

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/10/2018
NAME OF PROVIDER OR SUPPLIER SOUTH LINCOLN NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 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 licensure survey was conducted by Healthcare Licensing and Surveys from 1/7/18 to 1/10/18. The following common abbreviations are used throughout the document: DON: Director of Nursing CEO: Chief Executive Officer Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S2900	Ch 11 Sec 5 (a)(i) 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 by the Wyoming Board of Nursing Home Administrators. (A) The administrator shall have a current license as a Wyoming Licensed Nursing Home Administrator. This State Rule and Regulation is not met as evidenced by:	S2900		3/31/18

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

TITLE

(X6) DATE

Electronically Signed

02/02/18

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S2900	Continued From page 1 Based on staff interview, the facility failed to ensure there was a full-time administrator. The census was 23. The findings were: Interview with the administrator on 1/10/18 at 9:40 AM revealed since July 2017 she had been acting as the CEO, administrator, and DON. During that time, she was also the DON for the hospital. A new CEO was hired and started on 1/8/18. The facility was "looking" at hiring an assistant for the administrator and the newly hired CEO was going to get his administrator's license; however, neither had occurred at that time.	S2900	DON is no longer acting as the CEO effective as of January 1, 2018. Interim Administrator will obtain nursing Home Administrators License by end of March 2018. Facility will hire DON who will be an RN by the end of March 2018. Board of Directors/CEO will ensure facility is staffed per regulations with any concerns being reported to QA/QI committee.	