STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535026	A. BUILDING _____ B. WING _____	10/12/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN MANOR	1851 BIG HORN AVE SHERIDAN, WY 82801

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F 000	INITIAL COMMENTS STATE STANDARD Rules and Regulations for Program Administration of Nursing Care Facilities 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. The REQUIREMENT was not met as evidence by: Based on employee record review and staff interview, the facility failed to ensure two (#80, #81) of five employees had not completed tuberculin (TB) testing before resident contact. The findings were: a. Review of the health file for employee #80 showed he was hired on 9/12/06 for a maintenance position. Interview with the staff development coordinator (SDC) on 10/12/06 at 10:45 AM revealed this employee started working in the facility the day he was hired. However, review of the immunization surveillance record showed the TB test was read on 9/17/06, five days after the employee had resident contact.. b. Review of the health file for employee #81 showed she was hired on 6/23/06 for a food service position. Interview with the SDC on 10/12/06 at 10:45 AM revealed this employee started working in the kitchen the day she was hired. However, review of the immunization surveillance record showed the TB test was read on 6/25/06, two days after contact with food and	F 000	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 this 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. **TAG F000 – PLAN OF CORRECTION** This plan of correction is the facility's credible allegation of compliance. It is the policy and practice of this facility to provide Tuberculin testing for each employee upon employment and before resident contact begins and annually thereafter. 1. Department Managers with hiring authority will be inserviced on the need to complete tuberculin testing for each employee upon employment and before resident contact. 2. Tuberculin testing will begin at job offer prior to employee arriving for orientation. Staff to resident contact will occur only after TB Test or chest x-ray results are negative. 3. The Staff Scheduler will monitor the completion of tuberculin testing for each new employee. The Human Resource Coordinator will review completed tuberculin testing and first day of resident contact. 4. The Infection Control Nurse will report to the Quality Assurance	11/11/06

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Donna Schultz | TITLE: Administrator | (X6) DATE: 11/03/06

ficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that feguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 wing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued articipation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 000	Continued From page 1 residents.	F 000	Committee quarterly the adherence to facility policy. Further inservice will be directed as needed.	