DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/11/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A051	A. BUILDING ____ B. WING ____	R 04/27/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	BOX 390, 711 ONYX KEMMERER, WY 83101

(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 371) SS=F	483.35(h)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and policy and procedure review, the facility failed to assure food was prepared and stored under sanitary conditions. The findings were: 1. Observation on 4/27/06 at 11 AM revealed the following concerns in the dining room refrigerator/freezer: a. There were two containers of orange creme yogurt that expired on 4/20/06. b. One of eight containers of "Cream O' Weber" dairy product, one-half pint, expired on 4/25/06. c. There was one eight ounce container of light cream cheese that had an expiration date of 1/5/06. d. There was one hard boiled egg in a baggie that was undated, but had Easter decorations on it. e. There were two baggies of cheese slices that were both undated. f. There was a 16.9 fluid ounce bottle of an unknown substance, approximately one-half full, that was unlabeled and undated in the freezer compartment of the refrigerator. g. According to the facility's 9/25/05 policy entitled Refrigerated Storage: "Opened, and unused portions of foods should be stored, in clean reusable containers, labeled and dated to assure they will be used first." In addition, according to the 2005 Food Code, U.S. Public	(F 371)	South Lincoln Nursing Center will store, prepare, distribute and serve food under sanitary conditions. 1. A new Storage of Food policy has been written. 05/17/06 EXHIBIT #1 2. The new policy will be implemented on 05/18/06. 05/18/06 3. The dietary and Nursing Center staff will be inserviced on the new policy. 05/18/06 4. The stickers referred to in the policy have been ordered. 05/18/06 5. The dietary manager will do random checks of the refrigerator and freezer for appropriate labeling and discarding of food items. 05/26/06 6. The DON of the Nursing Center will do random checks of the refrigerator and freezer for appropriate labeling and discarding of food items. 05/26/06 7. The dietary manager and DON will report the results of the random checks at the monthly PQI/QA meeting. 06/12/06	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Clinic Manager Administrator-on-call (X6) DATE: 5-18-06

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following 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 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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RECEIVED JUN 01 2006 WYOMING DEPT OF HEALTH HEALTH FACILITIES

Revised/approved c̄ changes on page 2 after T.C. c̄ LorAnn Carmichael, DON, on 5/26/06 @ 10:45a - [initials] 5/26/06

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(F 371)	Continued From page 1 Health Service, 3-501.17 Ready-to-Eat, Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking. (A)...refrigerated, READY-TO-EAT, POTENTIALLY HAZARDOUS FOOD (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed ..." 2. Observation on 4/27/06 at 11:20 AM revealed the following concerns in the walk-in refrigerator in the kitchen: a. There was an open one gallon container of light mayonnaise that was undated. b. There was an open one gallon container of Thousand Island dressing that was undated. c. There was one baggie of white cheese and two baggies of orange cheese that were undated. d. According to the facility's 8/25/05 policy titled Refrigerated Storage, "Opened, and unused portions of foods should be stored, in clean reusable containers, labeled and dated to assure they will be used first." In addition, according to the 2005 Food Code, U.S. Public Health Service, 3-501.17 Ready-to-Eat, Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking, (A).. refrigerated, READY-TO-EAT, POTENTIALLY HAZARDOUS FOOD (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed ..." e. There was a heavy accumulation of dust particles in the ventilation ducts that were observed to move with the air flow. Observation	(F 371)	8. The ventilation ducts were cleaned on 05/02/06 and 05/16/06. 05/16/06 9. The dietary manager will have maintenance staff vaccuum the ventilation ducts every six months. 05/26/06 10. The dietary manager will do weekly check of ventilation ducts for dust accumulation. 05/26/06 11. The dietary manager will report results of weekly checks at the monthly PQI/QA meeting. 06/12/06	06/12/06

12. All out of date items identified on the survey were disposed of. All undated item identified on the survey are now dated.

SS
5/26/6

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{F 371}	Continued From page 2 revealed two trays of jello cups and one uncovered piece of white cake stored directly beneath the vent ducts. According to the 2005 Food Code, U.S. Public Health Service, Food and Drug Administration, 3-307-.11; Miscellaneous Sources of Contamination. Food shall be protected from contamination that may result from a factor or source not specified under Subparts 3-301 - 3-306. 3. Observation on 4/27/06 at 11:30 AM revealed the following concerns in the chest freezer located in the kitchen: a. There were twelve baggies of hamburger pattles, undated. b. There were two baggies of pretzels, undated. 4. Interview with a dietary aide on 4/27/06 at 12 noon revealed she was unaware that food items needed to be dated when removed from their original packages. 5. Interview with the director of nursing on 4/27/06 at 3 PM confirmed expired food items should not be kept for potential consumption.	{F 371}		

5/26/6

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
53A051	A. Building B. Wing	04/27/2006

Name of Facility	Street Address, City, State, Zip Code
SOUTH LINCOLN NURSING CENTER	BOX 390, 711 ONYX KEMMERER, WY 83101

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

Upload 53 → 108041

6/23/06 TS

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0159 Reg. # 483.10(c)(2)-(5) LSC	04/27/2006	ID Prefix F0278 Reg. # 483.20(g) - (i) LSC	04/27/2006	ID Prefix F0363 Reg. # 483.35(c) LSC	04/27/2006
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

	Reviewed By	Date:	Signature of Surveyor:		Date:
Reviewed By State Agency	TS	5/16/06	Linda Brown	RN	4/27/06
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		

Followup to Survey Completed on: ___ Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO