STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535042	A. BUILDING _____ B. WING _____	C 08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE VALLEY REHABILITATION AND WELLNESS	**60 MAGNOLIA CASPER, WY 82604**

(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 investigation by Healthcare Licensing and Surveys from 8/14/24 through 8/15/24. The survey was prompted by complaint intakes WY00003940, WY00003955 and WY00003956. The following common abbreviations are used throughout this document: CNA: Certified Nurse Assistant DON: Director of Nursing MDS: Minimum Data Set RN: Registered Nurse 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		9/13/24

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

Electronically Signed | 09/06/2024

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F 880	Continued From page 1 providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 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.	F 880		

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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, resident, resident representative, and staff interview, medical record review, facility policy review, and the Centers for Disease Control and Prevention (CDC) guidance review, the facility failed to ensure appropriate interventions for infection prevention were implemented to prevent the spread of infection for 1 of 1 sample resident (#1) with acute respiratory symptoms. The findings were: 1.Review of the admission MDS assessment dated 7/26/24 showed resident #1 had brief interview for mental status (BIMS) score of 13, which indicated the resident was cognitively intact, and had diagnosis of atrial fibrillation, morbid obesity, diaphragmatic hernia without obstruction, and obstructive sleep apnea. The following concerns were identified: a. Interview with resident #1 on 8/15/24 at 8:15 AM revealed s/he not feeling good and had symptoms which included weakness, feeling worn out, and a runny nose for 3-4 days prior to testing positive for COVID-19. The resident revealed s/he told staff how bad s/he felt and an RN gave him/her Mucinex for coughing and phlegm. The resident revealed staff had told him/her COVID had been in the building and when s/he told his/her representative, the representative asked the nurse if the resident could be tested. The resident revealed staff responded to the request	F 880	1. The resident was discharged from the facility on 08.06.24, prior to complaint survey on 08.15.24. 2. Facility wide audit was done by ED and DNS to ensure residents with signs and symptoms of COVID were COVID tested as needed. 3. Education provided to nursing staff, to ensure COVID test is done when resident is showing signs and/or symptoms of COVID. 4. ED/Designee will audit each week to ensure residents exhibiting signs and/or symptoms of COVID are receiving a COVID test. Audits will be weekly then monthly, for a total of 12 weeks. Results of audits will be discussed at the monthly QAPI meeting to determine correction compliance and discussion of continuation or discontinuation of audit based on results.	

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F 880	Continued From page 3	F 880		

by saying they could not test the resident.

b. Interview with the resident's representative on 8/14/24 at 10:46 AM revealed resident #1 had not been feeling well for several days prior to testing positive. The resident representative revealed on 7/28/24 resident #1 was heard audibly wheezing and due to the wheezing, the resident not feeling well prior, and hearing about positive cases in the facility, the resident representative asked a nurse if the resident could be tested for COVID. The resident representative revealed the nurse responded to the request by saying "no, we don't do that." The resident representative revealed she brought a COVID test into the facility and tested resident #1, which yielded a positive result.

c. Interview with RN #1 on 8/14/24 at 8:45 AM revealed if residents had COVID symptoms, the nurse was to follow up with the doctor and infection prevention regarding testing.

d. Interview with RN #2 on 8/15/24 at 11:16 AM confirmed the resident had complained of a cough and congestion and was administered Mucinex per standing orders, the nurse did not contact the physician, and COVID-19 testing was not performed. Further interview revealed RN #2 had no concerns regarding resident #1 as the resident felt better.

e. Review of a progress note dated 7/28/24 and timed 12:24 PM showed the resident was coughing and Mucinex was initiated per standing order with effective relief noted.

f. Review of the physician orders showed the resident received guaifenesin (Mucinex) ER 600mg every 12 hours as needed for cough/congestion ordered on 7/28/24.

g. Review of meeting minutes from a meeting with the ombudsman dated 8/2/24 showed the resident was upset the facility did not COVID test

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F 880	Continued From page 4	F 880		

her when the resident's representative asked for it to be done. The resident's representative tested the resident and the resident felt staff did not do a good job with listening to his/her needs. The meeting notes further indicated "...Nursing explained that we no longer test for COVID if someone is not showing symptoms without a doctors order..."

2. Interview with the infection preventionist (IP) on 8/14/24 at 2:40 PM revealed if a resident was having respiratory symptoms, staff were expected to notify the IP staff of the symptoms and notify the physician for a COVID-19 order. Further interview confirmed rapid COVID tests were always available in the facility.

3. Interview with the administrator on 8/15/24 at 9:24 AM revealed there were certain screening criteria for testing and the "nurses monitor for signs and symptoms and if symptoms get worse, they then call the doctor for an order." The administrator revealed "it is up to the doctor to test; some want it done and some do not."

4. Interview with the DON on 8/15/24 at 12:45 PM confirmed the nurse's responsibility with COVID testing was to monitor for signs and symptoms of COVID and if residents are symptomatic and getting worse, they should notify infection preventionist and the doctor. The DON confirmed there was a standing order on resident #1's chart to perform COVID testing, and clarified "the nurse does not need to call the doctor for testing if the resident is symptomatic."

5. Review of the facility policy titled "Prevention and management of COVID-19 in Long Term Care," last revised 9/6/24 showed "...Evaluation,

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F 880	Continued From page 5 Monitoring and Treatment of Residents...All residents are monitored for signs/symptoms of respiratory illness. If symptoms exist testing is to be done immediately..." 6. Review of the CDC guidance titled "Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating" (found at https://www.https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm) last updated 11/14/23 showed "...Because some of the signs and symptoms of influenza and COVID-19 are similar, it may be difficult to tell the difference between these two respiratory diseases based on symptoms alone. Residents in the facility who develop symptoms of acute illness consistent with influenza or COVID-19 should be moved to a single room, if available, or remain in their current room, pending results of viral testing. They should not be placed in a room with new roommates, nor should they be moved to a COVID-19 care unit (if one exists), unless they are confirmed to have COVID-19 by SARS-CoV-2 testing. Nursing home residents, including older adults, those who are medically fragile and those with neurological or neurocognitive conditions, may manifest atypical signs and symptoms of SARS-CoV-2 or influenza virus infection and may not have fever. Older adults with COVID-19 may not always manifest fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, and loss of taste or smell...Test any resident with symptoms of COVID-19 or influenza for both viruses. Because SARS-CoV-2 and influenza virus co-infection can occur, a positive	F 880		

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F 880	Continued From page 6 influenza test result without SARS-CoV-2 testing does not exclude SARS-CoV-2 infection, and a positive SARS-CoV-2 test result without influenza testing does not exclude influenza virus infection..."	F 880		