POC accepted 3/30/09 Janeece Coulter 07XP11

PRINTED: 03/11/2009
FORM APPROVED

Wyoming Dept of Health - Office of Healthcare Licensi

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0021	A. BUILDING _____ B. WING _____	02/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER MANOR NURSING HOME	900 W 8TH ST GILLETTE, WY 82716

(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
S 000	State Rules and Regulations Wyoming Department of Health Aging Division Rules and Regulations for Program Administration of Nursing Care Facilities. Chapter 11. Section 6. Physical Environment. (a) (iv) Shower/bath and resident lavatories shall be set to provide water of a temperature not to exceed 110 degrees Fahrenheit. This standard is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure water temperatures did not exceed 110 degrees Fahrenheit (F) in 4 of 4 neighborhoods. The findings were: 1. Observation on 2/25/09 at 9:30 AM revealed the following water temperatures at sinks: a. Room #219 - 120 degrees F b. Room #215 - 122 degrees F c. Room #209 - 122 degrees F d. Room #102 - 126 degrees F e. Room #111 - 124 degrees F f. Room #308 - 120 degrees F g. Room #315 - 120 degrees F h. Room #522 - 134 degrees F i. The women's bathroom outside of the chapel - 130 degrees F. 2. Interview on 2/25/09 at 10:15 AM with maintenance technician #1 revealed they took temperatures at the resident sinks about once a month, but did not document any of the checks. He stated when the temperatures were checked, they were "usually 120 to 123 degrees."	S 000	S 000 Chapter 11 Section 5: The facility will ensure that all staff will have a yearly TB test. This will be accomplished by having a report of compliance for all employees at Long Term Care which will be developed by the Employee Health Nurse and Director of Nursing. 1. Employee Health will develop flow sheet 2. Report will be given to DON monthly. 3. Tracking sheet will be kept in a folder in the DON's office. 4. If TB test is not completed by the 12/31 of the year we are in, employee will not be allowed to work until testing is completed. Employee #1 has received TB testing. Sect 6: Plant operations adjusted mixing values which resolved the problem of water temps greater than 110°. Will monitor water temperatures on a periodic basis.	~~4/30/09~~ 4/17/09 4/17/09 ~~9/10/07~~

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE 3/20/09

STATE FORM 6899 07XP11 If continuation sheet 1 of 2

Changes made per phone call with George Minder, Admin on 3/30/09 @ 1130 am. jc

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S 000	Continued From page 1 Wyoming Department of Health Aging Division Rules and Regulations for Program Administration of Nursing Care Facilities Chapter 11 Section 5 Organization and Administration (b) (iv) (A) Tuberculin testing shall be accomplished for each employee upon employment and before resident contact begins and annually thereafter. This Regulation is not met as evidenced by: Based on review of personnel records and staff interview, the facility failed to ensure tuberculin (TB) testing was completed on a yearly basis for 1 of 6 sample employees reviewed for this test. The findings were: Review of personnel records showed employee #1 received a TB test on 8/22/07, but there was no evidence in the record that this employee was tested during 2008. During an interview on 2/26/09 at 2:45 PM, the employee health nurse confirmed employee #1 had not been tested for tuberculosis in 2008.	S 000	S 000 Chapter 11 The facility will ensure that all staff will have a yearly TB test. This will be accomplished by having a report of compliance for all employees at Long Term Care which will be developed by the Employee Health Nurse and Director of Nursing. 1. Employee Health will develop flow sheet 2. Report will be given to DON monthly. 3. Tracking sheet will be kept in a folder in the DON's office. 4. If TB test is not completed by the 12/31 of the year we are in, employee will not be allowed to work until testing is completed.	