

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/15/2018
NAME OF PROVIDER OR SUPPLIER WESTON COUNTY HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 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 licensure survey was conducted by Healthcare Licensing and Surveys from 3/12/15 to 3/15/18. The following common abbreviations are used throughout the document: DON: Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	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 staff interview and review of the facility-provided dental contract, the facility failed to ensure dental in-service education was provided for facility staff. The findings were: Review of the 4/13/15 "Agreement for Consultant Dental Services" showed: "Scope of Services:	S3022	Dental Office has scheduled yearly dental in-service education on 4/12/2018 @ 3pm during All-Staff Monthly Meeting. Minimum yearly dental in-service to be scheduled.	4/27/18

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

Electronically Signed

TITLE

(X6) DATE

04/06/18

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S3022	Continued From page 1 The Dental consultant agrees to provide the following professional services: ...3. Periodically participates in in-service education to the staff, at least annually." Review of the 11/3/16 "All Staff Agenda" showed a dental in-service was provided to the staff by the dental hygienist from a local dentist office. Interview with the DON on 3/13/18 at 1:05 PM confirmed 11/3/16 was the date of the most recent dental in-service provided to the staff. Further, she stated the facility was waiting for the dentist office to contact her about scheduling another in-service presentation.	S3022	Compliance will be reported to QA on an annual basis.	