STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0025	A. BUILDING _____ B. WING _____	05/17/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 STANDARD Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11. Section 5. Organization and Administration. (b)(iv)(A) Tuberculin testing shall be accomplished for each employee upon employment and before resident contact begins and annually thereafter. (b)(iv)(B) Employees having known positive skin tests shall provide a certificate of noninfectiousness from a physician, recommendations, if any, for treatment, and evidence that they have complied with such recommendations. b) (iv) (D) Individuals never having had a skin test or who do not have written proof of skin test results, shall have an intradermal Mantoux using 5TU PPD. This shall be accomplished via the two (2) step procedure. If the first test is negative and the employee is asymptomatic, the employee may engage in resident contact prior to the results of the second skin test. This standard is not met as evidenced by: Based on review of personnel files and staff interview, the facility failed to assure tuberculin testing for one of four employees reviewed (#4). The findings were: Review of the personnel file for employee #4 revealed the employee worked in the dietary department, and started working on 5/15/07. However, there lacked evidence of tuberculin testing. On 5/16/07 at 3:57 PM, the director of	S 000	S000 The facility will ensure that tuberculin testing shall be accomplished for each employee upon employment and before resident contact begins and annually thereafter. This will be accomplished by: The TB test for employee #4 was completed on 05/16/07. All potential new employees will be screened for Tuberculosis. If the employee has not been tested within the last 12 months then a two step test procedure will be used to establish a base line. If the employee has been tested in the last 12 months and the employee has proof of this, a PPD test is not necessary. The business office will add "TB Test" to the application checklist to ensure the screening takes place upon hire. Nursing will be responsible for administering the TB skin test if necessary. The Director of Nursing or floor nurse will check the results of the test within 72 hrs. If the employee is asymptomatic, the employee may begin working directly with the residents. The DSD will report to the Quality Assurance Committee at least quarterly. This will be completed by ~~7/01/07~~ 6/28/07	6/28/07

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

Administrator — 6/21/07

This POC accepted & changes & corrections made per phone call & Jon Owens, Adm & Betty Nelson RN on 6/20/07 @ 1655. B. Nelson RN State Health Surveyor

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 nursing (DON) stated tuberculin testing had not been done yet on this individual.	S 000		