

11/2/10 POC accepted.

PRINTED: 10/28/2010
FORM APPROVED

WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0034	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2010
NAME OF PROVIDER OR SUPPLIER WESTON COUNTY HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1124 WASHINGTON BLVD NEWCASTLE, WY 82701		
(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 Aging Division Rules and Regulations for Program Administration of Nursing Care Facilities Chapter 11 Section 11. Dietetic Services 1. (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, s/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, review of policies and procedures, and review of dietary staff payroll hours, the facility failed to ensure the minimum hours were met for the dietetic supervisor. The findings were: During an interview with the certified dietary manager (CDM) on 10/15/10 at 8:45 AM, she stated her average hours worked were 32 hours per week. Review of the payroll hours for the CDM from 8/15/10 through 10/9/10 showed she worked 30-32 hours per week. Interview with the plant operations manager, also the supervisor of the dietary department, on 10/15/10 at 9 AM	SNH	<u>SNH</u> The facility will employ a full-time qualified Dietetic Supervisor. This will be accomplished by: 1. Two qualified Dietetic Supervisors will be contracted to job-share a full-time position. 2. The facility is conducting a search for a permanent full-time qualified Dietetic Supervisor. 3. Compliance will be monitored each pay period by the Director of Plant Operations and reported to PI.	11/29/10

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

5880

LED211

RECEIVED

Wyoming Dept of Health

Continuation sheet 1 of 2

NOV 08 2010

Office of Healthcare
Licensing and Surveys

11/2/10 POC accepted - P. Pinner

WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0034	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/15/2010
NAME OF PROVIDER OR SUPPLIER WESTON COUNTY HEALTH SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 1124 WASHINGTON BLVD NEWCASTLE, WY 82701		
(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	Continued From page 1 revealed he had no dietary experience or education. Review of the facility policy and procedure for classification of employees showed a full-time employee was defined as an employee who routinely works 70 or more hours in a two-week period.	SNH			