

PRINTED: 08/03/2017
FORM-APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/20/2017
NAME OF PROVIDER OR SUPPLIER DOUGLAS CARE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1108 BIRCH STREET DOUGLAS, WY 82633		
(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 licensure survey was conducted by Healthcare Licensing and Surveys on 7/17/17 through 7/20/17.	S 000		
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.	S3001		

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

TITLE

(X6) DATE

STATE FORM

RECEIVED

AUG 24 2017

Healthcare Licensing and Surveys

6899

NQBA11

Accepted

NHTA

8/24/17

If continuation sheet 1 of 2

8/25/17 with DoL 2/10/18
Catherine [Signature]

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NAME OF PROVIDER OR SUPPLIER DOUGLAS CARE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1108 BIRCH STREET DOUGLAS, WY 82533		
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S3001	Continued From page 1 This State Rule and Regulation is not met as evidenced by: Based on staff interview and review of enrollment information, the facility failed to ensure the dietary manager was qualified. The findings were: Interview with the dietary manager on 7/20/17 at 8:30 AM revealed she was enrolled in a course to complete the educational requirements for dietary managers. Review of the enrollment information showed the manager was enrolled on 2/10/17 in the "Nutrition & Foodservice Professional Training Program" through the University of North Dakota. The expected completion date was 2/10/18, 1 year from enrollment.	S3001	<u>S3001</u> a) Dietary Manager is currently enrolled in University of North Dakota. b) Expected completion date is 2/10/18. c) Dietary Manager is currently on lesson 5. d) Monthly updates of lessons and completion of the class will be submitted to State Survey Agency.	02/10/18