STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535048	A. BUILDING _____ B. WING _____	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WORLAND HEALTHCARE AND REHABILITATION CENTER	1901 HOWELL AVENUE WORLAND, WY 82401

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F 000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 10/24/22 to 10/27/22. The following common abbreviations are used throughout this document: ADL- Activity of Daily Living CNA- Certified Nurse Aide DON- Director of Nursing MDS- Minimum Data Set RN- Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, staff interview, and policy and procedure review, the facility failed to ensure appropriate safety devices were utilized during transfers for 1 of 3 sample residents (#9) reviewed for falls. The findings were:	F 689	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed	11/25/22

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

Electronically Signed | 11/17/2022

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F 689	Continued From page 1 1. Review of the admission MDS assessment dated 7/18/22 showed resident #9 had short-term and long-term memory problems and diagnoses which included arthritis, malnutrition, abnormalities of gait and mobility, pain, and fatigue. Further review showed the resident required extensive physical assistance of 2 or more people for bed mobility, transfers, dressing, toilet use and personal hygiene. Review of the ADL care plan last revised on 7/27/22 showed the resident had abnormal gait, cognitive deficits, increased risk for falls, a decline in abilities, and history of complaints of discomfort to the left shoulder joint. Interventions included "...Transfer: The resident requires (limited to extensive assistance by (1) staff to move between surfaces as necessary...Toilet Use: The resident requires (extensive assistance) by (1) staff for toileting..." The following concerns were identified: a. Observation on 10/26/22 at 11:12 AM showed CNA #1 entered the resident's room and told the resident she was going to assist him/her to the bathroom. The CNA removed the resident's blanket, lowered the resident's electric recliner foot rest, and raised the electric recliner to a higher position. The CNA then placed her hands on the resident's upper torso, under the resident's arms in his/her axillary region (armpits), and physically assisted the resident to a standing position. The CNA assisted the resident to turn and pivot and sit into a wheelchair. Once in the wheelchair, the CNA assisted the resident to the bathroom, locked the wheelchair brakes, and assisted the resident to stand by grabbing the top of the resident's pants and physically lifting, causing the pants to become tight on the resident's buttocks and upper legs. While standing, the CNA lowered the resident's pants and brief, and asked the resident to sit on the	F 689	solely because the provisions of federal and state law require it. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the state operations manual. F689 Free of Accident Hazards/Supervision/Devices CORRECTIVE ACTION; Resident #9 is now transferred per her current plan of care. C.N.A #1 was reeducated on the gait belt policy, specifically, ensuring residents are transferred per the plan of care to include the use of a gait belt when indicated. IDENTIFICATION: Residents who currently reside at Worland Healthcare and require assistance with transferring are at risk. SYSTEMIC CHANGES: On or before the allegation of compliance the SDC/Designee will reeducate licensed nursing staff and C.N.A□s on the gait belt policy, specifically, ensuring residents are transferred per the plan of care to include the use of a gait belt when indicated. An attendance sheet will be kept and Licensed Nurses and/or C.N.A□s unable to attend will be provided with 1:1 reeducation. Licensed Nurses an C.N.A□s will also be trained on hire, annually, and prn.	

