Wyoming Dept of Health - Office of Healthcare Licensii

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0027	A. BUILDING _____ B. WING _____	04/23/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE VALLEY	60 MAGNOLIA CASPER, WY 82604

(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	State Rules and Regulations Wyoming Department of Health Rules and Regulations for Program Administration of Nursing Care Facilities Chapter 11 Section 5. Organization and Administration (b) (iv) (A) Tuberculin testing shall be accomplished for each employee upon employment and before resident contact begins and annually thereafter. This requirement is not met as evidenced by: Based on review of personnel records and staff interview, the facility failed to ensure tuberculin testing was completed prior to resident contact for one of five sample employees reviewed for this test. The findings were: Review of personnel files showed employee #10 received a tuberculin test that had been negative on 2/18/09. Further review showed the employee's date of hire was 2/2/09. After checking with the facility's maintenance director, the director of nursing reported on 4/23/09 at 9:45 AM that the employee first had contact with residents on 2/2/09, sixteen days before the tuberculin test was read.	S 000	S000 The facility will administer tuberculin testing upon employment of each employee and before resident contact. This will be accomplished by: 1. Employee #10 had a negative PPD administered and read 2/18/09 with hire date of 2/2/09. 2. Any employee hired will have PPD test administered upon offer of employment and before resident contact. 3. Department heads will be in-serviced to the deficiency. 4. Employee Infection Control Coordinator or designee will confer with HR daily for any new hires scheduled for mini general orientation to ensure PPD completed before resident contact. 5. The DON or designee will report audit results to the QA team no less than quarterly.	6/4/2009 6/4/2009 6/4/2009 6/4/2009 6/4/2009

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S (SIGNATURE) CEO/Adm — TITLE — (X6) DATE 5-15-09

STATE FORM 6899 UTQ711 If continuation sheet 1 of 1

POC accepted & Called - Karen Jones, DON on 5/21/09 @ 1:35 pm

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