BR 12/12/11

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PRINTED: 12/02/2011
FORM APPROVED

WDH - Office of Healthcare Licensing and Surveys

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | WY0014 | A. BUILDING _____ B. WING _____ | 11/17/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LIFE CARE CENTER OF CHEYENNE | 1330 PRAIRIE AVENUE CHEYENNE, WY 82009 |

| (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 |
|---|---|---|---|---|
| SNH | LIC REGS FOR NURSING HOMES<br><br>Wyoming Department of Health Aging Division Rules and Regulations for Program Administration of Nursing Care Facilities Chapter 11.<br><br>Section 14. Dental Services.<br>(a) The facility shall have an advisory dentist who shall provide consultation, develop and participate in inservice education, and recommend policies concerning oral hygiene. Records of in-service education meetings shall be in writing.<br><br>This requirement was not met as evidenced by:<br><br>Based on staff in-service review and staff interview, the facility failed to ensure that an advisory dentist assisted in the development and presentation of in-service education. The findings were:<br><br>Review of the facility dental in-service dated 5/4/11 showed the facility policy and procedure was utilized. However, there was no indication that a dentist was involved. During an interview with the DON on 11/17/11 at 4:10 PM, he confirmed that no dentist was involved in the development or presentation of their dental in-service. | SNH | 1/1/12<br>Section 14 Dental Services: The facility shall have an advisory dentist who shall provide consultation, develop and participate in in-service education, and recommend policies concerning oral hygiene.<br><br>A) Facility obtained signed statement from Dr. Zachary Green from Denteffex on 11/23/11 agreeing to see Life Care Center of Cheyenne patients and agreeing to evaluate annual oral care education. Statement was forwarded to Health Department on 11/30/11.<br>B) The facility will in-service facility nursing staff regarding proper oral care with the additional recommendation that was made by Dr. Green.<br>C) Annually Dr. Green will evaluate the oral hygiene in-service prior to its presentation to facility nursing staff. | |

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 12/12/11

STATE FORM 6899 EMR211 If continuation sheet 1 of 1

Accepted 12/14/11 by Lucille Rees