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F 689	Continued From page 2 toilet. When the resident had finished using the toilet, the CNA placed one hand on the resident's abdomen and the other hand on the resident's back and physically assisted the resident to a standing position. Further observation showed a gait belt and mechanical lift sling were hanging on the back of the entry door in the resident's room. b. Interview with the DON on 10/27/22 at 9:10 AM revealed she expected staff members to use gait belts when assisting residents to stand or transfer. The DON revealed placing hands under a resident's arms, pulling on the back of a resident's pants, or placing hands on the resident's abdomen and back could result in injury to the resident and was not an appropriate way to assist residents. Further interview confirmed the resident had a history of falls, including assisted falls, and a gait belt should have been used. c. Review of a policy titled "Gait Belt" dated 1/1/15 showed "...2. Gait belts will be used on all residents who meet the following criteria: a. Nurse or Physical Therapist Recommendations. b. Deterioration of resident condition/capability...6. General Information: a. What is it? A gait belt is also called a transfer belt. This is a device used for safety when moving a person from one place to another. The belt is also used to hold up a weak person to prevent a fall while walking. Wearing this belt around your waist allows someone to grip the belt to help you stand or walk..."	F 689	MONITORING: To ensure compliance, the DON/Designee with observe three random resident transfers 3 Times weekly for 4 weeks, then three resident transfers weekly for 4 weeks, the three residents transfers monthly for 1 month and prn thereafter. Issues identified during these observations with be addressed at the time with on-the-spot reeducation. Observations will be trended for patterns and reviewed in QAPI monthly for 3 months to ensure plan has been implemented, sustained, and evaluated for its effectiveness.	
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must -	F 812		11/25/22

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F 812	Continued From page 3 §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, review of facility policy, and review of the 2017 U.S. Public Health Service food code, the facility failed to ensure sanitary meal service during 1 of 2 meal observations (evening meal on 10/24/22). The facility census was 64. The findings were: 1. Observation on 10/24/22 at 5:32 PM showed dietary aide #1 delivered several trays to residents. During the observation the dietary aide placed plates of food for the residents on the table and assisted with dinner ware. The aide adjusted resident clothing, touching the residents' faces, arms, and hands. After coming in contact with residents' clothing, face, arms, and hands, the dietary aide assisted 2 additional residents with their food by placing her hands on the residents' sandwiches and cutting them in half. No hand hygiene was performed prior to touching the sandwiches.	F 812	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the state operations manual. F812 Food Procurement, Store/Prepare/Serve CORRECTIVE ACTION:	

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F 812	Continued From page 4 2. Interview with the infection preventionist on 10/26/22 at 1:57 PM revealed all staff were trained in hand hygiene on an annual basis and there was an active hand hygiene monitoring program in place. Further interview revealed staff were expected to perform hand hygiene between all resident contact and prior to new activities. 3. Review of the facility policy titled "Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices" dated 2001 showed " ...All employees who handle, prepare or serve food will be trained in the practices of safe food handling and preventing foodborne illness ... before coming in contact with any food surfaces ..." 4. According to Food Code 2017, U.S. Public Health Service: 2-301.14 "FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under § 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLE and: (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (B) After using the toilet room; (C) After caring for or handling SERVICE ANIMALS or aquatic animals as specified in 2-403.11(B); (D) Except as specified in 2-401.11(B), after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking; (E) After handling soiled EQUIPMENT or UTENSILS; (F) During FOOD preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; (G) When switching between working with raw FOOD and working with READY-TO-EAT FOOD; (H) Before	F 812	No specific resident was identified IDENTIFICATION: Residents currently residing at Worland Healthcare are at risk. SYSTEMIC CHANGES: On or before the allegation of compliance the Dietary manager/DON/Designee will reeducate Dining staff and Nursing staff on Preventing Foodborne Illness Employee Hygiene and Sanitary Practices, specifically that Employees must wash their hands, after personal body functions (i.e., toileting, blowing/wiping nose, coughing, sneezing, etc, after using tobacco, eating or drinking; whenever entering or re-entering the kitchen; before coming in contact with any food surfaces; after handling raw meat, poultry or fish and when switching between working with raw food and working with ready-to-eat food; after handling soiled equipment or utensils; during food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; and/or after engaging in other activities that contaminate the hands such as touching resident clothes etc. An attendance sheet will be kept Dietary staff, Licensed Nurses and/or C.N.As unable to attend will be provided with 1:1 reeducation. Dietary staff, Licensed Nurses an C.N.As will also be trained on hire, annually, and prn. MONITORING:	

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F 812	Continued From page 5 donning gloves to initiate a task that involves working with FOOD; and (I) After engaging in other activities that contaminate the hands."	F 812	The Dietary Manager/DON/Designee will monitor Food service in the dining Room during meals 3 times weekly for 4 weeks, then weekly for 4 weeks then monthly for 1 month and prn thereafter. Issues identified will be corrected with on-the-spot reeducation. Observations will be trended for patterns and reviewed in QAPI monthly for 3 months to ensure plan has been implemented, sustained, and evaluated for its effectiveness.	
F 880 SS=D	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, 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	F 880		11/25/22

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F 880	Continued From page 6	F 880		

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.

