

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/08/2015
NAME OF PROVIDER OR SUPPLIER DOUGLAS CARE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1108 BIRCH STREET DOUGLAS, WY 82633		
(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	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11, effective 06/26/2000 Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000 A relicensure survey was conducted by Healthcare Licensing and Surveys at Douglas Care Center on 10/5/15 - 10/8/15.	S 000		
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.	S3001		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM *[Signature]*

TITLE

NHTA

(X6) DATE

10/24/15

6800

KKZR11

If continuation sheet 1 of 2

RECEIVED

WY Dept of Health

OCT 29 2015

Healthcare Licensing
and Surveys

*accepted. Care to Karen Voge, NHTA
on 11/18/15 @ 1:46pm. Jorcen G. JNK*

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/08/2015
NAME OF PROVIDER OR SUPPLIER DOUGLAS CARE CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1108 BIRCH STREET DOUGLAS, WY 82533		
(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	Continued From page 1 This State Rule and Regulation is not met as evidenced by: Based on staff interview, the facility failed to ensure there was a qualified supervisor of dietary services. The findings were: Interviews on 10/5/15 at 3 PM and 10/8/15 at 10:15 AM with the director of nursing (DON) revealed the facility did not have a dietary manager. The DON stated the previous dietary manager left about 4 to 8 weeks ago. She stated the facility was in the process of hiring a new manager, who would have to enroll in the certified dietary manager course.	S3001	<u>S3001</u> 1. The facility will ensure that there is a dietetic service that meets the nutritional needs of our residents with a full-time qualified dietetic supervisor. 2. The facility will provide a graduate of a dietetic technician program approved by the American Dietetic Association or dietary manager's education program approved by the Certifying Board of Dietary Managers. 3. Once the employee starts the class, an update will be sent to the state and to facility's QAPI on a monthly basis.	10/31/16	