From page 2 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, review of facility infection control documentation, staff interview, review of policy and procedures, and CDC guidelines, the facility failed to ensure transmission-based precautions were followed consistently and correctly to prevent the spread of communicable disease. This failure resulted in an unacceptable risk to resident health and a determination of immediate jeopardy. In addition the facility failed to ensure acceptable infection control practices were followed related to hand hygiene during 1 observation of meal service. The census was 140. The findings were: 1. Observation on 2/9/22 at 11:53 AM showed an isolation cart located between rooms 102 and 103 and one droplet precaution sign on the wall between the 2 resident name plates for room 102 and the 2 resident nameplates for room 103. It was not clear which room was on precautions. The drawers of the isolation cart contained yellow gowns, gloves and goggles. The doors to both rooms were open and resident #1 was seated in a wheelchair in the hallway outside room 102. The resident was not wearing a mask. The following concerns were identified: a. Review of the facility infection control	F 880	1.Education provided to C.N.A. #1 and NSA #1 by ED and DDCO on 2/9/22, regarding policies and procedures on handwashing, appropriate PPE including N95 v. KN95, donning and doffing, isolation rooms, and infection control practices. Education provided to Resident #1 on importance of following transmission based practices. 2.Initial audit on handwashing, PPE, donning and doffing, isolation rooms, and infection control practices was completed by DNS and ED immediately after deficiency was brought to Administration by survey team, with identified concerns corrected as necessary. 3.Education provided to staff regarding handwashing, PPE, donning and doffing, isolation rooms, and infection control practices. 4.ED/Designee will audit weekly for twelve weeks and then monthly for three months including hand hygiene compliance, the use and reuse of PPE, the use of facemasks and face shields, and disinfecting resident care equipment. Results of audits will be discussed at the	

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F 880	Continued From page 3 documentation provided by the facility on 2/9/22 showed the facility was in outbreak status with 10 residents positive for COVID-19. Resident #1 was listed as positive for COVID-19. b. Observation of the meal service on 2/9/22 from 12 PM to 12:10 PM showed nutrition services aide (NSA) #1 was wearing a KN95 mask and goggles while assisting with setting up meal trays. He entered the room for resident #1 without performing hand hygiene, or donning a gown and gloves, or changing his mask to a N95 mask, and delivered the lunch tray. He exited the resident's room without changing his mask, performing hand hygiene or disinfecting his goggles. He walked into the communal dining room, retrieved some juice and brought the juice back to resident #1. When he entered the resident's room he again failed to don a gown, gloves, and N95 mask, and failed to perform hand hygiene. When he exited the resident's room he failed to change the KN95 mask, disinfect the goggles, or perform hand hygiene. He then returned to the communal dining room and assisted with the meal trays. NSA #1 returned to the resident's room for a third time to provide additional assistance, and donned an isolation gown that was hanging in the room. When he finished assisting the resident, he removed the isolation gown, hung it back up on the door, and failed to perform hand hygiene, change the mask or disinfect the goggles. c. Interview on 2/9/22 at 12:10 PM with NSA #1 confirmed resident #1 (room 102) was on droplet precautions and the door should be kept closed. He also confirmed he donned an isolation gown that was hanging in the room "because it was there." He revealed there were 2 gowns hanging in the room, which were for the CNAs.	F 880	monthly QAPI meeting to determine correction compliance and discussion of continuation or discontinuation of audit based on results. 5.Date of Compliance: 03/11/22	

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F 880	Continued From page 4 2. Observation on 2/9/22 at 12:10 PM of the Rapid Recovery Unit showed CNA #1 was in room 214 providing resident care. A sign indicating the room required droplet precautions was posted, however the door was open. The CNA wore a KN95 mask and goggles. The following concerns were identified: a. Observation showed the CNA was not wearing gloves or an isolation gown. b. The CNA provided resident care by adjusting a cooling pad on the resident's leg that had an external fixator (orthopedic device). The CNA noticed the medical device that delivered ice water to the cooling pad needed to be refilled. She brought the medical device out of the room, did not disinfect the device, and did not perform hand hygiene, don a clean mask, or disinfect her goggles upon exit. c. The CNA poured the contents of the medical device into a sink at the nurse's station. The CNA then took the medical device, that had not been disinfected despite being taken from a room that was on droplet precaution, to the ice machine located in the communal dining room. She placed the medical device on the edge of the ice machine, used an ice scoop to dispense ice into the medical device multiple times and touched the inside of the medical device with the scoop. When she finished she placed the scoop back in the holder on the side of the ice machine. d. The CNA obtained the resident's lunch tray and returned to the resident's room with the tray and the medical device. She donned a yellow isolation gown and glove and assisted the resident with the meal tray, and the medical device. She doffed the isolation gown and gloves upon exit. However, she failed to dispose of her mask and don a clean mask, perform hand hygiene or disinfect her goggles.	F 880		