§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

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F 880	Continued From page 7 IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, staff interview and policy review the facility failed to ensure appropriate infection prevention practices during 1 of 2 observations of wound dressing changes (which affected resident #166). The findings were: 1. Review of the admission MDS assessment dated 10/06/22 showed resident #166 was admitted with diagnoses which included cardiorespiratory debility condition, dementia, and stage 2 pressure ulcer. Further review showed the resident was admitted with one unstageable pressure injury. Review of the progress notes for resident #166 showed dressing changes for two open wound areas on the buttocks were performed twice a week on Tuesdays and Fridays. Observation on 10/25/22 at 5:20 PM showed RN #1 performed a dressing change on the resident's pressure injury and an abrasion to the resident's coccyx area. Observation showed the dressing change team were gowned and gloved in preparation to do the procedure. RN #1 prepared the work area while the assistant positioned and prepared the resident. The following concerns were identified: a. Continued observation on 10/25/22 at 5:20 PM showed RN #1 removed the old dressing, removed 2 inch by 2 inch gauze pads from a bulk package and wet them with a spray bottle of tissue cleanser, gripping the bottle by the neck and spray handle with her right hand. The RN used her right hand to wipe the ulcer area clean, and then used the same hand to remove additional 2 inch by 2 inch gauze pads from the package. When the wound cleansing was	F 880	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the state operations manual. F880 Infection Prevention & Control The facility will 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. The facility will immediately implement an appropriate infection prevention and intervention plan consistent with the requirements of ¿483.80 as it pertains to clean technique and supply storage procedures during wound care. The infection preventionist (IP) and Director of Nursing (DON), in conjunction with the Medical Director shall complete	

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F 880	Continued From page 8 completed, the RN placed the spray bottle and bulk gauze packaging back in the service supply area without disinfecting the bottle or package and without removing or changing gloves. Interview with RN #1 at that time revealed the bottle and package of gauze pads should not have been touched with soiled gloves or returned to the cart as they may have been contaminated. b. Interview with the infection preventionist on 10/26/22 at 1:57 PM revealed all staff were trained in hand hygiene on an annual basis and there was an active hand hygiene monitoring program in place. Further interview revealed staff were expected to perform hand hygiene between all resident contact and prior to new activities. c. Review of the policy titled "Handwashing/Hand Hygiene" dated 2001 showed " ... All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections ... hand hygiene should be performed before and after handling used dressings and gauze pads, before moving from a contaminated body site to a clean body site during resident care, and before and after direct contact with residents."	F 880	the following: 1. Develop and implement clean technique and supply storage procedures during wound care, consistent with current nursing facility guidelines from the Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS). Identification of Others: 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. System Changes: On or before 11/25/22 the facility shall complete the following actions: 1. DON, IP, and applicable IDT members will conduct root-cause analysis to identify and address the reasons for non-compliance related to: a. Failure to ensure guidelines were implemented for clean technique and supply storage procedures during wound care. 2. The DON and IP will ensure education is provided for the following: a. All staff are education on clean technique and supply storage procedures during wound care. 3. The facility leadership will contact the Mountain Pacific Quality Improvement	

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F 880	Continued From page 9	F 880	Organization (QIO) to inquire about the assistance and services available from the QI) in improving infection prevention and control within the facility. Monitoring: Monitoring of approaches to ensure infection control and prevention are effective will include: 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: a. Compliance with clean technique and supply storage procedure during wound care. After 12 weeks of monitoring, provided that such monitoring demonstrated 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) commit 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.	