PRINTED: 12/17/2015
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0042	A. BUILDING: ______ B. WING ______	12/03/2015

NAME OF PROVIDER OR SUPPLIER: GREEN HOUSE LIVING FOR SHERIDAN

STREET ADDRESS, CITY, STATE, ZIP CODE: 2311 SHIRLEY COVE, 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
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	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	GHLS will ensure that the supervisor of dietetic services 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. This will be accomplished by: 1. The dietary manager is enrolled in the University of North Dakota dietary manager online course effective August, 2015. She has one year to complete the program. 2. The consultant RD is working with the dietary manager as a preceptor, and evaluating each assignment. The RD will be sending her evaluations of each assignment to the college instructor, and will spend additional time as needed to evaluate the dietary manager's assignments. Tests will be proctored by the Director of Nursing. Continued Next Page	08/31/2016

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chris Szymanski | TITLE: Administrator | (X6) DATE: 12/23/15

POC accepted. Call to Chris Szymanski, NHA on 2/17/16 @ 1:45pm. Janelle C

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S3001	Continued From page 1 This State Rule and Regulation is not met as evidenced by: Based on staff interview and review of course enrolment information, the facility failed to ensure dietary manager requirements were met. The findings were: Interview with the dietary manager on 12/3/15 at 9:35 AM revealed she had some training in food safety and was ServeSafe Certified. The manager verified she was enrolled in the University of North Dakota "Nutrition & Foodservice Professional Training Program" and had started the program in August 2015. Review of the registration confirmation showed the manager was enrolled on 8/18/15 and the program required 1 year to complete.	S3001	Continued S-3001: 3. GHLS will send a monthly report to the Office of Health Care Licensing and Surveys regarding the dietary manager's progress in the course. 4. The dietary manager will be completed in August, 2016, or sooner, depending on the response time of the college instructor.	