originally approved 1/6/09 - reapproved on correct form 1/12/09 Karla Hobbs

PRINTED: 12/23/2008
FORM APPROVED

Wyoming Dept of Health - Office of Healthcare Licensi

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0029	A. BUILDING _____ B. WING _____	12/11/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH CENTRAL WY HEALTHCARE &	542 16TH STREET RAWLINS, WY 82301

(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 Wyoming Department of Health Aging Division Rules and Regulations for Program Administration of Nursing Care Facilities. Chapter 11. Section 5. Organization and Administration. (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 personnel files and staff interview, the facility failed to assure tuberculin testing was completed prior to resident contact for 4 (#1, #2, #3, #4) of 6 employees reviewed. The findings were: Review of personnel files revealed the following concerns: a. Employee #1 was hired on 11/18/08. Review of tuberculin testing showed the results of the testing were not read until 11/20/08. b. Employee #2 was hired 11/5/08. Review of tuberculin testing showed the results were not read until 11/7/08. c. Employee #3 was hired on 9/8/08. The results of the tuberculin testing were not read until 9/11/08. d. Employee #4 was hired 9/2/08. The results of the tuberculin testing were not read until 9/4/08. On 12/11/08 at 9:45 AM the staff person responsible for the personnel records provided the surveyor a list with the dates the employees	S 000	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* **S-000 TB Testing** **Corrective Action for Identified Residents** TB test will be given and read for all new hires prior to starting on the floor. **Identification of Residents with potential to be affected** All residents have the potential to be affected. **Corrective Action to Prevent Recurrence** The Staff Development Coordinator will in-service hiring department managers on TB testing and new hires. **Monitoring/Quality Assurance** The Executive Director or designee audit new hires for appropriate TB testing for 3 months. At the completion of the audits the Executive Director or designee will report compliance to the Performance Improvement Committee (Quality Assurance). The Committee will then determine the need for	Jan 12 2009

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: EXECUTIVE DR. — (X6) DATE: 1/5/09

STATE FORM 6899 — If continuation sheet 1 of 2

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Office of Healthcare Licensing and Surveys

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S 000	Continued From page 1 would have actually started working. The dates were the same as the "hired on" dates. During an interview on 12/11/08 at 9:50 AM, the infection control nurse stated the results of tuberculin testing were not read prior to employees starting work.	S 000	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* any further audits/reports. **Responsible Party** **The Executive Director will be responsible for continued compliance.** **Correction Date** **January 12, 2009**	