STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0006	A. BUILDING _____ B. WING _____	08/09/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARAMIE CARE CENTER	503 S 18TH ST LARAMIE, WY 82070

(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
SNH	LIC REGS FOR NURSING HOMES WYOMING DEPARTMENT OF HEALTH AGING DIVISION RULES AND REGULATIONS FOR PROGRAM ADMINISTRATION OF NURSING CARE FACILITIES CHAPTER 11 Section 11. Dietetic Services. The facility shall provide dietetic services that meet the nutritional needs of residents according to the science of nutrition. The dietetic service shall operate with safe food handling practices from receipt through service in accordance with the most current edition of FOOD CODE from the U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration. (a) Dietary Supervision. Overall supervisory responsibility for the dietetic service shall be assigned to a full-time qualified dietetic supervisor. (i) If the qualified supervisor is not a Registered Dietitian, she/he shall be a graduate of a dietetic technician program approved by the American Dietetic Association or a dietary managers' educational program approved by the Certifying Board for Dietary Managers. Training and experience in food service supervision and nutrition equivalent in content to the approved educational programs are acceptable. This STANDARD was not met as evidenced by: Based on staff interview the facility failed to	SNH	Wyoming State Tag Chapter 11, Section 11 The facility will provide dietetic services that meet the nutritional needs of the residents according to the science of nutrition and overall supervisory responsibility for the dietetic service shall be assigned to a full-time qualified dietetic supervisor. The current Dietary Manager is not certified but he is enrolled in an approved Dietetic Certification Course through the University of North Dakota. He is scheduled to complete the course by 12/31/12. Dietary Manager will give a written report to the Administrator. The report will indicate the progress made each month. Administrator will monitor for compliance	12/31/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Pam Nelson — TITLE: ADMINISTRATOR — (X6) DATE: 8-30-12

POC accepted 9/7/12. Call to Pam Nelson, NHA on 9/7/12 @ 1:34pm
Janell Cook, QMRC

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARAMIE CARE CENTER	503 S 18TH ST LARAMIE, WY 82070

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SNH	Continued From page 1 ensure the minimum qualifications were met for the dietary manager. The findings were: Interview with the dietary manager on 8/8/12 at 9:45 AM revealed he was not a graduate of a dietary managers' educational program approved by the Certifying Board for Dietary Managers. He was enrolled in a certification program at the time of the interview with a projected time of graduation of 12/12.	SNH		