Healthcare Licensing and Surveys



| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | WY0038 | A. BUILDING: _____ B. WING _____ | 12/05/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WYOMING RETIREMENT CENTER | 890 US HWY 20 SOUTH BASIN, WY 82410 |

| (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<br><br>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.<br><br>(a) Dietary Supervision. Overall supervisory responsibility for the dietetic service shall be assigned to a full-time qualified dietetic supervisor.<br><br>(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 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.<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on staff interview, the facility failed to ensure the dietary manager was qualified. The findings were:<br><br>Interview on 12/4/13 at 9:45 AM with the consultant dietitian revealed the dietary manager was not certified and not yet enrolled in a course to become qualified. Interview with the dietary manager on 12/4/13 at 11:30 AM verified she was | S3001 | While no specific residents were mentioned, all residents have the potential to be affected if our Dietary Manager isn't certified.<br>The facility will ensure the Dietary Manager will be certified by completing the following actions:<br>a. The Dietary Manager will enroll in the Certified Dietary Manager Course at the University of North Dakota by January 31, 2014 This program is approved by the American Dietetic Association.<br>b. The Dietary Manager will successfully complete the course by December, 2014.<br>The facility Dietician will act as the Dietary Manager's preceptor to help her with her training.<br>The facility Administrator will report to the Quality Assurance Committee compliance with this requirement at each Quality Assurance Meeting which is held quarterly.<br>Completion Date: December 31, 2014 | 12/31/2014 |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 12/20/2013

STATE FORM 6899 UOPE11 If continuation sheet 1 of 2

POC accepted. Case to Rick Dunlavy, Administrator, on 1/2/14 @ 1:30pm [signature], QMRC

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | WY0038 | A. BUILDING: _____ B. WING _____ | 12/06/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WYOMING RETIREMENT CENTER | 890 US HWY 20 SOUTH BASIN, WY 82410 |

| (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 | Continued From page 1<br>not enrolled in any course; however, she stated there was a plan to have her enrolled within the next month. The manager further revealed she had some food service experience but it was many years ago. | S3001 | | |