POC for State TAG 000 accepted 3/14/08 0830 with day of compliance 9/30/08. Facility to send [illegible] per telephone call with Donna Schultz [illegible]

PRINTED: 02/08/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0036	A. BUILDING ______ B. WING ______	01/31/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWARD HEIGHTS CARE CENTER	**150 CARING WAY LANDER, WY 82520**

(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 Rules and Regulations for Program Administration of Nursing Care Facilities Section 11. Dietetic Services (a) (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 for Dietary Managers. Training and experience in food service supervision and nutrition equivalent in content to the approved educational programs are acceptable. This Standard was not met as evidenced by: Based on staff interview the facility failed to ensure the minimum qualifications were met for the dietary manager. The findings were: Interview with the dietary manager and the consultant dietician on 1/30/08 at 1:50 PM revealed the dietary manager was enrolled in the University of North Dakota certified dietary managers course. However, in the past year, the progress of completing the course was delayed. At the time of the interview, a completion date was unknown.	S 000	Submission of the plan of correction shall not be construed as a waiver of this provider's right to contest any and all deficiencies, nor is such submission an admission that the facts are as alleged or that any regulatory violations occurred. The Dietary Manager is enrolled in the Certified Dietary Manager course. The Registered Dietitian is the preceptor for this course. A six month time extension has been purchased by the facility to allow the Dietary Manager additional time (Sept 30, 2008) to complete all units of the course. Dietary wages have been revised to enhance recruitment and retention of dietary staff so that the Dietary Manager does not have to fill in on open shifts. The Dietary Manager has been excused from many facility meetings to give her more time for course completion. The Dietitian preceptor has a standing offer to assist the DM with course completion every Tuesday night at the library. The DM and RD preceptor will meet with the Administrator monthly to review progress of course completion.	~~3/31/08~~ 9/30/08

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Donna Schultz   TITLE: Administrator   (X6) DATE: 2/25/08

STATE FORM   6899   UJOU11   If continuation sheet 1 of 1

FEB 26 2008