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WY Dept of Health
AUG 29 2013
Healthcare Licensing and Surveys

PRINTED: 08/19/2013
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
	WY0002	A. BUILDING: ______ B. WING ______	08/08/2013

NAME OF PROVIDER OR SUPPLIER: BONNIE BLUEJACKET MEMORIAL NURSING I

STREET ADDRESS, CITY, STATE, ZIP CODE: 388 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 Aging Division Rules and Regulations for Program Administration of Nursing Care Facilities Chapter 11 Section 11. Dietetic Services (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, the facility failed to ensure the dietary manager was qualified. The findings were: During an interview with the dietary manager on 8/5/13 at 4:10 PM she revealed she had not completed the Certified Dietary Manager Program. She further stated she was enrolled in a dietary manager program and planned to be certified in February 2014.	SNH	This facility will ensure overall supervisory responsibility for the dietetic service will be assigned to a full-0time qualified dietetic supervisor. A. Dietary Service Manager will complete all lessons and appropriate testing necessary to ensure manager certification. Education will be completed by February, 2014 and certification obtained. B. Administrator will monitor Dietary Supervisor educational progress monthly to ensure adequate progress toward timely certification. C. Administrator will provide Dietry Supervisor educational progress reports to Office of Health Licensing & Surveys monthly to provide updated certification information. D. Administrator will monitor Dietary Supervisor educational progress weekly and report results to Quality Assurance Committee quarterly.	~~9/30/13~~ 2/28/14

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cl[illegible] Clawson

TITLE: Administrator

(X6) DATE: 8/26/13

STATE FORM 6899 G80B11 If continuation sheet 1 of 1

Changes made per phone call with Yvonne Bargeon, DON on 9/1/13 @ 2:28pm. POC accepted.
Janelle Co[illegible], OHLS