WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0023	A. BUILDING _____ B. WING _____	10/23/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR LIVING CENTER	4305 S POPLAR CASPER, WY 82601

(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 Regulationsfor Program Administration of Nursing Care Facilities Chapter 11. Section 14. Dental Services 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 inservice education meetings shall be in writing. This standard was not met as evidenced by: Based on record review and staff interview, the facility failed to ensure an advisory dentist participated in reviewing inservice education on oral hygiene. The findings were: Record review revealed no evidence a dentist was consulted to provide input to the facility's dental inservice education. During an interview on 10/22/09 at 11:48 PM, the administrator stated a dentist had not been involved in providing input into the facility's dental inservice education for several years. Wyoming Department of Health Aging Division Rules and Regulation 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.	SNH	**Dental Services** **Corrective Action:** **Dr. Steve Johnson, DDS reviewed and signed his approval to our dental education program** **The dental inservice program has been approved for further future education** **Corrective Date: 10/23/09** 10/23/09	

Dennis Toland

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 11/13/09

STATE FORM 6899 D6B411 If continuation sheet 1 of 2

This POC accepted on 12/3/09 @ 1522 PM C. additions & corrections per phone conversation with Dennis Toland, Admr & Betty Nelson RN, State Health Surveyor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0023	A. BUILDING _____ B. WING _____ 12/3/09	10/23/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR LIVING CENTER	4305 S POPLAR CASPER, WY 82601

(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 (i) If the qualified supervisor is not a Registered Dietitian, she/he shall be a graduate of a dietetic technician program approved by the American Dietetic Association or a dietary manager's 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 assure the kitchen manager was a Registered Dietician, a graduate of a dietetic technician or certified dietary manager's program (CDM). The findings were: During an interview with the kitchen manager on 10/22/09 at 3 PM, the manager stated she enrolled in an online certified dietary manager's program through the University of North Dakota approximately one year ago. She also stated she had not yet completed the first lesson. Interview with the facility's consultant registered dietitian on 10/23/09 at 2:14 PM confirmed the manager had not yet finished the CDM coursework.	SNH	**Dietary Manager** **Corrective Action:** **Dietary Manager enrolled in Management course and classes begun. Two (2) lessons a month will be submitted for approval.** **Corrective Date: June 30, 2010** By the 5th of each month, progress on the dietary manager's course will be submitted to the State until completion at which time the certificate of completion will be submitted. DO	