| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 535056 | A. BUILDING _____ B. WING _____ | C 02/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SAGE VIEW CARE CENTER | 1325 SAGE STREET ROCK SPRINGS, WY 82901 |

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| F 000 | INITIAL COMMENTS<br><br>A complaint survey was conducted by Healthcare Licensing and Surveys from 2/20/24 to 2/21/24. The survey was prompted by complaint intakes WY00003759, WY00003789, WY00003790 and WY00003795.<br><br>The following common abbreviations are used throughout this document:<br><br>CNA: Certified Nursing Assistant<br>RN: Registered Nurse<br><br>Less commonly used abbreviations will be annotated in each deficiency. | F 000 | | |
| F 880 SS=E | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>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.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§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 | F 880 | | 3/29/24 |

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

Electronically Signed | 03/16/2024

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| F 880 | Continued From page 1<br>conducted according to §483.70(e) and following accepted national standards;<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to:<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br>(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<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>§483.80(e) Linens.<br>Personnel must handle, store, process, and transport linens so as to prevent the spread of | F 880 | | |

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| F 880 | Continued From page 2<br>infection.<br><br>§483.80(f) Annual review.<br>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, medical record review, staff interview, and review of facility policy and procedures, the facility failed to ensure appropriate disinfection of reusable equipment was performed before contact with 4 of 4 sample residents (#1, #3, #7, #11). In addition, the facility failed to implement appropriate hand hygiene practices during 1 of 4 meal observations. The census was 39. The findings were:<br><br>1. Review of the medical record for resident #11 showed s/he most recent admission was on 1/30/24 and had diagnoses which included pneumonia. The following concerns were identified:<br>a. Observation on 2/20/24 at 3 PM showed resident #1 and resident #11 were in their room and resident #1 was coughing. CNA #16 entered the residents' room, with the vitals tower brought from the nurse's station, applied the blood pressure cuff to resident #11's left arm, applied the pulse oximeter to a finger on the right hand, removed the thermometer from the tower, and slid it across the resident's forehead. Without cleaning the vitals tower equipment, the CNA performed same procedures for resident #1. The CNA exited the room with the vitals equipment and returned it to the nurse's station to charge; however, no disinfection of the equipment was performed. Observation at 3:19 PM showed CNA #16 retrieved vitals equipment from the nurse's station, approached resident #7 in the common | F 880 | Staff who assist residents #1, #3, #7, and #11. are disinfecting reusable equipment appropriately. Appropriate hand hygiene is practiced by staff during mealtimes for residents #1, #3, #7, and #11.<br><br>Staff who assist other residents in this center disinfect reusable equipment appropriately. Appropriate hand hygiene is used practiced for other residents by staff during mealtimes.<br><br>Staff were educated on infection control standards related to appropriate disinfecting of reusable equipment and hand hygiene during mealtimes. An initial audit completed, verifying no other residents were affected.<br><br>The DON/Designee will audit infection control practices weekly for 3 months. Results of the audits will be discussed at the monthly QAPI meeting x3 months to determine correction compliance and discussion of continuation or discontinuation of audit based on results.<br><br>3/29/2024 | |

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area, and applied the equipment to resident #7. The CNA placed the blood pressure cuff on the resident's right arm, the pulse oximeter on the resident's middle finger of his/her left hand, and slid the thermometer across the resident's forehead. No disinfection of the equipment was performed before or after contact with resident #7, and the CNA returned the equipment to the nurse's station. Observation at 4:04 PM showed CNA #16 obtained the vitals tower and entered resident #3's room. The CNA applied the blood pressure cuff to the resident's right arm, slid the thermometer across the resident's forehead, and put the pulse oximeter on a finger of the resident's left hand. The CNA returned the equipment to the nurse's station and no disinfection of the equipment was performed before or after resident contact.

2. Observation on 2/20/24 from 4:40 PM to 5:40 PM in the main dining room showed the maintenance supervisor coughed into his right shoulder, poured fluids into a plastic mug, and rested the mug on the table in front of a resident. The maintenance supervisor touched his own nose, kneeled down got a tea bag from the beverage cart with the same hand that touched his nose, put into a cup for another resident with hot water and provided it to the resident. The maintenance supervisor obtained 2 small glasses of juice, holding the cups by the lip where residents would drink from. The maintenance supervisor left the cart, grabbed an oxygen canula for another resident which was located over the resident's shoulder, and handed it to the resident. The maintenance supervisor returned to the beverage cart and provided a straw to a resident their beverage, after unwrapping the straw and touching the straw top with bare

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| F 880 | Continued From page 4 | F 880 | | |

fingers. No hand hygiene was performed. At that time, CNA #20 entered the dining room, sat at the corner of a table between 2 residents, and assisted the resident on her right side with eating, using her right hand. The CNA touched the right side of her head with her right hand, turned, and used her right hand to assist the resident on her left side to eat. No hand hygiene was performed.

3. Interview with the executive director on 2/21/24 at 9:45 AM revealed she expected staff to follow cough hygiene, wash hands between resident contact, and to clean equipment between residents.

4. Review of the facility policy titled "Cleaning and Disinfecting Resident Care Items and Equipment" dated May 2015 showed "...i. Non-critical resident-care items include bedpans, blood pressure cuffs, crutches and computers...d. Reusable items are cleaned and disinfected or sterilized between residents (e.g., stethoscopes, durable medical equipment) ...3. Durable medical equipment (DPE) is cleaned and disinfected before reuse by another resident..."

5. Review of the facility policy titled "Handwashing/Hand Hygiene" dated March 2018 showed "...2. Personnel follow the handwashing/ hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors...7. Use an alcohol-based hand rub...for the following situations ...c. Before and after direct contact with residents...l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; and m. After removing gloves...o. Before and after eating or handling food; p. Before and after assisting a resident with meals..."

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| F 880 | Continued From page 5<br><br>6. Review of the policy titled "Standard Precautions" dated May 2015 showed "...b. Ensure that reusable equipment is not used for the care of another resident until it has been appropriately cleaned..." | F 880 | | |