POC accepted 10/27/10 JC

PRINTED: 09/24/20
FORM APPROVE

WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0002	A. BUILDING _____ B. WING _____	09/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNIE BLUEJACKET MEMORIAL NURSING)	368 SOUTH US HWY 20 BASIN, WY 82410

(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: WYOMING DEPARTMENT OF HEALTH AND AGING DIVISION Rules and Regulations for Program Administration of Nursing Care Facilities 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 rule was not met as evidenced by: Based on staff interview and review of personnel records, the facility failed to ensure tuberculin testing was completed prior to resident contact for 1 of 5 employees reviewed. The findings were: Review of the personnel file for nurse aide #1 revealed her date of hire was 7/30/10. Further review revealed no evidence of tuberculin testing. On 9/16/10 at 4:20 PM, the DON stated the facility was unable to locate documentation of tuberculin testing for the employee.	SNH	**This facility will ensure tuberculin testing is completed prior to resident contact for all employees.** Step 1. Nurse Aide #1 will have tuberculin testing documentation placed immediately in her personnel file. Step 2. All personnel files will be reviewed by personnel department to determine appropriate tuberculin testing results are in place for all staff. Step 3. Administrator will inservice personnel department and infection control of the need to ensure all new employees have appropriate tuberculin testing is in place prior to resident contact. Step 4. Monitored by Infection Control Manager through quarterly review of new employee records. will be reported to QA quarterly.	~~10/25/1~~ 10/29/10

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADM. ASSISTANT — (X6) DATE: 10/7/10

STATE FORM 6899 TXUC11 If continuation sheet 1 of

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Changes made per phone by Jackie Clawson, Adm on 10/21/10 @ 2:15pm. Janelle Cox 10/21/10