STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0004	A. BUILDING _____ B. WING _____	03/13/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASTLE ROCK CONVALESCENT CTR	1445 UINTA GREEN RIVER, WY 82935

(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
S 000	State Rules and Regulations STATE LICENSURE Rules and Regulations for Program Administration of Nursing Care Facilities, Wyoming Department of Health, Aging Division. Section 5. Organization and Administration. (a)(i) Appoint a full-time, on premise, administrator qualified by education, training and experience as established by the Wyoming Board of Nursing Home Administrators. The REQUIREMENT is NOT met as evidenced by: Based on staff interview, review of the Directory of Wyoming Licensed and/or Certified Health Care Facilities, review of facility's Medicare and Medicaid application, and review of resident council minutes, the facility failed to employ a full-time on premise administrator. The findings were: Interview with the director of nursing on 3/10/08 at 5:32 PM and with a second nursing staff member at 5:56 PM revealed the administrator had two postilions: nursing home administrator and clinic/hospital district administrator and had an office located across the street from the nursing home. Both staff stated the administrator was "part-time." Review of resident council minutes revealed the following: 1. Minutes on 12/12/07 related to the administrator revealed a resident response of 'I wouldn't know him if I saw him.' 2. Minutes on 1/16/08 revealed a resident's response regarding the administrator was 'Well I don't really know who the administrator is but the	S 000	Section 5. Organization and Administration. (a)(i) Appoint a full-time, on premise, administrator qualified by education, training and experience as established by the Wyoming Board of Nursing Home Administrators. Due to the very structure of Castle Rock Hospital District and its sub-entity Castle Rock Convalescent Center, the Administrator of the Convalescent Center is required to work a certain amount of time in the Medical Center building. The Medical Center building is the location of the entire billing, payroll, human resource, collection, recruiting, medical direction and budgetary functions for Castle Rock Convalescent Center. To assist in carrying out these required administration functions for the Convalescent Center it is necessary for the Administrator to maintain offices in BOTH locations. At all times the Administrator is accessible by phone and can be in either location within a few minutes. Castle Rock Hospital District and its sub-entity Castle Rock Convalescent Center are fully integrated entities.	4/23/08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: admin Ismar — (X6) DATE: 4-3-08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 000	Continued From page 1 place seems to be running well.'" 3. Minutes dated 2/13/08 revealed the comment 'I don't really know who he is, but we are sure he must be kind.' Review of the facility's application for Medicare and Medicaid, dated 3/11/08, listed 60 hours under the "Part-Time Staff hours for administration and no full time staff. Instructions for the application included listing total hours worked in a two week time period. Review of the definition revealed the category captured "The administrative staff responsible for facility management such as the administrator, assistant administrator, unit managers and other staff in the individual departments...who do not perform services described below...." Interview with the administrator on 3/17/08 at 10:15 AM revealed he was the chief executive officer over the hospital district and the nursing home. He stated he spent approximately 55 hours a week total doing both facilities and that his position was a salary exempt position which did not require he punch a time clock. The administrator stated he was "paid to get the job done." Review of the Directory of Wyoming Licensed and/or Certified Health Care Facilities through the Office of Healthcare Licensing and Surveys revealed the administrator was listed as the nursing home administrator, as well as, the administrator of the rural clinic, and the operator of the boarding home. Section 5. Organization and Administration. (b)(iv)(A) Tuberculin testing shall be accomplished for each employee upon employment and before resident contact begins	S 000	The Administrator of Castle Rock Convalescent Center is at all times functioning as the Administrator and is always available except when out of town and a designee per policy has the administrative authority. The fact that the Administrator of the Convalescent Center also functions as the Executive Director of the Hospital District does not mean that there is not full time on premises administration of the Convalescent Center as the premises includes the above mentioned functions that take place in the Medical Center building. The Administrator of the Castle Rock Convalescent Center (CRCC) will take a more active role working with the Resident Council of the CRCC. The Administrator will (upon invitation of the Resident Council) attend each meeting and hear all facility wide complaints as well as report to the Residents Council about any Castle Rock Hospital District issues that would be of interest. Castle Rock Hospital District will appoint different persons to be Administrator of the Rural Health Clinic and Operator of the Licensed Board and Care Facility.	4/23/08 4/23/08

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S 000	Continued From page 2 and annually thereafter. The REQUIREMENT is NOT met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure one (#5) of five employees had completed tuberculin (TB) testing prior to resident contact. The findings were: Review of employee health records on 3/13/08 at 9:18 AM revealed the date of hire for employee #5 was 2/8/08. Further review revealed the employee had presented the facility with evidence of prior testing for TB. Review of the document revealed the TB testing was done on 10/18/07, and documented the test as "not read." Interview with the Assistant Human Resource Director revealed there was no other evidence to review regarding the employee's TB status.	S 000	**S 000 SECTION 5 (b) (iv) (A): The facility will conduct initially and monthly a comprehensive, accurate, standardized assessment of each new employee's tuberculin testing accomplished by the following: (including but not limited to):** **A) A tuberculin test will be completed and filed with all pre-employment testing prior to resident contact.** **B) A quality monitoring tool (Attachment # 1A) will be utilized to ensure that each new employee for the month has a completed tuberculin test in their medical file.** **c) The quality monitoring tool will also be completed on two random employees every month regarding annual tuberculin testing.** **D) The results of the Quality Monitoring Tool will be reported to the Quality Assurance Committee Bi-Annually.** **E) The Director of Human Resources is responsible for compliance for the above standard.**	4/23/08