STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A002	A. BUILDING _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIE HOLT CARE CENTER	497 W LOTT BUFFALO, WY 82834

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F 000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 4/21/25 through 4/25/25. The following common abbreviations are used throughout this document: PBJ: Payroll Based Journal MDS: Minimum Data Sheet RN: Registered Nurse DON: Director of Nursing CMS: Center for Medicare and Medicaid Services Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 851 SS=C	Payroll Based Journal CFR(s): 483.70(p)(1)-(5) §483.70(p) Mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. §483.70(p)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does	F 851		6/8/25

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

Electronically Signed | 05/13/2025

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F 851	Continued From page 1	F 851		

not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping).

§483.70(p)(2) Submission requirements.
The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following:
(i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS);
(ii) Resident census data; and
(iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual).

§483.70(p)(3) Distinguishing employee from agency and contract staff.
When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency.

§483.70(p)(4) Data format.
The facility must submit direct care staffing information in the uniform format specified by CMS.

§483.70(p)(5) Submission schedule.
The facility must submit direct care staffing information on the schedule specified by CMS,

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F 851	Continued From page 2 but no less frequently than quarterly. This REQUIREMENT is not met as evidenced by: Based on payroll-based journal (PBJ) staffing data report review, facility time clock records review, staff interview, and policy and procedure review, the facility failed to submit to CMS complete and accurate direct staffing information for 28 days out of a 10-month period (March 1, 2024 through December 31, 2024). The findings were: 1. Review of PBJ staffing data report for quarter 4 of fiscal year 2024 and quarter 1 of fiscal year 2025 showed the facility failed to ensure eight consecutive RN hours for 10 days, 8/18, 8/25, 9/1, 9/25, 9/28, 9/29, 10/5, 10/12, 10/20 and 10/26. Further review of the PBJ staffing data report showed the facility failed to have licensed nursing coverage 24 hours per day on 8/18, 8/24, 8/25, 8/31, 9/1, 9/2, 9/7, 9/8, 9/14, 9/15, 9/21, 9/22, 9/23, 9/24, 9/25, 9/27, 9/28, 9/29, 9/30, 10/1, 10/2, 10/5, 10/6, 10/12, 10/13, 10/19, 10/20 and 10/26. 2. Review of facility time clock records showed the facility did have at least eight consecutive RN hours and did have licensed nursing coverage 24 hours per day on the above-referenced dates; however, they were not reported. 3. Interview with financial controller #1 on 4/24/25 at 10:24 AM revealed salaried staff members including the DON and team leaders did not clock in on the facility time clocks. She revealed the shifts where a salaried RN was the only RN on duty were not being reported in the PBJ data. 4. Review of facility policy titled "Nurse Staffing"	F 851	The facility will ensure complete and accurate direct staffing information is reported on the PBJ (payroll based journal) data report: A) Assistant Controller confirmed with ADP (payroll and scheduling system) that the reporting issue has been corrected in their system as of 10/27/25. B) This reporting oversight has no impact on resident care/quality of life. C) Assistant controller attended an in-person workshop with ADP on 5/14/25. PBJ data will be reviewed by DON, Administrator, or designee prior to submission to CMS. D) DON or designee will develop a tool to monitor PBJ staffing data submitted to CMS is complete and accurate. DON, Administrator, or designee will review PBJ data monthly and reported to QAPI team quarterly.	

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F 851	Continued From page 3 provided by the DON on 4/24/25 showed, "There will always be eight consecutive hours covered by an RN each day. The DON, PCC, or Team Leader may serve as the RN for these eight hours ... Night shift will have one licensed nurse who is responsible for medication pass, treatments and supervisor/charge nurse ... The [previous] is used as a guidance for minimum staffing. More staff may be scheduled leading to lower resident-to-staff rations as schedule and staffing allow."	F 851		
F 880 SS=E	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 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	F 880		6/8/25

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F 880	Continued From page 4	F 880		

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.
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

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F 880	Continued From page 5 IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, and policy and procedure review, the facility failed to ensure infection prevention practices were implemented during meal delivery during 2 of 3 meal observations in the main dining room. The census was 32. The findings were: 1. Observation on 4/22/25 from 4:48 PM showed dietary aide #1 was taking orders for the evening meal using a pen and pad of paper. After obtaining the orders the dietary aide returned to the kitchen and obtained milk, coffee, and hot water, and served the beverages to residents with her fingers touching the rims of the cups. Further observation showed the dietary aide continued to serve beverages to residents in the same manner without performing hand hygiene. 2. Interview on 4/22/25 at 10:55 AM during resident council with resident # 20 revealed staff handled the cups at the top when they served beverages at meals. 3. Observation on 4/23/25 at 12:33 PM showed CNA #1 carried a beverage cup to a resident with her palm covering the top of the cup and fingers wrapped around the sides of the cup. Further observation at 12:37 PM showed CNA #2 carried another resident's beverage cup in the same manner. 4. Observation on 4/23/25 at 12:36 PM showed dietary aide #2 carried hot plates to residents with her shirt sleeves wrapped over her hands. The sleeves made full contact with the eating surface of the plate.	F 880	The facility will ensure infection prevention practices are implemented during meal delivery and service: A/B) All residents have the potential to be affected by this deficient practice. Therefore, all will be monitored in the dining room. C) All nursing and dietary staff will be educated on proper hand hygiene, and delivery of food and drink to residents, including avoiding contact with the rim of the glasses and cups and proper handling of hot plates. This education will be provided via staff meetings and written communication. The Infection Preventionist, dietary manager, or designee will monitor six meals services per month for six months (or longer if indicated) to ensure proper infection prevention/control practices are followed. If infection prevention/control concerns are noted, immediate and direct corrective action will be taken and education provided. D) DON or designee will develop a tool to monitor infection prevention practices during meal service. Infection Preventionist will review monthly and reported to QAPI team quarterly.	

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F 880	Continued From page 6 5. Interview on 4/24/25 at 8:50 AM with the dietary manager revealed her expectation was for staff to hold cups at the bottom when beverages were served to residents. 6. Review of the facility policy titled "Hand Hygiene", last revised 11/2022 showed "Hand hygiene (using either alcohol-based hand rubs or soap and water) should be performed before and after each resident contact and after contact with a resident's belongings, environmental surfaces, and resident care equipment... 2. Hands must be thoroughly washed with soap and water: (20 sec. minimum scrub time)...b. Prior to handling food (preparation or assistance with meals)..."	F 880		