STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535031	A. BUILDING _____ B. WING _____	C 07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIND RIVER REHABILITATON AND WELLNESS	**1002 FOREST DRIVE RIVERTON, WY 82501**

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F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 7/21/22 to 7/22/22. The survey was prompted by complaint intakes WY000003431 and WY000003441. The following common abbreviations are used throughout this document: CNA- Certified Nurse Aide DON- Director of Nursing RN- Registered Nurse LPN- Licensed Practical Nurse PPE- Personal Protective equipment Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 880 SS=F	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, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880		8/12/22

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

Electronically Signed | 08/12/2022

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 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 corrective actions taken by the facility.	F 880		

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F 880	Continued From page 2 §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, resident and staff interview, medical record review, policy and procedure review, and Centers for Disease Control (CDC) guidelines review, the facility failed to ensure PPE was donned and doffed appropriately prior to following care for 1 of 1 sample residents (#8) on transmission based precautions and during 8 random observations. The census was 68. The findings were: 1. Review of the facility's July 2022 Covid-19 infection line listing showed there were four active residents at the facility who had tested positive and three Covid-positive staff members, as of 7/21/22. In addition, three residents were on "Active Monitoring Quarantine" precautions related to a new admission, and/or exhibiting signs and symptoms of Covid-19. The following concerns were identified: a. Observation of resident #8's room on 7/21/22 at 3:10 PM showed a PPE cart with supplies outside of the door, along with signage displaying "Droplet Precautions." Interview with Hospitality Aide #1 at that time revealed the resident was a new admission, and was positive for Covid-19. Review of the medical record confirmed Covid-19 was one of the resident's admitting diagnoses. Observation of resident #8's room on 7/21/22 at 4:41 PM showed a visitor was	F 880	F880 POC must contain the following: - What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; - How you will identify other residents having the potential to be affected by the same deficient practice(s) and what corrective actions will be taken; - What measures will be put into place or what systemic changes you will make to ensure that the deficient practice(s) does not occur; and, - How you will monitor the corrective action(s) performance to make sure that solutions are sustained. You must develop a plan for ensuring that correction is achieved and sustained. This plan must be implanted and the corrective action(s) evaluated for its effectiveness. The plan of correction must be integrated into the quality assurance system. At the revisit, the quality assurance plan will be reviewed to determine the earliest date of compliance. If there is no evidence of quality assurance being implemented, the earliest correction dates will be the date of the revisit; and	

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F 880	Continued From page 3 in the room and she was not wearing any of the required PPE. Continued observation showed the visitor exited the room, without performing hand hygiene or applying a facemask, and walked down the hall to an administration office. While walking in the hall, the visitor coughed 3 times, without covering her mouth, and cleared her throat. In addition, the visitor walked past the south nurse's station, where hospitality aide #1 and CNA #2 were present, and the the staff members did not attempt to intervene or educate the visitor related to the facility's PPE use requirements. b. Observation on 7/21/22 at 3:17 PM showed housekeeper #1 was wearing eye protection and an N95 face mask; however, only the upper strap of the face mask was being worn, while the bottom strap dangled under his chin, which created gaps between his face and the face mask preventing a proper seal. Observation on 7/21/22 at 4:49 PM showed housekeeper #1 continued to wear the N95 face mask without using the bottom strap, which prevented a proper seal. c. Observation on 7/21/22 at 3:24 PM showed 12 residents were in the halls or common area and three residents were in the dining room, near the south nurse's station and facility entrance. Further observation showed none of the residents wore face masks, or were corrected/educated by passing staff, related to PPE requirements while out of their rooms. d. Observation of resident #9's room on 7/21/22 at 3:26 PM showed a visitor was exiting the room with the resident, and the resident or visitro wore a face mask. Further observation showed three unidentified staff members passed the resident and visitor in the hall and did not attempt to intervene or educate them related to	F 880	- Must include dates when corrective action(s) will be completed. The corrective action completion dates must be within acceptable time frames. If the plan of correction is unacceptable for any reason, you will be notified by this office. If the plan of correction is acceptable, you will be notified by telephone, e-mail, etc. Please note that your facility is ultimately accountable for compliance, and that responsibility is not alleviated in cases where notification regarding the acceptability of your plan of correction is not made timely. The plan of correction will serve as your facility's allegation of compliance. Regulation F880- Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) Deficient Behavior This Requirement is not met as evidenced by: Based on observation, staff interview, and policy and procedure review, the facility failed to ensure infection prevention practices were followed for Hand Hygiene, Proper Mask wearing, residents offered Masks, and Visitor screenings (offering masks) Corrective Actions: Staff were educated on Proper Mask wearing on 7/25/22 at staff meeting Staff were education on Hand Hygiene and expectations 7/25/22 at staff meeting Staff were educated on residents wearing masks on 7/25/22 at staff meeting Staff were educated on Visitor screening on 7/25/22 at staff meeting Identification of Others Observation/competency of Staff hand	

