

WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0099	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		Office of Healthcare Licensing and Surveys (X3) DATE SURVEY COMPLETED 05/26/2011
NAME OF PROVIDER OR SUPPLIER STAR VALLEY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 110 HOSPITAL LANE AFTON, WY 83110		
(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 5. Organization and Administration. (a) Governing Body. The Nursing Care Facility shall have a governing body which has the legal authority and responsibility to operate the Nursing Care Facility. The governing body shall: (i) Appoint a full-time, on premise, administrator qualified by education, training and experience as established by the Wyoming Board of Nursing Home Administrators. (A) The administrator shall have a current license as a Wyoming Licensed Nursing Home Administrator. Based on staff interview, the facility failed to ensure there was a full-time administrator. The findings were: On 5/24/11 at 2:40 PM, the director of nursing (DON) stated the administrator was now a contract employee, and was not working full-time. During an interview on 5/28/11 at 8:15 AM, the administrator stated she went to contract status on May 1, 2011. She stated she usually worked "about 15 hours" per week. She stated the person who will replace her as administrator does not yet have his Wyoming Nursing Home Administrator license.	SNH	The facility will have a full-time, on premise Qualified nursing home administrator. Don Herbert VP has applied for his nursing home Administrator license. He will be granted a License. Retiring HNA will provide on-site Consultative training and education, as Necessary. HR Director will monitor this. This will be completed by Will be monitored by facility quality improvement program. JC	July 8, 2011	

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

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

TITLE NHA

(X6) DATE

17 June 2011

STATE FORM

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Wyoming Dept of Health

If continuation sheet 1 of 1

Changes made by Janice Conlin 10/11/11 per instruction of Jean Porter, NHA during phone call on 6/27/11 JC

JUN 20 2011

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