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Healthcare Licensing and Surveys

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PRINTED: 01/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0041	A. BUILDING: ______ B. WING ______	01/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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 . A recertification and licensure survey was conducted from 1/3/17 to 1/5/17 without complaints to survey.	S 000		
S3022	Ch 11 Sec 14 (a) Dental Services (a) The facility shall have an advisory dentist who shall provide consultation, develop and participate in inservice education, and recommend policies concerning oral hygiene. Records of in-service education meetings shall be in writing. This State Rule and Regulation is not met as evidenced by: Based on dental contract review and staff interview, the facility failed to ensure staff received dental in-service education. The findings were: Review of the facility dental contract showed the facility had a consultant dentist. The contract did not specify education to staff. Interview with the DON on 1/5/17 at 3:10 PM confirmed the facility had no documentation or evidence to show staff had received dental in-service education.	S3022	South Lincoln Nursing Center does yearly oral hygeine inservices. Our 2017 inservice was scheduled and completed on February 7, 2017. This will be documented in the inservice book and in each employee's inservice tracking log. These can be viewed in the DON's office. This issue will be followed in the quality assurance program until resolution. -[initials]	2/07/17

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

2/27/17 This POC agreed to between Jesse Wiley DON & Terry Madden, Health Surveyor with agreed to changes 2/27/17