PRINTED: 11/21/2014
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
	WY0001	A. BUILDING _____ B. WING _____	11/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIE HOLT CARE CENTER	497 W LOTT BUFFALO, WY 82834

(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 11/5/14 at 10:56 AM verified she was enrolled in a professional training program for dietary managers. Review of the enrollment information showed an extension was purchased which	S3001	Amie Holt Care Center will ensure that the overall supervision for the dietetic services will by assigned to a full-time qualified dietetic supervisor by: A) Dietary supervisor enrolled in a Nutrition and Foodservice Professional Training Program through the University of North Dakota for Certified Dietary Manager on November 4, 2013. She planned to complete the course in 12 months, but is just completing chapter 11. She purchased an extension and plans to be done by 5/18/15. B) The AHCC administrator will be responsible for monitoring the training quarterly and making sure the Dietary Manager completes certification. C) The AHCC administrator will continue to submit monthly progress notes to the Department of Health.	01/06/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

11/25/14

Accepted with changes 12/9/14 1104m SQuicklin RN

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S3001	Continued From page 1 allowed for an additional 6 months to complete the University of North Dakota course. The new completion date for the course was shown as 5/18/15.	S3001		

LQ RN