Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0024	A. BUILDING: _____ B. WING _____	04/24/2014

RECEIVED
WY Dept of Health
JUN 03 2014
Healthcare Licensing and Surveys

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POWELL VALLEY CARE CENTER	777 AVENUE H POWELL, WY 82435

(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
S3047	Ch 11 Sec 19 (a)(iii) Grievances and Complaints (a) Every resident in a Nursing Care Facility shall have the right to: (iii) Have available in a conspicuous place telephone numbers and addresses of the Long-Term Care Ombudsman, Protection and Advocacy, the local Department of Family Services Adult Protection office, the Medicaid Fraud Control Unit, the Wyoming State Survey Agency, and the facility's grievance/complaint representative. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the address and telephone number of the State Survey Agency was available with the correct contact information for the residents. The findings were: Observation on 4/23/14 at 4:40 PM, with the social worker, revealed the board displaying the contact information for the State Survey Agency was incorrect. The address showed the agency's location on Carey Avenue. The Agency had relocated 5 years ago. Further, the contact telephone number was incorrect. During an interview with the social worker at that time, she acknowledged the address and telephone number needed to be corrected.	S3047	The facility shall ensure that the address and telephone number of the State Survey Agency is available with the correct contact information for the residents. 1. A. The Social Services Director has posted the updated contact information for the State Survey Agency on the display board. B. All residents, visitors, and staff members have the potential to be affected by failure to ensure that the address and telephone number of the State Survey Agency is available with the correct contact information. C. The Social Services/Recreation Director or designee will complete monthly monitoring to ensure the contact information displayed on the board remains up-to-date. D. The Social Services/Recreation Director will aggregate monthly data and report results to the Administrator, Care Center Medical Director, and Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance. Completion Date 06/06/2014	6/10/14 CC

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nicole OSterniLeu BSN RN	Administrator	5/16/14

STATE FORM 6899 IH0K11 If continuation sheet 1 of 1

POC accepted 6/10/14 CChapman RN