Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0018	A. BUILDING: ___ B. WING ___	10/04/2013

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Healthcare Licensing and Surveys

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHABII	3128 BOXELDER DRIVE CHEYENNE, WY 82001

(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
S2900	Ch 11 Sec 5 (a)(i) 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 by the Wyoming Board of Nursing Home Administrators. (A) The administrator shall have a current license as a Wyoming Licensed Nursing Home Administrator. This State Rules and Regulations is not met as evidenced by: Based on staff interview and review of licensure, the facility failed to ensure the acting administrator was licensed by the state of Wyoming. The findings were: a. Interview with the administrator on 10/2/13 at 4:30 PM revealed he had been acting as the intermittent administrator for the facility for, "about the last 4 weeks." The interview further revealed he had submitted an application for a temporary WY license, but had not completed the application process. b. Verification of the acting administrator's license on 10/3/13 at 10:00 AM confirmed the Wyoming Board of Nursing Home Administrators had received the administrator's application, however, the application process had not been completed and the administrator was not licensed by the state.	S2900	S2900 **Corrective Action:** The governing body has appointed a full-time, on-premise, administrator, qualified by education, training and experience and licensed by the state of Wyoming. The interim NHA will start 10/31/13 **Identification of Others:** Not applicable **Systemic Changes:** When there is a change in Administrators, the governing body will ensure that there is a full-time, on-premise, administrator, qualified by education, training and experience and licensed by the state of Wyoming. The Wyoming Department of Health will be notified of changes in administrators. **Monitoring:** The District Vice-President of Operations (DVPO) for the Nursing facility will ensure an administrator licensed by the State of Wyoming is continually employed at the facility.	10/31/13

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kary Summerville	RN DNS	10.28.13

11/8/13 POC accepted by telephone ē (administrator) @ 2 pm anthropy Janis ē [illegible]