

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/21/2024
NAME OF PROVIDER OR SUPPLIER Sage View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1325 Sage Street Rock Springs, WY 82901	
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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47344</p> <p>Based on observation, medical record review, staff interview, and review of facility policy and procedures, the facility failed to ensure appropriate disinfection of reusable equipment was performed before contact with 4 of 4 sample residents (#1, #3, #7, #11). In addition, the facility failed to implement appropriate hand hygiene practices during 1 of 4 meal observations. The census was 39. The findings were:</p> <p>1. Review of the medical record for resident #11 showed s/he most recent admission was on 1/30/24 and had diagnoses which included pneumonia. The following concerns were identified:</p> <p>a. Observation on 2/20/24 at 3 PM showed resident #1 and resident #11 were in their room and resident #1 was coughing. CNA #16 entered the residents' room, with the vitals tower brought from the nurse's station, applied the blood pressure cuff to resident #11's left arm, applied the pulse oximeter to a finger on the right hand, removed the thermometer from the tower, and slid it across the resident's forehead. Without cleaning the vitals tower equipment, the CNA performed same procedures for resident #1. The CNA exited the room with the vitals equipment and returned it to the nurse's station to charge; however, no disinfection of the equipment was performed. Observation at 3:19 PM showed CNA #16 retrieved vitals equipment from the nurse's station, approached resident #7 in the common area, and applied the equipment to resident #7. The CNA placed the blood pressure cuff on the resident's right arm, the pulse oximeter on the resident's middle finger of his/her left hand, and slid the thermometer across the resident's forehead. No disinfection of the equipment was performed before or after contact with resident #7, and the CNA returned the equipment to the nurse's station. Observation at 4:04 PM showed CNA #16 obtained the vitals tower and entered resident #3's room. The CNA applied the blood pressure cuff to the resident's right arm, slid the thermometer across the resident's forehead, and put the pulse oximeter on a finger of the resident's left hand. The CNA returned the equipment to the nurse's station and no disinfection of the equipment was performed before or after resident contact.</p> <p>(continued on next page)</p>		

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: 535056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/21/2024
NAME OF PROVIDER OR SUPPLIER Sage View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1325 Sage Street Rock Springs, WY 82901	
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 - Some</p>	<p>2. Observation on 2/20/24 from 4:40 PM to 5:40 PM in the main dining room showed the maintenance supervisor coughed into his right shoulder, poured fluids into a plastic mug, and rested the mug on the table in front of a resident. The maintenance supervisor touched his own nose, kneeled down got a tea bag from the beverage cart with the same hand that touched his nose, put into a cup for another resident with hot water and provided it to the resident. The maintenance supervisor obtained 2 small glasses of juice, holding the cups by the lip where residents would drink from. The maintenance supervisor left the cart, grabbed an oxygen canula for another resident which was located over the resident's shoulder, and handed it to the resident. The maintenance supervisor returned to the beverage cart and provided a straw to a resident their beverage, after unwrapping the straw and touching the straw top with bare fingers. No hand hygiene was performed. At that time, CNA #20 entered the dining room, sat at the corner of a table between 2 residents, and assisted the resident on her right side with eating, using her right hand. The CNA touched the right side of her head with her right hand, turned, and used her right hand to assist the resident on her left side to eat. No hand hygiene was performed.</p> <p>3. Interview with the executive director on 2/21/24 at 9:45 AM revealed she expected staff to follow cough hygiene, wash hands between resident contact, and to clean equipment between residents.</p> <p>4. Review of the facility policy titled Cleaning and Disinfecting Resident Care Items and Equipment dated May 2015 showed .i. Non-critical resident-care items include bedpans, blood pressure cuffs, crutches and computers .d. Reusable items are cleaned and disinfected or sterilized between residents (e.g., stethoscopes, durable medical equipment) .3. Durable medical equipment (DPE) is cleaned and disinfected before reuse by another resident .</p> <p>5. Review of the facility policy titled Handwashing/Hand Hygiene dated March 2018 showed .2. Personnel follow the handwashing/ hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors .7. Use an alcohol-based hand rub .for the following situations .c. Before and after direct contact with residents .l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; and m. After removing gloves .o. Before and after eating or handling food; p. Before and after assisting a resident with meals .</p> <p>6. Review of the policy titled Standard Precautions dated May 2015 showed .b. Ensure that reusable equipment is not used for the care of another resident until it has been appropriately cleaned .</p>		