Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF27	A. BUILDING: _____ B. WING _____	02/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONDELL HEIGHTS RETIREMENT COMMUNIT	106 E MAIN STREET NEWCASTLE, WY 82701

(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 2/14/22 to 2/15/22. The survey was prompted by complaint intake LIC-22-010. In addition, a COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys on 2/14/22 to 2/15/22. The following common abbreviations are used throughout this document: CDC: Centers for Disease Control CNA: Certified Nursing Assistant DON: Director of Nursing RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	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	S5003		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ruth Taylor — TITLE: Administrator/Owner — (X6) DATE: 3/11/22

This POC was accepted on 3/22/22 @ 1:57 PM, and administrator Ruth Taylor was notified. Their date of correction was 3/11/22.

Jason Cooney, RN 42180

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S6003	Continued From page 1 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 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 review of the COVID-19 employee symptom monitoring worksheets, review of the staffing schedule, staff interview, and review of CDC guidelines, the facility failed to ensure appropriate infection control practices were implemented to prevent the spread of COVID-19. The census was 18. The findings were: 1. Review of the employee symptom monitoring worksheets showed employees were to record, upon entering the facility, their body temperature, note any symptoms of sore throat, shortness of breath, cough, runny nose, or nausea, and if travel had occurred outside of the country in the last 90 days. The following concerns were identified: a. Review of the 1/1/22 through 1/16/22 RN and CNA schedule and the employee symptom monitoring worksheet showed 18 entries of body temperature and symptom screening were	S5003		

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S5003	Continued From page 2 recorded out of 58 opportunities. b. Review of the 1/1/22 through 1/16/22 kitchen schedule and the employee symptom monitoring worksheet showed 9 entries of body temperature and symptom screening were recorded out of 31 opportunities. c. The facility was unable to locate the employee symptom monitoring worksheet dated 1/17/22 through 1/31/22. d. Review of the 2/1/22 through 2/14/22 RN and CNA schedule and the employee symptom monitoring worksheet showed 1 entry of body temperature and symptom screening was recorded out of 53 opportunities. 2. Interview with the owner on 2/14/22 at 3 PM confirmed the employee symptom monitoring process had not been completed as required. 3. Review of the CDC guidance "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, last updated 2/2/22, found at https://www.cdc.gov/coronavirus/2019-ncov/infection-control-recommendations.html showed facilities should "Establish a process to identify anyone entering the facility, regardless of their vaccination status, who has any of the following three criteria so that they can be properly managed: 1) a positive viral test for SARS-CoV-2, 2) symptoms of COVID-19 or 3) close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a higher-risk exposure (for healthcare personnel (HCP). Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which individuals can self-report any of the above before entering the facility. HCP should report any	S5003		

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S5003	Continued From page 3 of the 3 above criteria to occupational health or another point of contact designated by the facility, even if they are up to date with all recommended COVID-19 vaccine doses."	S5003		
S5020	Ch 12 Sec 7 (e) Assisted Living Facility (ALF) Core Services (e) Resident Records and Reports. Each resident's records shall be current, organized and maintained in individual folders which shall be made available to the resident, the Licensing Division, or designated representative upon request. (i) Each folder shall include the following: (A) Information from the referring agent, if applicable; (B) History and physical performed by a physician or physician extender; (C) Individual admission form. This form shall, at a minimum, contain the following information: (I) Full name of resident and former address; (II) Date of admission; (III) Sex, race, date of birth, social security number, and former occupation; (IV) Name, home address, and telephone number of relative, friend, Power of Attorney, or guardian;	S5020		

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S5020	Continued From page 4 (V) Name, address, and telephone number of resident's personal physician, dentist, ophthalmologist or optometrist; (VI) Medicare number or other medical insurance identifying data; (VII) A written inventory of all personal possessions; however, this inventory need not include personal clothing; (D) All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's family or responsible party and be documented in the individual resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolution. Reports of all incidents affecting the health, welfare of safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by telephone or fax. The facility's investigation of the incident shall be reported to the Licensing Division and the Long Term Care Ombudsman within five (5) working days. Documentation to support the facility reporting the situation and follow up must also be present in the resident records; (E) An accounting of all personal funds deposited with and disbursed by the facility; (I) Upon written authorization of a client, the facility must hold, safeguard, manage and account for the personal funds of the client. (1.) The facility must deposit any personal funds in the excess of $100 in an	S5020		

