10/18/12

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FORM APPROVED

Healthcare Licensing and Surveys

RECEIVED
WY Dept of Health
OCT 15 2012
Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0025	A. BUILDING _____ B. WING _____	09/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE - EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 This State Rules and Regulations is not met as evidenced by: Chapter 11. 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. This standard is not met as evidenced by: Based on review of personnel files and staff interview, the facility failed to conduct an annual medical assessment (questionnaire) for two of two staff members who had previous positive TB (tuberculin) skin tests. The findings were: 1. Review of personnel files showed CNA #4 was hired on 8/27/12. Further review revealed she was not given a TB skin test at that time because her medical history showed a previous TB skin test was positive on 5/15/06. She was treated with INH (medication used to treat TB) at that time. She did not complete the course of treatment, however, due to a severe reaction to the drug. Additional review of the medical record revealed a medical assessment (questionnaire) was present in the medical record but it was incomplete, i.e. the presence or absence of signs or symptoms of TB were not indicated and the questionnaire was not dated or signed. 2. Review of personnel files showed LPN #2 was hired on 9/6/12. Further review revealed she was not given a TB skin test at that time because her medical history showed a previous skin test was positive in 1994. She was also treated with INH at that time. Further review revealed she also had a negative chest x-ray in 2008. Additional review of	SNH	**SNH** 1. The personnel file for CNA #4 was reviewed. The questionnaire was completed in full and all questions addressed, as well as being signed and dated. This staff member has no active signs/symptoms of TB. 2. The personnel file for LPN #2 was reviewed. The medical assessment (questionnaire) was completed in full and all questions addressed, as well as being signed and dated. This staff member has no active sign/symptoms of TB. The medical assessment (questionnaire) given to new hires was revised to reflect the need for symptoms of TB to be addressed (#9 on the questionnaire). The line 'none of the above' was added to ensure this question is being addressed on all questionnaires. The HR/payroll staff will ensure each questionnaire is completed in its entirety and that each question is addressed on every new hire. Any concerns will be addressed immediately and reported to the QA committee.	10/8/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 10/10/12

STATE FORM 6899 I5TY11 — If continuation sheet 1 of 2

Accepted on 10/18/12 No changes. Nancy NHA

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SNH	Continued From page 1 the medical record revealed a medical assessment (questionnaire) was found in the record but the questionnaire was incomplete, i.e. the presence or absence of signs or symptoms of TB were not indicated and the questionnaire was not dated or signed. 3. Interview with the infection control nurse on 9/19/12 at 3:48 PM verified the medical assessment (questionnaire) was incomplete for both staff members. She also said further assessment should have been performed.	SNH		