Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0009	A. BUILDING _____	08/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK CO MEDICAL SERVICE DISTRICT LO	

(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
S 000	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11, effective 06/26/2000 Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000	S 000		
S2910	Ch 11 Sec 5 (b)(iv) Organization and Administration (b) Personnel policies and procedures. The governing body or its equivalent, through the Nursing Home Administrator, shall be responsible for implementing and maintaining written personnel policies and procedures that support sound resident care and personnel practices. (iv) Written policies shall ensure a safe and sanitary environment for residents and personnel. (A) Tuberculin testing shall be accomplished for each employee upon employment and before resident contact begins and annually thereafter. (B) Employees having known positive skin test shall provide a certificate of noninfectiousness for a physician, recommendations, if any, for treatment, and evidence that they have complied with such recommendations. (C) Individuals providing documentation of negative skin tests administered within the last year need no physician follow-up at this time.	S2910		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jim Van Beek — TITLE: CEO/Administrator — (X6) DATE: 9-16-13

9/24/13 This POC approved between JM Van Beek administrator and Tony Madden, Surveyor.

9/24/13

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	WY0009	A. BUILDING: _____ B. WING _____	08/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK CO MEDICAL SERVICE DISTRICT LON	713 OAK STREET SUNDANCE, WY 82729

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S2910	Continued From page 1 (D) Individuals never having had a skin test or who do not have written proof of skin test results, shall have an intradermal Mantoux using 5TU PPD. This shall be accomplished via the two (2) step procedure. If the first test is negative and the employee is asymptomatic, the employee may engage in resident contact prior to the results of the second skin test. (I) A negative reaction requires no follow-up by a physician at this time. (II) A positive reaction (10mm induration using 5TU PPD) requires a referral to a physician for x-ray and certification of noninfectiousness and appropriate treatment if needed. Follow-up shall comply with recommendations of the attending physician. (E) If symptoms occur, a new certificate of noninfectiousness is required from the physician. This State Rules and Regulations is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure employees did not have contact with residents before completion of the tuberculin testing was completed for 2 of 5 employee records reviewed (activity aide #1, CNA #1). The findings were: 1. Review of the employee record for activity aide #1 showed she had completed the tuberculin testing on 6/13/13. Her first resident contact was on 6/4/13, nine days prior to completion of the test. 2. Review of the the employee record for CNA #1	S2910	**S2910** All employees must have a negative tuberculin (TB) test prior to resident contact. Human Resources (HR) Director will assure all employees have a negative TB test completed and read prior to starting their jobs and having resident contact. All Department Heads will be reminded of this requirement. HR Director will monitor all new hires for TB testing completion before employee is scheduled in his/her department. HR Director will report monthly to Infection Control/Risk and Safety committee and quarterly to QAPI committee for 1 year or until committees recommend completion. QMB 9-16-13	10-05-13

9/17/13

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S2910	Continued From page 2 showed her tuberculin testing was completed on 8/2/13. Her first resident contact was on 8/1/13, one day prior to completion of the test. 3. An interview with the DON on 8/22/13 at 2 PM confirmed the employees had resident contact before completing the tuberculin testing.	S2910	**S3022** All nursing staff will be educated at least annually on resident oral hygiene. In-service will be provided by contract Dentist and ADON/DON will provide training to any staff that cannot attend in-service. All new nursing staff will be given oral hygiene training materials at orientation and all staff will be in-serviced at least yearly. ADON/DON will monitor staff training to assure all staff is in-serviced at least annually. ADON/DON will report quarterly to QAPI committee for at least one year or until committee recommends completion. 9-16-13	10-05-13
S3022	Ch 11 Sec 14 (a) Dental Services (a) The facility shall have an advisory dentist who shall provide consultation, develop and participate in inservice education, and recommend policies concerning oral hygiene. Records of in-service education meetings shall be in writing. This State Rules and Regulations is not met as evidenced by: Based on staff interview and review of the dental contract, the facility failed to provide in-service training to staff related to oral hygiene. The findings were: 1. An interview with the DON on 8/22/13 at 2:05 PM revealed she was uncertain if the facility had offered an in-service related to dental hygiene. She was unable to show a record demonstrating in-service training was provided. She stated she would contact the dental office the facility had a contract with to determine if they had any documentation. As of 8/27/13, the facility had not provided any additional information. 2. Review of the contract dated 10/22/08 with a local dentist showed: "The Dentist will be responsible for providing the following services to	S3022		

9/24/13

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S3022	Continued From page 3 Crook County Nursing Home, a skilled nursing facility... consistent with good dental practices: 2. Periodically participates in inservice education of the staff, at least annually."	S3022		

09-16-13