Received and approved w corrections on pages 6, 21, 24, 26, & after discussion & results w/in by C. Tanner VHA @ 10AM on 12/27/06 Linda Brown RN

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FORM APPROVED

Wyoming Dept of Health - Office of Healthcare Licensi

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0029	A. BUILDING _____ B. WING _____	11/30/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH CENTRAL WY HEALTHCARE &	542 16TH STREET RAWLINS, WY 82301

(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 Standards Rules and Regulations for Program Administration of Nursing Care Facilities Section 5. Organization and Administration. (iii) Written policies shall be in effect to ensure that newly hired and current employees do not spread a communicable disease that could be transmitted through usual job duties. (A) Tuberculin (TB) testing shall be accomplished for each employee upon employment and before resident contact begins and annually thereafter. (B) Employees having known positive skin tests shall provide a certificate of noninfectious from a physician recommendations, if any, for treatment, and evidence that they have complied with such recommendations. (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. (ii) A positive reaction (10 mm induration using 5TU PPD) requires a referral to a physician for x-ray and certification of noninfectious and appropriate treatment if needed. Follow-up shall comply with the recommendations of the attending physician. This standard was not met as evidenced by:	S 000	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* **S Tag 000** **Preventing Spread of infection** **Corrective Action for Identified Residents** No specific residents were identified. **Identification of Residents with potential to be Affected** Any resident has the potential to be affected. **Corrective Action to Prevent Recurrence** The facility has audited all current employee health records. All TB tests will be completed by 12/19/2006 and the three (3) other staff members will be scheduled for a chest X-ray by 1/14/2007. All staff will be screened for TB on Hire and on an annual bases and will be tracked by the Infection Control Nurses. The facility will develop a screening system by using the Work Restrictions by Infection Disease (Recommendation Categories---- Centers for Disease Control and Prevention. HICPAC guideline for infection control in	Completion Date: January 14th

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S 000	Continued From page 1 Based on review of personnel files and staff interview, the facility failed to ensure employees had a negative TB test prior to resident contact for four (#13, #27, #30, #36) of five employee files reviewed. The findings were: 1. Review of the personnel file for employee #36 revealed she had a TB test administered on 11/2/06 but the results of the test were never read. 2. Review of the personnel file for employee #13 revealed she had completed the health questionnaire on 8/24/06 indicating she had never had a TB test or chest x-ray. There was no evidence the employee received any testing for tuberculosis prior to resident contact. 3. Review of the personnel file for employee #27 revealed she had completed the health questionnaire on 10/31/06. Review revealed the employee indicated she had a negative TB test in 8/06 but there was no written evidence of the negative test results. 4. Review of the personnel file for employee #30 revealed she had completed the health questionnaire indicating she had a TB test administered that was negative. However, there was no written evidence the employee had a negative TB test prior to resident contact. During the exit interview on 11/30/06 at 3 PM the administrator and director of nursing agreed employees should have TB testing prior to resident contact.	S 000	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* healthcare personnel AJIC 1998;26(3):289-354.) **Monitoring/Quality Assurance** The Director of Nursing (DNS) or designee will do audits for of all new staff members health record before starting work to assure that the result of the TB testing is completed before starting work . The Director of Nursing (DNS) or designee will audit all call of and the work restriction by infectious disease log weekly for 6 weeks. At the completion of the audits the Director of Nursing will report compliance to the Performance Improvement Committee (Quality Assurance). The Committee will then determine the need for any further audits/reports. **Responsible Party** The Director of Nursing will be responsible for continued compliance. **Correction Date** January 14, 2007	