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Healthcare Licensing and Surveys

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PRINTED: 09/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	WY0028		08/20/2015

NAME OF PROVIDER OR SUPPLIER: SHERIDAN MANOR

STREET ADDRESS, CITY, STATE, ZIP CODE: 1851 BIG HORN AVE, SHERIDAN, WY 82801

(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, the facility failed to ensure the dietary manager was qualified. The findings were: Interview with the dietary manager on 8/20/15 at 8:53 AM revealed he was not a certified dietary manager (CDM) or its equivalent. He further stated he was enrolled in a certification program, and he expected to graduate from the program in	S3001	Corrective Action: The Dietary Manager is presently enrolled in the University of Florida's Dietary Managers Program. Sheridan Manor has a Registered Dietitian that visits the facility every Monday and Thursday to assist present Dietary Manager. Identification of Others: The facility employs only Dietary Managers. Systems/Measures: The Administrator will submit a monthly report to the state updating the Dietary Managers progress towards the completion of the program. He is scheduled to complete the program in October 2016. The NHA or designee will conduct a thorough QAPI committee meeting to identify any additional concerns and take corrective actions as needed.	10/31/16

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bruce Allen | TITLE: Administrator | (X6) DATE: 9/11/15

STATE FORM 47HO11 If continuation sheet 1 of 2

POC accepted. DOC - 10/31/16 per phone call with Bruce Allison, NHA on 10/21/15 @ 8:35am. Janaie Carl 10/21/

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S3001	Continued From page 1 2016.	S3001	Monitoring: The Administrator and the Registered Dietitian will monitor for compliance. Data obtained by the way of monthly progress reports will be reported to the QAPI committee. QAPI committee will evaluate based on monthly progress letters on the trends and interventions needed to ensure compliance with dietary services.	