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F 880	Continued From page 4 the facility's PPE requirements. e. Observation on 7/21/22 at 3:58 PM showed three nurses at the north nurses station wearing eye protection and N95 face masks; however, two nurses were not wearing the face masks properly. LPN #1 had her face mask under her chin, without covering the LPN's mouth or nose. RN #1 had the lower portion of his face mask above his chin and was not wearing the top strap of his face mask, which created gaps between his face and the face mask, which prevented a proper seal. Continued observation showed RN #1 passed medications to residents at 4:07 PM with the top straps not secured and preventing a proper seal. f. Observation on 7/21/22 at 4:03 PM showed 6 residents were in the north hall and common area, near the north nurse's station. Further observation showed none of the residents wore face masks, or were corrected and/or educated by 4 unidentified staff members who passed through the area, related to the facility's PPE requirements while out of their rooms. g. Observation on 7/21/22 at 4:08 PM showed Cook #1 was preparing tables in the assisted dining room. He was wearing a face shield, gloves, and an N95 face mask; however, the top of the face mask was under his nose and not covering his nasal passages. j. Observation on 7/21/22 at 5:51 PM showed CNA #1 was assisting two residents with their meal. The CNA was wearing a face shield, but no gloves. Further observation showed the CNA wore an N95 face mask; however, the face mask was under her chin and not covering her mouth or nasal passages. k. Observation on 7/22/22 at 10:15 AM showed RN #1 was at the south nurse's station with 5 residents present in the common area next	F 880	washing was conducted on 7/25/22 by Kerry George RN ED and/or appointed designee (s). Observation/competency (donning-doffing) of Staff Mask wearing was conducted on 7/25/22 by Kerry George RN ED and/or appointed designee (s). Residents will be reminded of the mask wearing options at a Resident Council meeting set for 8/2/22 2022 at 2:30pm. Masks were put in accessible areas and residents were shown at the Resident Council meeting. New Signage was posted at the front door for Visitors screening in, July 25th 2022. Systemic Changes Immediate education to staff on hand hygiene per CDC and CMS guidelines conducted on 7/25/22 by Kerry George RN ED. Appropriate competencies will be reviewed and renewed with appropriate staff and Licensed Nurses. Ongoing audits will be conducted via Kerry George RN ED and/or appointed designee(s) for staff observations at random. Monitoring for Compliance Audit to ensure appropriate infection prevention practices are followed will be completed by IP or designee(s): No less than weekly X12 weeks, no less than monthly X3 months, until the facility completes sustained compliance. Results of audits will be brought to monthly QAPI meeting X3 months for discussion and further recommendations. An AdHoc meeting was held on August 10th, 2022 to discuss this POC and its adaptation.	

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F 880	Continued From page 5 to the nurse's station. The RN wore an N95 face mask; however, the face mask was under his chin and did not cover his mouth or nasal passages. In addition, the RN did not wear eye protection or a face shield. 2. Interview with resident #7 on 7/21/22 at 4:12 PM revealed s/he was frustrated and confused with inconsistency of PPE use. S/he stated staff wore PPE; however, they did not wear it correctly. Further interview revealed the resident had not observed staff attempt to apply PPE or educate residents related to face mask use, or approach him/her about wearing a face mask. 2. Interview with the administrator and DON on 7/22/22 at 11:25 AM revealed staff should be educating and encouraging PPE use by residents, especially face masks, and staff should do the same for visitors. They stated staff should intervene when identified issues were observed. They confirmed face masks were to be worn, and worn correctly, to be effective in infection prevention. 3. Review of facility policy "Limiting the Spread of Covid-19 in Skilled Nursing Facilities," last revised 4/29/22, showed "Procedure: Preparing Families, Visitors, Residents and Staff:..1. Communication with families and residents includes informing them of signs/symptoms of illness and steps taken to prevent the spread of infection, including visitation guidance...2. Residents are educated on masking...before exiting their room...Evaluation, Monitoring, and Treatment of Residents:...3. Masking of residents:...a. When possible and as tolerated, residents should cover their nose and mouth when staff are in their room as well as when	F 880	Date of compliance: August 12th, 2022	

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F 880	Continued From page 6	F 880		

leaving the room... Universal Source Control and Eye Protection...2. Note: If a center has a determined outbreak of Covid-19, ALL staff regardless of vaccination status must wear N95s and face shields under contingency PPE status...Visitations:...c. Use appropriate personal protective equipment (PPE), depending on precautions in place. All visitors are required to wear a mask at minimum..."

4. Review of the CDC Guidance titled "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" last revised on 02/02/2022 showed "Source control options for HCP [healthcare personnel] include: A NIOSH-approved N95 or equivalent or higher-level respirator OR A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering face piece respirators (Note: These should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated) OR A well-fitting facemask. When used solely for source control, any of the options listed above could be used for an entire shift unless they become soiled, damaged, or hard to breathe through. If they are used during the care of patient for which a NIOSH-approved respirator or facemask is indicated for personal protective equipment (PPE) (e.g., NIOSH-approved N95 or equivalent or higher-level respirator) during the care of a patient with SARS-CoV-2 infection, facemask during a surgical procedure or during care of a patient on Droplet Precautions, they should be removed and discarded after the patient care encounter and a new one should be donned."

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