

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/08/2018
NAME OF PROVIDER OR SUPPLIER WIND RIVER REHABILITATION AND WELLNESS		STREET ADDRESS, CITY, STATE, ZIP CODE 1002 FOREST DRIVE RIVERTON, WY 82501		
(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 11/5/18 to 11/8/18.	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		12/6/18

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

TITLE

(X6) DATE

Electronically Signed

12/04/18

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S3001	Continued From page 1 This State Rule and Regulation is not met as evidenced by: Based on staff interview and review of the enrollment letter, the facility failed to ensure the dietary manager was qualified. The facility census 74. The findings were: Interview with the dietary manager on 11/8/18 at 11:15 AM revealed he was enrolled in the "Nutrition & Foodservice Professionals Training Course" through the University of North Dakota, but failed to complete the course by the 10/11/18 scheduled completion date. He also stated he had been granted an extension with a completion date of 4/11/19. Review of the enrollment letter showed the extended completion date was 4/11/19.	S3001	This plan of correction is prepared and submitted as required by law. By submitting this plan of correction, Wind River Rehabilitation and Wellness Center does not admit that the deficiency listed on this form exist, nor does the center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency. Corrective Actions Certified Dietary Manager started as Food and Nutrition services manager on 12/06/2018. Identification of Others No residents identified at risk. Systemic Changes Certified Dietary Manager started as Food and Nutrition Services Manager on 12/06/2018. Monitoring for Compliance ED to notify QAPI committee of Dietary Manager designation at next QAPI meeting.	