

*Per phone call with Rod Barton
11/1/07 accepted with correction 2/10/08*

PRINTED: 10/18/2007
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2007
NAME OF PROVIDER OR SUPPLIER POWELL VALLEY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 777 AVENUE H POWELL, WY 82435		
(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 State Standards Rules and Regulations for Program Administration of Nursing Care Facilities 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 Standard was not met as evidenced by: Based on review of employee health records and staff interview, the facility failed to ensure Tuberculin testing was completed prior to resident contact for one (#6) of five new employee records reviewed. The findings were: 1. Review of employee health files revealed certified nurse aide (CNA) #6 was hired on 6/21/07. Interview with the nursing administrative staff revealed the CNA's first shift with resident contact was 6/22/07. Further review of the health record revealed the Mantoux Purified Protein Derivative (PPD) skin test for tuberculosis was not administered until 6/24/07, which was after resident contact.	S 000	S000 The facility will ensure that tuberculin testing will be accomplished for each employee before resident contact begins and annually thereafter. A. Employee #6 is no longer employed by this facility. B. All residents have the potential to be exposed to TB if tuberculin testing is not completed for each employee before resident contact begins. C. To avoid missing new employees, TB skin tests will be done and read during pre-employment prior to any patient assignment and / or the employees first day of work. D. An audit will be performed by the infection control nurse to ensure that all employees received TB skin tests prior to direct resident contact. Results will be aggregated quarterly and reported to the Vice President of Resident Care Services, Medical Director, and Quality council.	11-16-07

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6869

R17W11

TITLE
CEO

(X6) DATE

10-29-07

If continuation sheet 1 of 1

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