PoC accepted PP

Healthcare Licensing and Surveys

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WY Dept of Health
NOV 08 2013
Healthcare Licensing and Surveys

PRINTED: 10/31/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0001	A. BUILDING: ___ B. WING ___	10/17/2013 PP

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIE HOLT CARE CENTER	497 W LOTT BUFFALO, WY 82834

(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
S3001	Ch 11 Sec 11 (a)(i) Dietetic Services The facility shall provide dietetic services that meet the nutritional needs of residents according to the science of nutrition. The dietetic service shall operate with safe food handling practices from receipt through service in accordance with the most current edition of the FOOD CODE from the U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration. (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, she/he shall be a graduate of a dietetic technician program approved by the American Dietetic Association or a dietary's managers' educational program approved by the Certifying Board of Dietary Managers. Training and experience in food service supervision and nutrition equivalent in content to the approved educational programs are acceptable. This State Rules and Regulations is not met as evidenced by: Based on staff interview, the facility failed to ensure the dietary manager was qualified. The findings were: An interview with the dietary manager on 10/16/13 at 10:05 AM revealed she had not completed a Certified Dietary Manager program. She further stated she intended to enroll in a dietary program, but had failed to have a specific date to enter a program. She further confirmed	S3001	Amie Holt Care Center will ensure that the overall supervision for the dietetic services will by assigned to a full-time qualified dietetic supervisor by: A) Dietary supervisor enrolled in a Nutrition and Foodservice Professional Training Program through the University of North Dakota for Certified Dietary Manager on November 4, 2013. She plans to complete the course in 12 months. B) The AHCC administrator will be responsible for monitoring the training quarterly and making sure the Dietary Manager completes certification. C) The AHCC administrator will submit monthly progress notes to the Department of Health.	~~11/30/2013~~ 11/30/2014

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 11/8/13

STATE FORM 6899 Z13311 If continuation sheet 1 of 2

11/7/13 3:15 PM POC accepted with addendum per telephone call with Brenda Gorm.

11/22/13 t.c c Brenda Gorman - PoC date changed to 11/30/14. PRivera, RD

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S3001	Continued From page 1 she had no other credentials for a dietary manager.	S3001		