

WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/25/2011
NAME OF PROVIDER OR SUPPLIER CHEYENNE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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.		
	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		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 of Florida. He will complete the course and graduate by September 30 th 2011. <i>Progress report will be sent to WLS.</i> Identification of Others: Only the Dietary Manager is involved.	3/20/11	
	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.		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.		

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

Corrective Date: Education to be completed on or before September 30th, 2011.

(X6) DATE

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

STATE FORM

0000

KZ6911

If continuation sheet 1 of 1

Jennifer Reaume March 19, 2011
This POC agreed to with accepted change
Jennifer Reaume, Admin Supervisor and Terry Mullen on 3/24/11.

RECEIVED
Wyoming Dept of Health
March 21 2011

Office of Healthcare
Licensing and Surveys

3/24/11