WDH - Office of Healthcare Licensing and Surveys

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 _____	08/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH CENTRAL WYO HEALTHCARE & REH/	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
SNH	LIC REGS FOR NURSING HOMES This State Rules and Regulations is not met as evidenced by: Section 11. Dietetic Services 1. (a)(i) If the qualified supervisor is not a Registered Dietitian, S/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 for Dietary Managers. Training and experience in food service supervision and nutrition equivalent in content to the approved educational programs are acceptable. This standard was not met as evidenced by: Based on staff interview and review of enrollment materials, the facility failed to ensure the minimum qualifications were met for the dietary manager. The findings were: Interview with the dietary manager on 8/11/10 at 8:51 AM revealed she was enrolled in the certification program through the University of North Dakota. According to her interview and review of the enrollment materials, the enrollment date was 5/18/10, with an expected graduation date of one year (May 18, 2011).	SNH	Currently our RD's Scheduled hours meets the clinical and administrative needs of the facility. The Dietary Manager (DM) has enrolled in a certified program through the University of North Dakota on 5/18/10. A date of completion timeline for each lesson in the CDM course has been presented to the Executive Director (ED) on 9/1/10. The DM will submit a progress report to the ED at the monthly Performance Improvement Committee (PIC) which will be forwarded to the Dept. of Healthcare Licensure and Survey as evidence of compliance. The RD will hold a monthly dietary staff in-service. The content and attendance sheet will be presented to the ED at the monthly PIC meeting. Any non-compliance will be addressed by the ED at the PIC meeting with corrective actions taken when necessary.	The projected date of completion is 5/18/11. 5/18/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Exec. Dir — (X6) DATE: 9/3/10

STATE FORM 6899 — 9LLJ11 — If continuation sheet 1 of 1

This POC agreed to on 9/20/10 with agreed to changes between Tony Jones, Admin Asst and Tony Madden

RECEIVED
Wyoming Dept of Health
SEP 05 2010
Office of Healthcare Licensing and Surveys

9/15/10