6/12/13

PRINTED: 06/14/2013
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0007	A. BUILDING: _____ B. WING _____	05/31/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERET HEALTH AND REHAB AT SARATOGA	207 EAST HOLLY SARATOGA, WY 82331

(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	SNH		

Wyoming Department of Health Aging Division Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11

Section 5. Organization and Administration
(a) Governing Body. The Nursing Care Facility shall have a governing body which has the legal authority and responsibility to operate the Nursing Care Facility. The governing body shall:
(i) Appoint a full-time, on premise, administrator qualified by education, training, and experience as established by the Wyoming Board of Nursing Home Administrators.
(A) The administrator shall have a current license as a Wyoming Licensed Nursing Home Administrator.
(ii) Temporary License. A temporary license may be granted by the Wyoming Board of Nursing Home Administrators.
(A) To fill a position of Nursing Home Administrator that unexpectedly becomes vacant.

Based on staff interview the facility failed to employ a full-time, on premise administrator. The findings were:

During an interview with the interim administrator on 5/28/13 at 2:30 PM, he stated he had been the administrator since 5/8/13. He further stated he had only been on premise for 3 hours out of the last 2 weeks, and only came to the facility if they called and requested his presence.

SNH 6/10/13

The facility will ensure that there is a full time, qualified, licensed Nursing Home Administrator on site. This will be accomplished by:

a) A Nursing Home Administrator with a current Wyoming Nursing Home Administrators License was hired and was on site on 6/10/2013.

b) The facility will monitor the status of the Administrator position and report any changes to the proper agencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 6/20/13

STATE FORM 6899 TWL811 If continuation sheet 1 of 1

RECEIVED
WY Dept of Health
JUN 21 2013
Healthcare Licensing and Surveys

Accepted per phone call with AHA + Brenda, Dow on 7/1/13