

Healthcare Licensing and Surveys

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>WY0042</b>               | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/11/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GREEN HOUSE LIVING FOR SHERIDAN</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2311 SHIRLEY COVE<br/>SHERIDAN, WY 82801</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| S 000                                                                      | <p><b>OPENING COMMENTS</b></p> <p>Rules and Regulations utilized for this survey are:</p> <p>Rules and Regulations for Program<br/>Administration of Nursing Care Facilities, Chapter<br/>11, effective 06/26/2000</p> <p>Rules and Regulations for Licensure of Nursing<br/>Care Facilities, Chapter 19, effective 06/26/2000<br/>A licensure survey was conducted by Healthcare<br/>Licensing and Surveys from 1/8/18 through<br/>1/11/18.</p> <p>The following common abbreviations are used<br/>throughout the document:</p> <p>NHA:       Nursing Home Administrator</p> <p>Less commonly used abbreviations will be<br/>annotated in each deficiency.</p>                                                                                                                     | S 000                                                                                    |                                                                                                                          |                                                        |
| S3001                                                                      | <p><b>Ch 11 Sec 11 (a)(i) Dietetic Services</b></p> <p>The facility shall provide dietetic services that<br/>meet the nutritional needs of residents according<br/>to the science of nutrition. The dietetic service<br/>shall operate with safe food handling practices<br/>from receipt through service in accordance with<br/>the most current edition of the FOOD CODE from<br/>the U.S. Department of Health and Human<br/>Services, Public Health Service, Food and Drug<br/>Administration.</p> <p>(a) Dietary Supervision. Overall supervisory<br/>responsibility for the dietetic service shall be<br/>assigned to a full-time qualified dietetic<br/>supervisor.</p> <p>(i) If the qualified supervisor is not a<br/>Registered Dietitian, she/he shall be a graduate</p> | S3001                                                                                    |                                                                                                                          | 3/9/18                                                 |

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

Electronically Signed

TITLE

(X6) DATE

02/02/18

Healthcare Licensing and Surveys

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| S3001                                                                      | <p>Continued From page 1</p> <p>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.</p> <p>This State Rule and Regulation is not met as evidenced by:<br/>Based on staff interview the facility failed to ensure the dietary manager qualifications were met. The findings were:</p> <p>Interview with the NHA on 1/8/18 at 4:02 PM revealed the dietary manager was not certified. Interview with the dietary manager on 1/10/18 at 11:10 AM revealed she had been the dietary manager for two years. Further, she had completed the "Nutrition &amp; Foodservice Professional Training Program" from the University of North Dakota, however, she had not completed the final examination.</p> | S3001                                                                                    | <p>1. The Green House Living for Sheridan (GHLS) Dietary Manager is a graduate of the University of North Dakota Nutrition &amp; Foodservice Professional Training Program and, consequently, is eligible to sit for the Certified Dietary Manager credentialing exam.</p> <p>2. On 1/30/18, the Dietary Manager registered for the CDM Credentialing Exam through the Certifying Board for Dietary Managers. Within one week of submitting the application, the Dietary Manager will be notified by the Association of Nutrition &amp; Foodservice Professionals via email confirmation that she meets the requirements and is eligible to sit for the exam. Once she is determined to be eligible to take the exam, there will be a 7-14 day waiting period before the e-mail from PSI/AMO (the testing agency) arrives so she can schedule her exam. Upon receipt of approval to schedule the exam, the Dietary Manager will schedule the exam.</p> <p>3. The administrator will monitor for completion of the exam and subsequent certification. Any concerns will be</p> |                                                        |

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| S3001                                                                      | Continued From page 2                                                                                                        | S3001                                                                                    | reported quarterly to the Quality<br>Assurance Performance Improvement<br>(QAPI) team.                                   |                                                        |