

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/19/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535048		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2021	
NAME OF PROVIDER OR SUPPLIER WORLAND HEALTHCARE AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1901 HOWELL AVENUE WORLAND, WY 82401			
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F 000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 9/27/21 to 9/30/21. The following common abbreviations are used throughout this document: CNA Certified Nursing Aide CDM Certified Dietary Manager LPN Licensed Practical Nurse MDS Minimum Data Set RD Registered Dietitian RN Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.			F 000			
F 732 SS=D	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data			F 732			10/28/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/21/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 732	Continued From page 1 specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation, review of direct care staffing information, and staff interview the facility failed to accurately post daily nurse staffing data. The census was 49. The findings were. Review of the 9/13/21 through 9/28/21 "Declaration of Direct Care Staffing" showed the facility failed to record the total number and the actual hours worked by the registered nurses, licensed practical nurses or licensed vocational nurses, and certified nurse aides responsible for resident care per shift. Interview with the administrator on 9/28/21 at 2:40 PM confirmed the daily staff postings failed to include the actual hours of the resident care staff.	F 732	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 the provisions of federal and state law require it. 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 accordance with section 7305 of the state operations manual. The facility will post the nurse staffing data at the beginning of each shift in a clear		

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F 732	Continued From page 2	F 732	and readable format and will be posted in a prominent place readily accessible to residents and visitors. The post will include facility name, current date, the total number of scheduled hours, total number of actual hours worked, registered nurses, licensed practical nurses, certified nurse aides, and resident census. Identification: Residents who reside at Worland Healthcare and Rehabilitation Center are at risk. Systematic Changes: On September 29, 2021, the Administrator and DON re-constructed the "Declaration of Direct Care Staffing" Posting to include both scheduled hours and actual hours. This posting will be posted each day with scheduled hours and will then be reconciled to actual hours worked. Monitoring: DON or designee will monitor daily for one week, then weekly for one month, then prn to ensure accuracy of scheduled and actual hours worked. Issues identified will be tracked and corrected at that time. Trends will be presented in the monthly Quality Assurance Performance Improvement Meeting by the DON or designee to ensure plan has been implemented, sustained, and evaluated for its effectiveness.		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880			10/28/21

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F 880	Continued From page 3 §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 §483.70(e) 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:	F 880			

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F 880	Continued From page 4 (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 IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and policy review, the facility failed to ensure effective infection control practices were followed during 2 of 3 observations of wound care (involving residents #26, #46). The findings were: 1. Review of the care plan last edited on 9/29/21 showed resident #26 had a stage 2 injury to the left sacral region. Further review showed "Stage 2 pressure injury shows improvement, stage 1 is very fragile. Wound covered with silicone	F 880	The facility will immediately implement an appropriate infection prevention and intervention plan consistent with the requirements of 483.80 for practices identified in the deficiency. The infection preventionist (IP) and director of nursing (DON), in conjunction with the medical director, shall complete the following: 1. Identify and implement hand hygiene		

