

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2016
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF CHEYENNE		STREET ADDRESS, CITY, STATE, ZIP CODE 1330 PRAIRIE AVENUE CHEYENNE, WY 82009		
(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	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. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the dietary manager requirements were met. The findings were: Observation in the 2 facility kitchens during the 3/17/16 survey showed there were areas identified related to food safety and sanitation. These areas included failure to sanitize food preparation surfaces, improper glove use and	S3001	S3001 The facility shall provide dietetic services that meet the nutritional needs of residents according to the science of nutrition. Overall supervisory responsibility for the dietetic service shall be assigned to a full-time qualified dietetic supervisor. A) The facility shall enroll the full-time dietary supervisor in an accredited certified dietary supervision program before 5/1/16. B) The facility will ensure that the full time dietary supervisor completes the accredited dietary supervisory program and is certified or will find a certified dietary supervisor to fulfill the requirement before 5/1/17. Once the employee starts the class, an update will be sent monthly to the state. st	5/1/2017

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

TITLE

(X6) DATE

STATE FORM

5899

TIU211

If continuation sheet 1 of 2

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APR 08 2016
Healthcare Licensing

PoC accepted with changes.
Spoke with Bryan Merrell
4/12/16 at 2:50pm.
SPOC, state surveyor

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S3001	Continued From page 1 hand washing, and improper storage of raw foods with ready-to-eat foods. Interview with the dietary manager on 3/17/16 at 9:30 AM verified she was certified in the ServeSafe program (nationally recognized food safety program) however, she had no other education or qualifying experience with nutrition and dietary requirements. The manager also verified she was not enrolled in an educational program and she desired to become qualified as a dietary manager. Interview with the registered dietitian on 3/17/16 at 11:45 PM verified she spent the majority of her time with the clinical nutrition needs of the facility and she was unable to consistently complete the monthly reviews related to food safety and sanitation. Interview with the administrator on 3/17/16 at 11:20 AM revealed additional education of the dietary manager would benefit the facility.	S3001			