

Approved 2/12/14. Notified NHA at 3:30 pm
Linda Brown RN

PRINTED: 01/23/2014
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/09/2014
NAME OF PROVIDER OR SUPPLIER POPLAR LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4305 S POPLAR CASPER, WY 82601		
(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 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 Rule and Regulation is not met as evidenced by: Based on staff interview and review of enrollment information, the facility failed to ensure the dietary manager was qualified. The findings were: Interview with the dietary manager on 1/8/14 at 6:35 AM revealed she had worked with restaurants in the past and had a ServeSafe (food safety) certification. The manager verified she was recently enrolled into the training	S3001	"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law." This plan of correction is the facility's credible allegation of compliance. S3001 It is the practice of the facility to employ a full-time, qualified dietetic supervisor. Corrective Action: The Dietary Manager is currently enrolled in a qualified Dietary Managers Education Program. The facility Registered Dietician is serving as her preceptor in the Education Program. She will complete her program by February of 2015. 2/28/15 BB Identification of Other: N/A Systematic Changes: Facility will seek to hire qualified Dietary Managers in the future.	

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Teresa J. Ralph, NHA

TITLE

Administrator 2/3/14

(X6) DATE

STATE FORM

6609

3HXL11

If continuation sheet 1 of 2

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S3001	Continued From page 1 program for dietary managers at the University of North Dakota (UND). She provided an email verification of payment. Review of the printed email showed payment had been received for the UND course on 1/6/14.	S3001	Monitoring: Registered Dietician will report progress of Dietary Manager in her education program monthly to the Wyoming Department of Health and the facility QAPI committee.		

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