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 _____	R 05/05/2009

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 Section 11. Dietetic Services (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 administrator on 5/5/09 at 10:15 AM revealed the dietary manager (DM) had not completed the Certified Dietary Managers program she was enrolled in.The administrator stated a realistic goal for the DM to complete the program would be November 2009.	{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 has been excused from many facility meetings to give her more time for course completion. The Dietary Manager has submitted 2 of 16 sections of the course to the Instructor for grading. An additional two lessons will be submitted as allowed by the Instructor until all lessons have been submitted. The DM and RD preceptor will meet with the Administrator weekly	

Donna Schultz
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: Administrator

(X6) DATE: 5-26-09

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to review progress of course completion.

A monthly written update of the progress made will be sent to the Office of Healthcare Licensing and Surveys.

Upon completion of the course, documentation will be sent to verify successful completion.

Date of Completion: 11-30-2009

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