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F 880	Continued From page 5 dressing." The following concerns were identified: a. Observation on 9/29/21 at 10:20 AM the infection control nurse entered resident #26's room to perform a dressing application. The nurse entered the room, collected the items required for the dressing application, and donned gloves to perform the procedure. The nurse did not perform hand hygiene prior to donning gloves. b. During the dressing change the nurse performed wound cleansing, and then performed a skin blanching test without changing gloves. 2. Interview with the infection control nurse on 9/29/21 at 11:49 AM revealed the sequence applied for the dressing change was the procedure usually used. 3. Observation of resident #46 on 9/28/21 at 1:55 PM showed the wound nurse performed a dressing change to a stage 2 pressure injury to the buttock. The following concerns were identified: a. Observation showed the nurse cut the dressing with trauma shears taken from her right front scrub top pocket. The nurse placed extra gloves on the bed without a barrier between the bedding and the gloves. b. The wound nurse removed the old dressing, doffed gloves and performed hand hygiene. The nurse donned the gloves from the bed and cleaned the wound. 4. Interview with the ADON on 9/29/21 at 11:04 AM revealed it was the facility's expectation to change gloves and perform hand hygiene between dirty and clean and when necessary. "Keep clean clean when doing a dressing change".	F 880	procedures, for staff and residents, consistent with current nursing facility guidelines from the Centers of Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS). 2. Identify and implement transmission-based precautions procedures consistent with current nursing facility guidelines from the Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS). 3. Identify and implement equipment and environmental cleaning procedures consistent with current nursing facility guidelines from the Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS). For residents #26 and #46: 1. Staff will implement appropriate transmission-based precautions when providing care to the resident. 2. Staff will implement appropriate equipment and environmental cleaning procedures when providing wound care. Identification of Others: The IP and DON, in conjunction with the interdisciplinary team (IDT) will review current COVID-19 nursing facility guidelines from the CDC and CMS. The IP, DON and applicable IDT members will evaluate the facility's overall compliance with the guidelines. The facility will develop action plans to address any newly identified non-compliance. Systematic Changes:		

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F 880	Continued From page 6 5. Review of the policy "Standard Precautions" effective date 10/1/17 showed "All employees, ..are expected to practice standard precautions to reduce both the risk of transmitting infections and the likelihood of exposure to blood borne pathogens." 6. Review of the policy "Clean Dressing Change Technique" effective date 8/1/18 showed "This document provides guidelines on ensuring that a licensed nurse or therapist applies dressings using clean technique to promote wound healing and prevent cross-contamination among and between resident and caregivers. Clean technique ...It involves the use of clean gloves, preventing contamination of supplies, and maintaining a clean rather than sterile environment... ..Maintain the Clean Field - once a clean field is established, prevent contamination by reaching onto the clean field after hands have been cleansed and never after gloves have touched anything off the field... ..Follow standard precautions at all times."	F 880	On or before 10/28/2021 the facility shall complete the following actions. Related to Hand Hygiene: 1. DON, IP, and applicable IDT members will conduct root-cause analysis to identify and address the reasons for non-compliance related to: a. Failure to ensure hand hygiene was performed after contact with blood, body fluids, or visibly contaminated surfaces. b. Failure to ensure hand hygiene was performed after contact with objects and surfaces in the residents' environment. c. Failure to ensure hand hygiene was performed before donning and after the removal of personal protective equipment (PPE). Related to Environmental and Equipment Cleaning: 1. DON, IP, and applicable IDT members will conduct root-cause analysis to identify and address the reason for non-compliance related to. a. Failure to ensure dedicated or disposable noncritical resident-care equipment (e.g. scissors) was used or if not available then the equipment was cleaned and disinfected and stored according to manufacturers' instructions using and EPA-registered disinfectant prior to use on another resident. 2. The DON and IP will ensure education is provided for the following: Related to hand hygiene and resident care equipment: a. All staff are educated on proper hand hygiene procedures in accordance		

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F 880	Continued From page 7	F 880	with the current CDC and CMS guidelines. b. All staff are educated on the proper storage and disinfection of resident care equipment. Monitoring: Monitoring of approaches to ensure infection control and prevention are effective will include: - Weekly for no less than 12 weeks, the IP, DON, and applicable IDT will conduct on-going monitoring via observation to ensure staff are complying with requirements for: - Compliance of staff with hand hygiene during resident care. - Compliance of staff with hand hygiene before and after the use of PPE. - Compliance of staff with proper storage and disinfection of resident care equipment. After 12 weeks of monitoring, provided that such monitoring demonstrates expectations are met, monitoring may be reduced to monthly. Monthly monitoring will continue for no less than three months. All Monitoring will be reported to the quality assurance process improvement (QAPI) committee as part of QAPI activities. Monitoring will not be discontinued until the facility completes three consecutive rounds of monthly monitoring which demonstrates sustained compliance as approved by the QAPI committee and medical director.		