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S5020	Continued From page 5 interest bearing account. (2.) The facility must establish and maintain a system that assures a full and complete and separate accounting according to generally accepted accounting principles of each resident's personal funds entrusted to the facility. (3.) Upon the death of a resident with personal funds deposited with the facility, the facility must convey, within 30 days, the resident's funds a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate. (4.) The facility must not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid of Medicare except for applicable deductible and coinsurance amounts. (F) A signed copy of the resident's rights; (G) The resident's assessment and individualized assistance plan; (H) Copies of al applicable resident assistance contracts, signed by both parties; (I) Written acknowledgment of the receipt and explanation of all facility policies including admission/discharge policies; (J) Copy of all ALF 102's; and (K) Copy of outside contractual responsibilities, if applicable. (ii) The resident shall be assured of	S5020		

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S5020	Continued From page 6	S5020		

confidential treatment of all information in the record, and the resident's written consent (or the consent of the guardian) shall be required for the release of information to persons not otherwise authorized for receive it.

(iii) All residents' records shall be retained in a physically secure area for a minimum of six (6) years after the resident has left the facility and may be disposed of, by shredding or burning, after that time.

(iv) In the event of dissolution of the facility, the manager shall notify the Licensing Division as to the location of all residents' records.

(v) All records shall be protected from damage by fire, water and other hazards.

(vi) All entries in each resident's record shall be made in ink, signed and dated.

This State Rule and Regulation is not met as evidenced by:
Based on review of the facility's SARS-CoV-2 testing results, staff interview, and review of the Licensing Division incident reporting log, the facility failed to report 1 of 1 infectious disease outbreak of COVID-19 reviewed to the Licensing Division. This incident involved 6 residents and 7 staff members. The findings were:

1. Review of the facility's SARS-CoV-2 weekly testing results showed employee #1 tested positive on 1/13/22. Continued review showed 6 additional employees tested positive for SARS-CoV-2 and 6 residents tested positive between 1/25/22 and 2/1/22. Review of the

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S5020	Continued From page 7 Licensing Division incident reporting log showed no evidence the infectious disease outbreak had been reported. 2. Interview with the DON on 2/15/22 at 9:25 AM revealed she had attempted to report the outbreak, however was unable to show evidence the incident had been transmitted to the Licensing Division.	S5020		

Mondell Heights Retirement Community 106 E Main Street Newcastle, Wy 82701

Corrective action completed from Survey dated 02/15/2022 Id# ALF27

Tag# S 5003

The facility will keep symptom monitoring worksheets up to date. This will be accomplished by:

A. A meeting has been held with each employee and reminded that their temperature and check in information is key to covid protocols and must be taken seriously. Each employee has acknowledged.
B. Each day at about an hour after the morning and even shifts start we will have our Rec person check the monitoring sheets to ensure no one has forgotten and if they have that person will be followed up and make sure the sheet is filled out completely.
C. If it is identified that a person has forgotten to complete the symptom monitoring, the Rec person will notify the RN so that a proper assessment can be completed before person returns to duty or activity they were involved in .
D. Each time a sheet is filled it will be replaced by the RN and that sheet logged in the book for accurate tracking of any possible issues.

Corrective actions completed by :3/11/22

Tag# S 5020

The facility will keep all results of covid tests and incidents reports/logs and report this to the state per regulations. This will be accomplished by:

A. A meeting with our RN to review the current regulations to make sure that state guidelines are understood regarding reporting of all incident reports immediately and in a timely fashion.
B. Making sure that the RN understand where to go to report and the website used at (Health.wyo.gov).
C. A review to monitor once incident is reported and understanding the statuses Pending, Rejected, Finalized.
D. Once the Incident is marked (finalized) then print out and keep record in log to maintain a copy of submission for incident.
E. Director will review with RN log each week and initial each sheet for 90 days to verify that log is being kept current and incident reports are summitted in a timely fashion and confirmation Finalized status.
F. NOTE: Rn claimed that incidents reports were sent when survey was done but had no confirmation. After Survey RN did check and said reports were done.

Corrective actions completed by :3/11/22