STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535023	A. BUILDING _____ B. WING _____	**07/02/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WESTON COUNTY HEALTH SERVICES	**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)
F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Provide and implement an infection prevention and control program.** Based on observation, staff interview, Weston County Health Service memo review and policy and procedure review, the facility failed to establish and maintain an effective infection prevention and control program for 1 of 2 resident areas (secure unit) within the facility. The findings were: 1. Observation on 7/1/20 at 2:25 PM in the secure unit showed 5 residents were seated in recliners in the common area. The recliners were positioned in an L shape and were within arm's reach of one another. None of the 5 residents were wearing face masks. The following concerns were identified: a. Interview on 7/1/20 at 2:25 PM with CNAs #1 and #2 revealed the facility was not social distancing in the unit, nor requiring the residents to wear face masks. b. Interview on 7/1/20 at 3:15 PM with the DON confirmed the residents on the secure unit were not social distancing or wearing face masks. c. Review of the Weston County Health Services memo to residents and families dated June 29, 2020 showed .3. All staff and residents will be required to wear medical grade facemasks . d. Review of policy and procedure Methods of Implementation and Control LTC, 150.159 revised 6//2020 showed .COVID19 Epidemic Addendum: WCHS will follow guidance of CMS and WY dept of Health for Covid exclusions: .No communal activities or dining will be offered at this time .

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