POC accepted 3/31/09

PRINTED: 03/18/2009
FORM APPROVED

Wyoming Dept of Health - Office of Healthcare Licensi

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0036	A. BUILDING _____ B. WING _____	03/05/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWARD HEIGHTS CARE CENTER	150 CARING WAY LANDER, WY 82520

(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	State Rules and Regulations Wyoming Department of Health, Aging Division Rules and Regulations for Program Administration of Nursing Care Facilities Chapter 11 Section 11. Dietetic Services. (a) Dietary Supervision. Overall supervisory responsibility for the dietetic services 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 for Dietary Managers. Training and experience in food service supervision and nutrition equivalent in content to the approved education programs are acceptable. This requirement is NOT met as evidenced by: Based on staff interview, the facility failed to ensure a qualified individual was in charge of the dietary department. The findings were: Interview with the dietary manager on 3/3/09 at 8:46 AM revealed she had been in the dietary manager position since March 2007; however, she was not a certified dietary manager, nor did she have the training and experience equivalent to a certified dietary manager. Further interview at that time revealed she was currently enrolled in the Certified Dietary Managers' Course through the University of North Dakota.	S 000	Submission of the plan of correction shall not be construed as a waiver of this provider's right to contest any and all deficiencies, nor is such submission an admission that the facts are as alleged or that any regulatory violations occurred. The following is to be considered our Credible Allegation of Compliance Section 11. Dietetic Service The Dietary Manager is enrolled in the Certified Dietary Manager course. The Registered Dietitian is the preceptor for this course. The Dietary Manager will be excused from many facility meetings to give her more time for course completion. The Dietary Manager has completed 2 of 16 sections of the course. The DM and RD preceptor will meet with the Administrator weekly to review progress of course completion. Date of Correction: May 15, 2009	

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 3/28/09

STATE FORM 6899 JDGS11 If continuation sheet 1 of 1

Called to Donna Schultz, Admin on 3/31/09 @ 3:30pm JC

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