Healthcare Licensing and Surveys

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY Dept of Health	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SEP 05 2013	A. BUILDING: _____ B. WING _____	08/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUGLAS CARE CENTER LLC	109 BIRCH STREET DOUGLAS, WY 82633

Healthcare Licensing and Surveys

(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	SNH		
	This State Rules and Regulations is not met as evidenced by: Wyoming Department of Health Aging Division Rules and Regulations for Program Administration of Nursing Care Facilities. Chapter 11. Section 11. Dietetic Services 1. (a)(i) If the qualified supervisor is not a Registered Dietitian, S/he shall be a graduate of a dietetic technician program approved by the American Dietetic Association or a dietary managers' 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. Based on staff interview and review of enrollment materials, the facility failed to ensure the minimum qualifications were met for the dietary manager. The findings were: Interview with the dietary manager on 8/12/13 at 1:45 PM revealed she was enrolled in a certification program. Review of the enrollment information showed she was enrolled in the "Nutrition & Foodservice Professional Training Program" through the University of North Dakota on 5/23/13 with an expected graduation date of 5/23/14. Interview with the registered dietitian on 8/13/13 at 1:30 PM verified he was serving as the preceptor for the dietary manager, and she was making progress in the course work.		SNH Dietary Manager is currently enrolled in the dietary managers' educational program approved by the Certifying Board of Dietary Managers and is scheduled to be done in May of 2014 so she will test in October of 2014.	10/2014

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATE FORM 6899 9QKH11 If continuation sheet 1 of 2

POC accepted Carol & Kelli Foggo, Administrators on 9/11/13 @ 3:25p
Janeen Goins, OXIL

08/27/2013
FORM APPROVED

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 _____	08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUGLAS CARE CENTER LLC	1108 BIRCH STREET DOUGLAS, WY 82633

(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