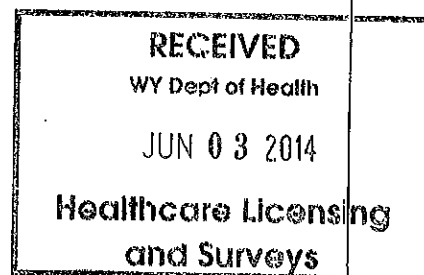


Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	RECEIVED WY Dept of Health MAY 12 2014	(X3) DATE SURVEY COMPLETED 04/17/2014
NAME OF PROVIDER OR SUPPLIER THERMOPOLIS REHABILITATION AND CARE C		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 1325 THERMOPOLIS, WY 82443		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)	(X6) 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 4/16/14 at 11:45 AM revealed she was not certified, and was enrolled in a course through the University of North Dakota. Review of the enrollment information showed the manager was enrolled in	S3001	Preparation and execution of this plan of correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in statement of the deficiencies. The plan of correction is prepared and/or solely because it is required by the provisions of federal state and law. Completion dates are provided for procedural processing purposed and correlate with the most recently contemplated or accomplished corrective action and do not necessarily correspond chronologically to date. The facility is of the opinion it was in compliance with requirements of participation or that corrective action was taken. Please see attached letter. Dietary manager is enrolled in Nutrition and Food Service Professional Training Program. Expected completion date is 3/10/15.	03/10/15	



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

TITLE

(X8) DATE

STATE FORM

6899

ZUS611

Administrator 5/10/14

If continuation sheet 1 of 2

Changes made per phone call with Toiwa Hemi, NHA on 5/29/14 @ 8:16am.
POC accepted. Janice Galt 10/2/14

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/17/2014
NAME OF PROVIDER OR SUPPLIER THERMOPOLIS REHABILITATION AND CARE C			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 1325 THERMOPOLIS, WY 82443		
(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 the "Nutrition & Foodservice Professional Training Program" on 3/10/14 with an expected completion date of 3/10/15.	S3001			