WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0005	A. BUILDING _____ B. WING _____	02/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE HEALTH CARE CENTER	2700 E 12TH STREET CHEYENNE, WY 82001

(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
SNH	LIC REGS FOR NURSING HOMES	SNH	SNH Section 11: It is the practice of the facility to ensure that if the qualified supervisor is not a Registered Dietitian, s/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 educational programs are acceptable. Corrective action: Dietary Manager is currently enrolled in the certification program through the University Florida. He will complete the course and graduate by September 30th 2011. A monthly progress report will be sent to H.L.S. Identification of Others: Only the Dietary Manager is involved. Systemic Changes: The Registered Dietician will monitor the progress of the Dietary Manager's progress with the education process to ensure that the education is completed by the above stated date. Monitoring: Data obtained by way of audits will be reviewed and analyzed for patterns and trends and reported monthly to the QA&A committee by the Dietary Manager/designee. The QA&A committee will evaluate effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure continued compliance monthly times 3 months. ~~Corrective Date:Education to be completed on~~ or before September 30th, 2011.	3/24/11

This State Rules and Regulations is not met as evidenced by:
Wyoming Department of Health Aging Division Rules and Regulations for Program Administration of Nursing Care Facilities Chapter 11

Section 11. Dietetic Services

1. (a)(i) If the qualified supervisor is not a Registered Dietitian, S/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 educational programs are acceptable.

This standard was not met as evidenced by:
Based on staff interview the facility failed to ensure the minimum qualifications were met for the dietary manager. The findings were:

Interview with the dietary manager on 2/22/11 at 6:55 AM revealed he did not meet the requirement for being a certified dietary manager and was not enrolled in any certification program at that time. Interview with the administrator on 2/25/11 at 11:15 AM revealed the dietary manager was hired on 5/27/10, and they were aware of the educational requirement.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Jennifer Reaume (X6) DATE March 19, 2011

This POC agreed to with accepted changes between Jennifer Reaume, Administrator and Tony Madden on 3/24/11.

RECEIVED
Wyoming Dept of Health
MAR 21 2011
Office of Healthcare Licensing and Surveys

3/24/11