Wyoming Dept of Health - Office of Healt. re Licensi

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0009	A. BUILDING _____ B. WING _____	05/03/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK COUNTY MEDICAL SERVICES	BOX 517 SUNDANCE, WY 82729

(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 Section 9. Nursing Services (g)(iii) The refrigerator in which drugs and biologicals are stored shall not be accessible to residents, shall be used only for the storage of drugs and biologicals, and shall be in a locked refrigerator or a lock box in a refrigerator or in protected area. The refrigerator shall be maintained at the proper temperature. The REQUIREMENT was not met as evidenced by: Based on observation and staff interview, the facility failed to have a refrigerator that was used only for drugs and biologicals. The findings were: Observation on 5/1/07 at 4:55 PM of the medication refrigerator in the medication room revealed a container of applesauce and a container of natural laxative in the refrigerator with the medications. Interview with the director of nursing (DON) at that time confirmed that applesauce and natural laxative was stored in the medication refrigerator.	S 000	The medication refrigerator will be utilized only for drugs & biologicals this is evidenced by the applesauce & natural lax has been removed & placed in the snack refrigerator & all nursing staff instructed. The Director of Nursing will monitor for compliance & present to the QA Committee. 5/07/07 added per request of Kelly Pottle via phone on 6/4/07 @ 2:20 pm	

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CED — (X6) DATE: 5-24-07