STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0037	A. BUILDING: _____ B. WING _____	12/08/2022

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

(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 Nursing Care Facilities, Chapter 11, effective 07/01/2020 Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000 A licensure survey was conducted by Healthcare Licensing and Surveys from 12/5/22 through 12/8/22. A licensure survey was conducted by Healthcare Licensing and Surveys from 12/5/22 to 12/8/22.	S 000		
S2915	Ch 11 Sec 6 (a)(iv) Physical Environment (a) The building(s) of the Nursing Care Facility shall be constructed, arranged and maintained to ensure the health and welfare of all residents. (iv) The facility shall ensure hot water temperatures are adjusted for resident comfort and safety. The water temperature for showers and baths must not exceed 120 degrees Fahrenheit. Hand wash sinks must not exceed 110 degrees Fahrenheit. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure water did not reach hazardous temperatures for residents on 3 of 3 units (front unit, back unit, secure unit). The findings were: 1. Observation on 12/8/22 at 10:29 AM with the maintenance director showed the hot water	S2915	Preparation and execution of the 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 it is required by the provisions of the state	1/15/23

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S2915	Continued From page 1 temperature at the handwashing sink in room 10 was 130 degrees Fahrenheit. The maintenance director verified the temperature at that time. 2. Observation on 12/8/22 at 10:34 AM with the maintenance director showed the hot water temperature at the handwashing sink in room 20 was 124.5 degrees Fahrenheit. The maintenance director verified the temperature at that time. 3. Observation on 12/8/22 at 10:38 AM with the maintenance director showed the hot water temperature at the handwashing sink in room 35 was 136 degrees Fahrenheit. The maintenance director verified the temperature at that time. 4. Observation on 12/8/22 at 10:40 AM with the maintenance director showed the hot water temperature at the handwashing sink in room 42 was 132.8 degrees Fahrenheit. The maintenance director verified the temperature at that time. 5. Observation on 12/8/22 at 10:43 AM with the maintenance director showed the hot water temperature at the handwashing sink in room 30 was 133.5 degrees Fahrenheit. The maintenance director verified the temperature at that time. 6. Interview with the maintenance director revealed he did not verify water temperatures at the hand washing sinks because he had to maintain the boiler at more than 140 degrees Fahrenheit.	S2915	and federal law. 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 the State Operations Manual. Corrective Action Water temperatures within access of residents are being regulated at a safe temperature. Identification of Others Maintenance Director has contacted plumbers to change the mixing valve and is waiting on a scheduled repair date. Systemic Changes Maintenance Director is checking mixing valve multiple times daily to regulate the water at a safe temperature. He is also verifying the safe water temperatures in resident access areas at least twice daily with no temperature spikes observed. Monitoring for Compliance Temperature adjustments, temperature audits, and mixing valve repair status will be monitored via the QAPI process monthly times at least three months for further recommendations. Complete date 01/15/23	
S2919	Ch 11 Sec 6 (b)(iii) Physical Environment (b) Sanitary Environment. The Nursing Care Facility shall establish policies and procedures for investigating, controlling and preventing	S2919		1/6/23

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S2919	Continued From page 2 infections. (iii) The facility shall report the required diseases/conditions to the Wyoming Department of Health, Epidemiology Unit as per W.S. §35-4-107. In addition, those conditions classified as nosocomial where two (2) or more persons, either residents or employees, are affected shall be reported immediately to the State Health Officer, the County Health Officer, and the Licensing Division. The Nursing Care Facility Administrator or his/her designated representative shall furnish all available pertinent information related to such disease or condition to the Licensing Division. This State Rule and Regulation is not met as evidenced by: Based on review of facility reportable incidents, staff interview, and review of the facility's COVID surveillance documentation, the facility failed to ensure infectious disease outbreaks were reported as required. The census was 57. The findings were: 1. Review of the "COVID-19 OUTBREAK STRATEGY ACTION PLAN", dated 11/10/22, provided by the facility at the time of entrance, showed one staff member tested positive for COVID-19 on 11/10/22 and a second staff member was sent home on 11/13/22. Review of the resident testing records showed 14 residents tested positive on 11/28/22; 2 residents tested positive on 11/30/22; and 5 residents tested positive on 12/2/22. 2. Review of the facility's reportable incidents from 10/1/22 through 12/1/22 showed no evidence the facility had reported the infectious disease outbreak to the state survey agency or	S2919	S2919 Corrective Action WY department of Health Care Licensing and WY epidemiology was notified of the facility 11/10/22 COVID Outbreak. ID of others Initial review noted there are no other reportable diseases. Systemic Changes DDCO or designee provided AIT education regarding the process involved with reporting reportable diseases to WY Department of HLS and state epidemiology. Monitoring the Compliance The Director of Nursing or designee with report the tracking and trending of the disease reporting to the facility monthly Quality Assurance Meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee. 01-06-23	

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S2919	Continued From page 3 state epidemiology unit. 3. Interview with the ED on 12/8/22 at 3:21 PM revealed she was unaware of the requirement.	S2919		