

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535023	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Weston County Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1124 Washington Blvd Newcastle, WY 82701	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>37603</p> <p>Based on observation, QAPI minutes review, and staff interview, the facility failed to ensure a qualified administrator was able to manage the facility and report to the governing body. The census was 38. The findings were:</p> <ol style="list-style-type: none"> 1. Observation on 7/10/24 at 9:45 AM of the current open positions showed the nursing home administrator position was included. Further, observations throughout the survey showed no administrator was in the facility. 2. Review of the 5/9/24 and 6/13/24 QAPI committee attendance sign in sheet showed the administrator was not present. 3. Interview with the CEO on 7/8/24 at 1:20 PM revealed the administrator was put on leave. Further, she stated the facility did not have a delegated administrator, and it was a problem and it was something the facility was working on. 4. Interview with the DON on 7/10/24 at 10:09 AM revealed the administrator had been on leave for the last 3 months. 5. Interview with the administrator on leave on 7/10/24 at 3:12 PM revealed the former CEO put her on leave on 4/23/24 and she was told not to enter the building. She stated it was impossible to do the overall management for the facility since she was unable to enter the building or be in contact with staff.

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535023	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Weston County Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1124 Washington Blvd Newcastle, WY 82701	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>37603</p> <p>Based on staff interview and review of the Payroll Based Journal (PBJ), the facility failed to ensure the mandatory submission of staffing was submitted to CMS for 1 of 4 quarters reviewed (10/1/23 through 12/31/23). The census was 38. The findings were:</p> <ol style="list-style-type: none"> 1. Interview with the DON on 7/10/24 at 4:32 PM revealed the staffing was not submitted for the 10/1/23 through 12/31/24 quarter. She stated the data did not get submitted in time so it was missed. 2. Review of the PBJ for 10/1/23 through 12/31/23 showed the facility failed to submit data for the quarter. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535023	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Weston County Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1124 Washington Blvd Newcastle, WY 82701	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>37603</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on observation, QAPI minutes review, job posting review, and staff interview, the facility failed to ensure the QAPI committee included a qualified administrator who attended meetings. The census was 38. The findings were:</p> <ol style="list-style-type: none"> 1. Observation on 7/10/24 at 9:45 AM of the current open positions showed the nursing home administrator position was included. Further, observations throughout the survey showed no administrator was in the facility. 2. Review of the 5/9/24 and 6/13/24 QA committee attendance sign in sheet showed the administrator was not present. 3. Interview with the CEO on 7/8/24 at 1:20 PM revealed the administrator was put on leave. Further, she stated the facility did not have a delegated administrator, and it was a problem and it was something the facility was working on. 4. Interview with the DON on 7/10/24 at 10:09 AM revealed the administrator had been on leave for the last 3 months. Further interview with the DON on 7/11/24 at 11:29 AM revealed the facility met monthly for QAPI, with all attendees, for facility improvement and to increase communication. 5. Interview with the administrator on leave on 7/10/24 at 3:12 PM revealed the former CEO put her on leave on 4/23/24 and she was told not to enter the building. She stated it was impossible to do the overall management for the facility since she was unable to enter the building or be in contact with staff. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535023	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Weston County Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1124 Washington Blvd Newcastle, WY 82701	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37603</p> <p>Based on observation, staff interview, and policy review the facility failed to ensure clean dressing changes were kept clean for 1 of 1 wound care observation (resident #8). The findings were:</p> <ol style="list-style-type: none"> 1. Observation on 7/9/24 at 10:12 AM of resident #8 wound care with LPN #1 and LPN #2 showed they performed hand hygiene, and donned gloves and gowns. LPN #2 then closed the curtains, turned on the lights, pulled the supplies out of the storage bag, and opened the dressing packages, and dated the dressing. She then moved the extra gloves twice. The nurses turned the resident to his/her side. LPN #2 removed the old dressing, and cleaned the wound. She then doffed her gloves and donned the gloves she had moved earlier, without performing hand hygiene. 2. Interview with the LPN #2 on 7/9/24 at 10:28 AM revealed the procedure performed was her normal routine when doing a dressing change. She stated she should have used hand sanitizer between dirty and clean. 3. Interview with DON on 7/9/24 at 2:22 PM revealed it is the facility's expectation for staff to do hand hygiene, put on gloves, and complete hand hygiene when they remove their gloves. 4. Review of policy Hand Hygiene revised 1/2024 showed .1. Indications for hand washing and hand antisepsis. I. Decontaminate hands after removing gloves . 6. Other aspects of hand hygiene . D . Gloves do not replace hand hygiene, decontaminate hands after removal of gloves. E. Change gloves during patient care if moving from a contaminated-body site to a clean-body site.