| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 535049 | A. BUILDING _____ B. WING _____ | C 03/02/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **LIFE CARE CENTER OF CASPER** | **4041 SOUTH POPLAR STREET CASPER, WY 82601** |

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| F 000 | INITIAL COMMENTS<br><br>A complaint survey was conducted by Healthcare Licensing and Surveys from 3/1/22 through 3/2/22. The survey was prompted by complaint intakes WY00003348 and WY00003349. Based on the findings of the survey team, it was determined that no deficiencies were identified pertaining to the complaints.<br><br>In addition, a review for compliance with the Omnibus COVID-19 Health Care Staff Vaccination requirements was conducted.<br><br>The following common abbreviations are used throughout this document:<br><br>DON: Director of Nursing<br>RN: Registered Nurse | F 000 | | |
| F 880 SS=D | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>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.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, | F 880 | | 3/31/22 |

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

Electronically Signed | 03/22/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 880 | Continued From page 1<br>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;<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to:<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br>(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<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. | F 880 | | |

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| F 880 | Continued From page 2<br>§483.80(e) Linens.<br>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.<br><br>§483.80(f) Annual review.<br>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, and policy review the facility failed to ensure appropriate use of personal protective equipment during 2 random observations. The findings were:<br><br>1. Observation on 3/1/22 at 7:10 PM showed RN #1 standing in the unit #2 hall, by the nurses desk with other staff and residents in the hallway. His face mask was down around his neck.<br><br>2. Observation on 3/1/22 at 7:23 PM showed RN #2 standing in the unit #1 hall, by room 226 with other staff and residents in the hallway. His face mask was down around his neck. Interview with the nurse at that time revealed the facility had given staff an in-service the previous day on appropriate face mask application.<br><br>3. Interview on 3/2/22 at 4:45 PM with the administrator and DON revealed it was the facilities expectation for staff to wear their facemask appropriately while in the facility.<br><br>4. Review of the policy "Life Care Center of Casper ETS COVID-19 Plan" received on 3/2/22 showed "...The facility will provide, and ensure that associates wear, facemasks, or a higher level of respiratory protection. Facemasks must be worn by associates over the nose and mouth | F 880 | #1 Standard and Transmission-Based Precautions (TBPs)<br>Corrective Action:<br>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.<br>The infection preventionist (IP) and director of nursing (DON), in conjunction with the medical director shall complete the following:<br>1) Identify and implement transmission-based precautions procedures consistent with current nursing facility guidelines from the Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS).<br>Identification of Others:<br>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 with the guidelines. The facility will develop action plans to address any newly identified non-compliance. Guidelines for | |

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| F 880 | Continued From page 3<br>when indoors ..." | F 880 | COVID-19 can be found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html<br>System changes:<br>On or before 3/31/2022 the facility shall complete the following actions:<br>Related to PPE:<br>DON, IP, and applicable IDT members will conduct root-cause analysis to identify and address the reasons for non-compliance related to:<br>Failure to ensure face masks and face shield were worn appropriately.<br>Monitoring:<br>Monitoring of approaches to ensure infection control and prevention are effective will include:<br>(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:<br>a. Compliance of staff with the use of facemasks and face shields.<br>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. | |