

Wyoming Dept of Health - Office of Healthcare Licensi

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/09/2006
NAME OF PROVIDER OR SUPPLIER SOUTH LINCOLN NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE BOX 390, 711 ONYX KEMMERER, WY 83101		
(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 Rules and Regulations for Program Administration of Nursing Care Facilities Section 14. (a). Dental Services. 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 inservice education meetings shall be in writing. This standard is not met as evidenced by: Based on staff interview and review of dental in-service records, the facility failed to assure the advisory dentist developed and participated in regular in-service education. The findings were: Interview with the director of nursing (DON) on 3/7/06 at 4:40 PM revealed a dental in-service was not conducted within the last year. Further interview with the DON, and review of dental in-service records, on 3/8/06 at 2:40 PM revealed the last dental in-service was performed on 3/19/04.	S 000	South Lincon Nursing Center has an advisory dentist who provides consultation. She develops and participates in inservice education and recommends policies concerning oral hygiene. 1) South Lincoln Nursing Center Dental Care Policy has been revised to require a yearly dental inservice. EXHIBIT #1 03/13/06 2) A dental inservice will be held by April 25, 2006. 04/25/06 3) The DON will implement a Quality Assurance monitor to assure a dental inservice is done on a yearly basis. 04/25/06 4) The DON will report the results of the monitor on a monthly basis at the Medical Director Meeting and at South Lincoln Medical Center PQI/QA committee meeting. 04/25/06		04/25/06

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

TITLE **CEO**

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

3/30/06

STATE FORM

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If continuation sheet 1 of 1

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