Healthcare Licensing and Surveys

PRINTED: 02/03/2012
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0001	A. BUILDING _____ B. WING _____	01/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIE HOLT CARE CENTER	497 W LOTT BUFFALO, WY 82834

(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 personnel files revealed the following employee did not have evidence of tuberculin testing: a CNA hired 11/21/11. During an interview on 1/19/12 at 9:31 AM, the DON stated the employee claimed she tested negative for TB at another facility within the past year. The DON further stated she contacted the CNA's previous employee and requested documentation of previous testing; the DON added the previous employer expressed difficulty in finding the CNA's TB testing record. The DON acknowledged she did not have documentation to validate the claim of negative testing when the CNA first began working with residents. The DON provided a fax on 1/19/12 at 1:15 PM from the CNA's prior employer showing the CNA	SNH	The facility will ensure that tuberculin testing will be accomplished for each employee upon employment and before resident contact begins. This will be accomplished by: A)As indicated, on 1/19/12 the negative TB record was produced for the CNA in question. B)The DON will ensure that all new employees have a TB test given and read prior to resident contact with the proper documentation in place. C)The DON will maintain a log of new employee names, dates TB tests read, and dates of first resident contact to ensure that the testing and documentation are appropriate. D)A performance improvement tool will be implemented by the DON to ensure proper TB testing documentation. This monitor will be completed monthly and reported quarterly at the PI (Performance Improvement) Committee meeting. Appropriate follow-up actions will be initiated by the PI Committee as necessary. 3/5/12	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 2/13/12

STATE FORM 6899 — 7EX211 — If continuation sheet 1 of 2

FEB 13 2012
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This POC accepted with corrections on 2/16/12 per phone conversation with Kent Ward, adm, and Betty Nelson RN State Health Surveyor

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SNH	Continued From page 1 tested negative for TB 8/22/11; the fax header showed receipt on 1/19/12 at 10:22 AM. There was no further documentation to account for the 2 months that lapsed between the CNA's hire day and the date prior testing information was received.	SNH		