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F 880	Continued From page 5 e. Meal service observation on 2/9/22 from 11 AM to 12:30PM showed staff utilized the ice machines in the dining rooms to fill meal tray cups and bedside cups. 3. Observation on 2/9/22 at 12:21 PM of the East Unit and Rapid Recovery Unit showed 4 out of 6 rooms with posted transmission-based precaution signage had open doors. 4. Interview on 2/9/22 at 6:05 PM with the DON and ADON confirmed when staff exit an isolation room they were to doff the gown and gloves and dispose of them in the garbage. They further stated hand hygiene should be performed and goggles/face shields should be disinfected. They also stated they had never thought about changing masks when they entered and exited the isolation rooms. The DON confirmed there was a policy and she needed to review it. 5. Review of the facility policy "Limiting the Spread of COVID-19 in Skilled Nursing Facilities, with a revision date of 2/22 showed "COVID-19 Isolation and Outbreak Status: ...10. PPE use upon entry to isolation rooms: a. Appropriate PPE upon entry to isolated rooms include: eye protection (preferable a face shield), respirator, gown and gloves. b. N95 or higher level respirators are required upon entry to positive COVID-19 rooms and enhanced droplet precaution rooms....c. PPE should be removed and discarded as appropriate upon leaving an isolation room...12. Used dedicated or disposable noncritical equipment when available....13. All residents should remain in their rooms with door closed whenever possible until the outbreak is resolved. If unable to keep door closed, position resident 6 feet from the door...."	F 880		

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F 880	Continued From page 6 6. Review of the CDC's "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" updated 2/2/2022, found at https://www.cdc.gov/coronavirus/2019-ncov/infection-control-recommendations.html and retrieved 2/10/22 showed "...2. Recommended infection prevention and control (IDC) practices when caring for a patient with suspected or confirmed SARS-COV-2 infection... HCP who enter the room of a patient with suspected or confirmed SARS-COV-2 infection should adhere to standard precautions and use a NIOSH- approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection..." On 2/9/22 at 3:46 PM the administrator was informed of an immediate jeopardy situation in the area of infection control related to a failure to implement safe infection control practices regarding hand hygiene, donning and doffing PPE and handling medical equipment for residents in designated isolation precaution rooms. The facility submitted an action plan which included the following immediate changes: a. Resident #1 who had Covid-19 was educated on the importance of the quarantine period, due to the diagnosis being contagious. The resident was provided masks and educated on the importance of wearing one. b. Both staff members who were identified received written counsel and education regarding PPE, hand hygiene, infection control practices, and isolation room guidelines. c. PPE storage checked and the facility was noted to have appropriate supplies, and isolation	F 880		

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carts were stocked.

d. The ice machine was shut down, with a sign that read "Do Not Use," and maintenance was notified to empty, drain, and sanitize the ice machine.

e. Shared medical equipment will be thoroughly cleaned between use.

f. Isolation rooms were clearly labeled and identifiable as such on the door.

g. Education to current staff regarding PPE, hand hygiene, infection control practices and isolation room guidelines started 2/9/22 at 5 PM. Any staff not working will be educated prior to the start of their next shift.

h. Education will be provided by the staff development coordinator or designee annually, and upon hire for staff regarding PPE, hand hygiene, infection control practices, and isolation room guidelines.

i. DON to ensure new admissions that are in isolation and/or new COVID-19 diagnosed residents have appropriated PPE protocols in place.

j. Random audits will be conducted daily on isolation rooms, isolation carts, hand hygiene for 4 weeks, then reassessed during the quality assurance meeting. Random audits of staff will be conducted daily with questioning of appropriate PPE use for 45 weeks, then reassessed in the quality assurance meeting.

The action plan was accepted on 2/10/22 at 10:30 AM.

The implementation of the action plan was verified and immediacy was removed on 2/10/22 at 11:08 AM; however, deficient practice remained at a scope and severity level of "E."

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F 880	Continued From page 8 Concerns related to hand hygiene during meal service: 1. Observation on 2/9/22 from 11:53 AM to 12:10 PM of the meal service on the East nursing unit showed the following concerns: a. CNA #2 entered rooms 104, 106, and 107 without performing hand hygiene, delivered lunch trays, assisted the residents and exited the rooms without performing hand hygiene. Further observation showed the CNA walked into the communal dining room, removed a resident's mask and no hand hygiene was performed prior to the CNA offering fluids to the resident. b. Interview on 2/9/22 at 12:10 AM with the CNA confirmed she was to perform hand hygiene upon entrance and exit of resident rooms and after providing resident care. She further stated the hand gel dispensers were not easily accessible and they were under pressure to get the meal trays to the residents. c. According to the CDC guidelines for Hand Hygiene in Healthcare Settings: hand hygiene should be performed immediately before touching a resident, and after touching a resident or the resident's immediate environment: retrieved 2/16/22 from https://www.cdc.gov/handhygiene/providers/index.html.	F 880		