STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0016	A. BUILDING: _____ B. WING _____	08/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUGLAS CARE CENTER LLC	1108 BIRCH STREET DOUGLAS, WY 82633

(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 8/27/23 to 8/30/23.	S 000		
S2901	Ch 11 Sec 5 (b) Organization and Administration (b) Personnel policies and procedures. The governing body or its equivalent, through the Nursing Home Administrator, shall be responsible for implementing and maintaining written personnel policies and procedures that support sound resident care and personnel practices. (i) Personnel records for each employee shall be current and available and shall contain sufficient information to support placement in the position assigned. (A) References from former employers and evidence of current certification, licensure, or registration. (B) An evaluation of the employees work performance shall be done yearly. (ii) Written employee policies shall be available coving job descriptions, functions and special procedures. (iii) Written policies shall be in effect to ensure that newly hired and current employees do not spread a communicable disease that could	S2901		10/16/23

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S2901	Continued From page 1 be transmitted through usual job duties. (iv) Written policies shall ensure a safe and sanitary environment for residents and personnel. (A) Tuberculin testing shall be accomplished for each employee upon employment and before resident contact begins and annually thereafter. (B) Employees having known positive skin tests shall provide a certificate of noninfectiousness from a physician, recommendations, if any, for treatment, and evidence that they have complied with such recommendations. (C) Individuals providing documentation of negative skin tests administered within the last year need no physician follow-up at this time. (D) Individuals never having had a skin test or who do not have written proof of skin test or who do not have written proof of skin test results, shall have an intradermal Mantoux using 5TU PPD. This shall be accomplished via the two (2) step procedure. If the first test is negative and the employee is asymptomatic, the employee may engage in resident contact prior to the results of the second skin test. (I) A negative reaction requires no follow-up by a physician at this time. (II) A positive reaction (10mm induration using 5TU PPD) requites a referral to a physician for x-ray and certification of noninfectiousness and appropriate treatment if needed. Follow-up shall comply with the	S2901		

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S2901	Continued From page 2 recommendations of the attending physician. (E) If symptoms occur, a new certificate of noninfectiousness is required from the physician. This State Rule and Regulation is not met as evidenced by: Based on employee file review, staff interview, and policy and procedure review, the facility failed to ensure tuberculosis (TB) screening was performed prior to resident contact for 1 of 5 staff members (dietary aide #2). The findings were: 1. Review of the "2 Step TB Skin Test Consent" for dietary aide #2, dated 8/18/23, showed a purified protein derivative (PPD) skin test was performed on 8/29/23. Review of a "Time Card Report" from 8/16/23 to 8/31/23 showed the dietary aide worked on 8/16/23 and on 8/18/23. 2. Interview with the infection preventionist revealed she normally provided PPD skin tests to employees at orientation and the dietary aide completed new hire orientation on 8/7/23. The infection preventionist revealed she was out of the facility on 8/7/23 and the dietary aide did not receive a TB screen or PPD in orientation. Further interview confirmed the dietary aide was in contact with residents prior to the completion of a TB screen or PPD skin test. 3. Review of the policy titled "Infection Prevention and Control" dated 5/22/23 showed "...14. Staff Communicable Disease Screening and Immunization:...b. Direct care staff shall be tested for TB upon hire utilizing a two-step testing process per DCC policy and again for any exposure..."	S2901	The facility will ensure tuberculosis (TB) screening will be performed prior to resident contact. Dietary aid #2, had her TB screening completed prior to returning to work, but then subsequently ended up quitting. An audit will be done on all new in employees hired in the last 30 days to ensure that their TB test was done prior to resident contact. Onboarding Specialist, Administrative Assistant, Infection Control Nurse and Department Managers will be educated that no staff are allowed to have resident contact prior to completing their TB screening. A receipt book was ordered, when employee is in orientation, they are given a “receipt” that is then taken to IC nurse when Step 1 of TB screening is done, once IC nurse has completed the Step 1 “receipt” is given to staff development by IC nurse so that the staff is able to be put on schedule. Staff is not put on schedule until “receipt” is received by staff development. The “receipt” is kept on a bulletin board in NHA’s office until the skin test has been read. An audit of all new hires will be conducted monthly to ensure that DCC is not having staff resident contact prior to completing their TB screening. The audit will be done	

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S2901	Continued From page 3	S2901	for 90 days or until resolved and the audit will be conducted by Onboarding Specialist.	