WDH - Office of Healthcare Licensing and Surveys

PRINTED: 03/17/2011
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0036	A. BUILDING _____ B. WING _____	03/07/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW HEALTH CARE CENTER	1990 WEST LOUCKS STREET SHERIDAN, WY 82801

(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: 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 standard is not met as evidenced by: Based on review of personnel files and staff interview, the facility failed to assure tuberculin (TB) testing was completed prior to resident contact for 2 of 5 CNA employees (#7, #8). The findings were: 1. Review of personnel files showed certified nurse aide (CNA) #8 was hired on 1/6/11. Further review revealed a TB skin test was conducted on that date. However, no documentation was in the file indicating the skin results were read 48 to 72 hours following the test. Review of additional staffing records revealed a second TB skin test was administered on 2/7/11 and the results read on 2/10/11. On 3/1/11 at 3:48 PM business office manager stated the initial TB skin test was "probably read but not recorded by nursing." She confirmed the employee had resident contact after two days of orientation. 2. Review of personnel files showed CNA #7 was hired on 08/31/10. Interview with the employee on 2/28/11 at 4:44 PM revealed she thought she was given a TB skin test "at the time of employment, but no one read the results." Further review of the employee's record revealed no TB testing records	SNH	SNH The facility will assure TB tests are completed prior to resident contact for all employees and annually thereafter. 1) The C.N.A.'s #8 and #7 completed their TB tests prior to the end of survey. 2) Accounts Payable/Payroll will provide all employees with a form which indicates when the TB test was given and the results. The nurse will record necessary information and employee will deliver the form back to AP/Payroll. When test is due to be read, employee will then retrieve form from AP/Payroll to have nurse read and record results on the TB form which is returned to AP/Payroll and kept in employees immunization folder. 3) A quality measure tool will be implemented to track all TB and immunizations for all employees. A list will be posted as a reminder to all staff who require their annual test. 4) The results of the audit will be presented at the monthly Performance Improvement Meeting. Any trends or problems will be ID'd and acted upon. This will occur for a period of at least 3 mos & until substantial compliance is met. DW	4/18/11

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

Tonya Mu — TITLE: Executive Director — (X6) DATE: 3-28-11

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

STATE FORM 6899 S1QT11 If continuation sheet 1 of 2

This POC accepted on 4/12/11 @ 1557 c additions & corrections per phone conversation c Tonya Mumm, Admin, & Betty Jelden, RN, State Health Surveyor.

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SNH	Continued From page 1 were in the file. Interview with the business office manager on 3/1/11 at 3:48 PM supported that observation and also stated the annual TB skin test was missed for this employee in October of 2011. Documentation was provided during the survey that showed the facility administered a TB skin test to the employee on 3/3/11.	SNH		