STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0013	A. BUILDING: _____ B. WING _____	02/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	4041 SOUTH POPLAR STREET CASPER, WY 82601

(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
S2928	Ch 11 Sec 6 (b)(iii) Physical Environment (b) Sanitary Environment. The Nursing Care Facility shall establish policies and procedures for investigating, controlling and preventing infections. (iii) The facility shall report the required diseases/conditions to the Wyoming Department of Health, Epidemiology Unit as per W.S. §35-4-107. In addition, those conditions classified as nosocomial where two (2) or more persons, either residents or employees, are affected shall be reported immediately to the State Health Officers, the County Health Officer, and the Licensing Division. The Nursing Care Facility Administrator or his/her designated representative shall furnish all available pertinent information related to such disease or condition to the Licensing Division This State Rule and Regulation is not met as evidenced by: Based on review of Licensing Division records and staff interview, the facility failed to notify the Licensing Division of an outbreak of infectious disease in the facility. The findings were: Review of Licensing Division records failed to show any report to that agency of an outbreak of infectious disease at the facility in the month of February 2015. Interview with the facility administrator on 2/8/15 beginning at 3:45 PM revealed the facility identified an influenza outbreak in the facility with four residents testing positive for influenza on 2/2/15. The administrator further confirmed he had not reported this outbreak to the Licensing Division.	S2928	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of the state and federal law. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in an accordance with the Sate Operations Manual. S2928 1. The facility executive director reported the outbreak to the Wyoming Department of epidemiology only. 2. The referenced outbreak is the only outbreak the facility has had. 3. The Facility's E.D. and DON were trained on 3/4/15 by the facility's Regional Vice President on the diseases and conditions	5/6/15 ~~2/6/15~~

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

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

5/6/15

4/1/15 - This POC accepted with DOC date change agreed to between Matthew Overtleman - Executive Director and Tony Madden, Surveyor.

4/1/15 ay

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			reporting requirement including the licensing division. The prompt for the same will be added to the facility's outbreak checklist. 4. The outbreak checklist will be reviewed each month that the PI meets. The P. I. Committee is the quality assurance group within the facility that is composed of the Executive Director, Director of Nursing, Medical Director and other department managers. The group meets monthly to review clinical audits, customer service issues and other regulatory compliance issues. If a problematic trend(s) is identified the committee develops, or causes the development, of an action plan designed to mitigate the chance of recurrence. The results of the action plan are reviewed in subsequent months for effectiveness and modified as necessary.	