STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535033	A. BUILDING _____ B. WING _____	C 12/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSION AT CASTLE ROCK	**1445 UINTA DRIVE GREEN RIVER, WY 82935**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 12/12/22 to 12/13/22. The survey was prompted by complaint intakes WY00003498, WY00003501, WY00003504. The following common abbreviations are used throughout this document: DON- Director of Nursing CDC- Centers for Disease Control and Prevention CNA- Certified Nursing Assistant IP- Infection Preventionist Less commonly used abbreviations will be annotated in each deficiency.	F 000		
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	F 880		1/6/23

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

Electronically Signed | 01/03/2023

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F 880	Continued From page 1	F 880		

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.

§483.80(e) Linens.

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F 880	Continued From page 2 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, staff interview, policy review, and CDC guidelines review, the facility failed to ensure infection control techniques were implemented for 2 random observations (staff moving dirty linen in the hall, and vital signs tower taken out of COVID-19 positive room). The census was 39. The facility had 2 COVID-19 positive residents in isolation. The findings were: Regarding dirty linen management: 1. Observation on 12/12/22 at 2:50 PM in the north hall showed CNA #1 picked up a laundry basket overflowing with dirty linen. She lifted the basket up and placed it up against her chest and upper arm to take down to the dirty linen room. 2. Interview at that time with the CNA confirmed the linen was not bagged. Further, the CNA confirmed she had contaminated her clothing. 3. Interview with the IP and DON on 12/13/22 12:45 PM revealed it was the facility's expectation for dirty linen to be bagged prior to leaving a resident's room. Further, they stated the staff should not hold linens up against their bodies. 4. Review of "CDC: Linen and laundry management" found at http://www.cdc.gov/hai/prevent/resource-limited/la	F 880	Infection control education was done with all employees proper PPE, linen storage & transfer, and cleaning of equipment. All residents have the potential to be affected. Weekly audits will be done to observe proper PPE, cleaning of equipment and linen transport. The Director of Nursing will be responsible to audit and ensure that proper procedures are followed. Immediate education was done with the C.N.A. #1 and C.N.A. #2 regarding proper cleaning of contaminated equipment as well as proper disposal of linens. All residents have the potential to be affected by improper cleaning of equipment and improper laundry disposal. A monthly audit will be completed by Director of Nursing and or designee. All audit findings will be reported in the Quality Assurance meeting quarterly, the team will monitor and make	

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F 880	Continued From page 3 undry.html (retrieved on 12/13/22) showed " ...Never carry soiled linen against the body. Always place it in the designated container. ... Place soiled linen into a clearly labeled, leak-proof container (e.g., bag, bucket) in the patient care area. Do not transport soiled linen by hand outside the specific patient care area from where it was removed." Regarding medical equipment and COVID-19 positive rooms: 1. Observation on 12/12/22 at 3:05 PM in the east hall showed CNA #2 entered a COVID-19 positive room with a vital sign machine tower. The CNA was gowned and had a face mask on. At 3:09 PM the CNA doffed her gown in the room, and brought the vital machine out to the hall. Interview at that time with the CNA revealed she was going to take the tower down the hall to the nurses' station to clean the machine. 2. Interview with the IP and the DON on 12/13/22 at 12:45 PM revealed the facility was in a COVID-19 outbreak involving both residents and staff. They stated the vital sign machine tower should not have been taken into the room, and confirmed staff should have been using disposable equipment for the COVID-19 rooms. 3. Review of "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" updated 9/23/22 and found at http://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html (retrieved 12/13/22) showed"... Environmental Control... Dedicated medical equipment should be used	F 880	recommendations to reduce audits based on compliance and success of education. The Director of Nursing is responsible for the compliance of this tag and reporting.	

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F 880	Continued From page 4 when caring for a patient with suspected or confirmed SARS-COV-2 infection."	F 880		