

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/25/2018
NAME OF PROVIDER OR SUPPLIER GOSHEN HEALTHCARE COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 2009 LARAMIE STREET TORRINGTON, WY 82240		
(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 1/23/18 to 1/26/18.	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		5/31/19

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

TITLE

(X6) DATE

Electronically Signed

05/08/18

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/25/2018
NAME OF PROVIDER OR SUPPLIER GOSHEN HEALTHCARE COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 2009 LARAMIE STREET TORRINGTON, WY 82240		
(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
S3001	Continued From page 1 This State Rule and Regulation is not met as evidenced by: Based on staff interview and review of the RD consultant reports, the facility failed to ensure the qualifications for the dietary manager were met. The findings were: Interview with the dietary manager on 1/26/18 at 9:23 AM revealed she was not qualified by experience and had not taken any courses related to nutrition and food safety requirements. The dietary manager stated she was planning to enroll in a qualifying course; however, she needed to find a registered dietitian (RD) to serve as her preceptor. Review of the consultant RD reports showed the hours providing consultation were not full time. Interview with the administrator on 1/26/18 at 2:26 PM verified the RD was a consultant and was not full time. He further revealed he was unaware the dietary manager was not qualified.	S3001	The current dietary manager is not 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. Dietary manager shall enroll in a program offered by the University of North Dakota or a similar program that meets or exceeds the requirement as set forth in S3001 Chapter 11 Sec 11 (a)(I) Dietetic Services. The enrollment occurred on May 7, 2018 and shall be completed before May 31, 2019. Administrator or his designee shall receive monthly reports on or before the last working day of each month describing in detail the progress of the training for the month. The reports shall be presented at QAPI to assure successful progress. The state of Wyoming has likewise requested monthly progress reports and will be provided via email. If administrator or his designee determines that satisfactory progress is not being made towards certification then the employee's employment shall be terminated. If terminated the new employee will be required to satisfy the requirements of CH 11 Section 11 (a)(I) promptly.	