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APR 26 2017
Healthcare Licensing and Surveys

PRINTED: 02/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0034	A. BUILDING _____ B. WING _____	02/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTON COUNTY HEALTH SERVICES	1124 WASHINGTON BLVD NEWCASTLE, WY 82701

(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 licensing survey was conducted by Healthcare Licensing and Surveys on 2/6/17 through 2/9/17. The following common abbreviations are used throughout this document: ADLs: Activities of Daily Living CNA: Certified Nurse Aide DON: Director of Nursing MDS: Minimum Data Set RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	S 000	S2959 The facility will ensure that employees meet competency evaluation requirements. This will be accomplished by: ▪ License verification was printed on 12/7/16 for CNA#1 and CNA #2, Abuse registry was printed on 12/16/16 for CNA#1, and on 12/7/16 for CNA #2 all were placed in the individual's employee file. License verification for LPN #1 was printed on 12/8/16. ▪ All other existing employee files were checked on February 13th for printed license verification and for abuse registry verification. All files contained this information. ▪ Upon receipt of employment application for any licensed patient care positions: o Human Resources Assistant will print applicable license from the Board of Nursing. The license will be scanned along with the employment application being submitted for consideration.	3/23/17
S2959	Ch 11 Sec 9 (a)(v) Nursing Services The facility shall have sufficient nursing staff to meet the needs of the residents. (a) Director of Nursing Services. The facility shall designate a Registered Nurse to be a full-time director of nursing services, and he/she shall have experience in areas such as nursing service administration, rehabilitation nursing, psychiatric or geriatric nursing. The director of nursing services shall be responsible for: (v) Establishing written procedures to ensure that nursing personnel, for whom licensure or	S2959		

POC accepted on 4/26/17. The DOC is 3/23/17. DON Diane Paul-McArthur was notified 4/26/17 @ 4:50 pm.
Jean Jenni

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S2959	Continued From page 1 certification is required, have a valid and current license or certification to practice in Wyoming. Documentation shall be by a photostatic copy of each license or certificate. This State Rule and Regulation is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure employees were licensed/certified prior to resident contact for 3 of 3 employees (CNA #1, CNA #2, LPN #1) working at the facility. The findings were: 1. Review of the employee file for CNA #1 on 2/9/17 at 9 AM showed the CNA was hired on 11/15/16. Further review showed the CNA certification was not verified until 12/7/16 and the CNA abuse registry was not verified until 12/16/16. 2. Review of the employee file for CNA #2 on 2/9/17 at 9 AM showed the CNA was hired on 11/1/16. Further review showed the CNA certification was not verified until 12/7/16 and the CNA abuse registry was not verified until 12/7/16. The information to place the CNA on the registry was sent into the state survey agency on 12/7/16 since the CNA had recently received her certification on 10/20/16. 3. Review of the employee file for LPN #1 on 2/9/17 at 9:10 AM revealed the LPN was hired on 10/11/16. Further review showed the LPN's license was verified on 12/8/16. 4. Interview with the human resources coordinator on 2/9/17 at 9:12 AM revealed the facility usually checked licensure and the abuse	S2959	o At this time, in addition, if the applicant is a C.N.A. the Abuse Registry will be checked, printed, and scanned with the employment application being submitted for consideration. • A further step, as a failsafe, on orientation day, the Human Resources Assistant will provide the new employee files to the Director of Human Resources to verify the pertinent items have been completed, i.e. license copy printed, Abuse Registry, OIG, SAM, etc. prior to the new employee being allowed to leave Human Resources for their Department. This was completed March 3, 2017. • Director of Human Resources will educate all Human Resources Department staff and all nursing administration staff on March 23, 2017, on the requirements above involving verifications prior to patient contact. • Director of Human Resources will monitor all employee files to ensure compliance and report to PI committee monthly.	

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S2959	Continued From page 2 registry before staff were hired; however, she did not have evidence the verification was done prior to employment or resident contact.	S2959		