PRINTED: 11/22/2013
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
	WY0025	A. BUILDING: _____ B. WING _____	11/07/2013

RECEIVED
WY Dept of Health
DEC 04 2013
Healthcare Licensing

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE - EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

ae 12/23/13

(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's 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 provided information, the facility failed to ensure the dietary manager was qualified. The findings were: Interview with the dietary manager on 11/4/13 at 5 PM revealed she was enrolled in a certified dietary managers course through the University of North Dakota. The manager stated she had completed about 50% of the course, and found it difficult to devote time to the assignments and	S3001	S3001 The dietary manager will devote time each week to completion of her coursework. The course will be completed by 6/30/2014. 1- verification of enrollment 2- Needs to include monthly progress reports	

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nancy Rose	ADMINISTRATOR	12/4/13

Healthcare Licensing and Surveys

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S3001	Continued From page 1 study. Review of typed information provided by the facility showed the dietary manager started the Nutrition and Food Service Professionals Training Program on 9/3/12 with an expected completion date of May 2014. There was nothing official provided through the university to verify the enrollment or expected completion date. According to the University of North Dakota web-site for the non-credit course titled "Nutrition and Food Service Professionals Training Program", "You have 12 months to complete your course. If you need more time, you may purchase a maximum of two 6-month extensions for $50 per extension. Your 6-month extension will start from your original completion date." (http://distance.und.edu/noncreditcourse/about/?id=nfptp&page=2045). Accessed on 11/13/13.	S3001		