PAC reviewed & approved E Jean te Wiley adm asst 7/20/05 8:45am

PRINTED: 06/30/2005
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING _____ B. WING _____ (one/blk)	06/16/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	890 HWY 20 SOUTH BASIN, WY 82410

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F 000	INITIAL COMMENTS RECEIVED JUL 14 2005 WYOMING DEPT OF HEALTH HEALTH FACILITIES F0000 State Standard Program Administration of Nursing Care Facilities Section 4.(ee): "Social Services" means those services provided according to the resident's plan of care by a Social Worker, or by a Social Service Associate with appropriate supervision as required by the Wyoming Mental Health Professions Licensing Board. (ii) "Social Service Associate means a person who has a degree in social work or closely related field and has at least one (1) year of social services experience in a health care setting; or, (A) A person who has at least two(2) years of experience in social services in a health care setting and receives and receives regular consultation from a social worker or recognized social service agency. This regulation was not met as evidenced by: Based on review of personnel file information and staff interview, the facility did not ensure the social services designee (SSD) met the requirements of a social service associate. Findings were: Review of the SSD's personnel file revealed he had been employed at the facility since 2002. Further review showed the SSD had an Associate of Science degree in social science. Interview with the facility administrator on 6/16/05 at 11 AM confirmed the educational background of the SSD. Interview with the administrator also revealed that, for as long as this SSD had been employed by the facility in the capacity of social service associate, there had been no	F 000	F0000 – State Standard The correction of this tag will be accomplished as follows: This facility will ensure that either an MSW and/or an appropriate professional will be contracted for or transferred in to provide supervision as required by the Wyoming Mental Health Professions Licensing Board. All residents are at risk for needing an appropriate social worker and/or supervision of such a social worker professional. The current measure to ensure correcting this tag by the 60 day deadline from the date of this survey is to secure coverage for this facility from the MSW located at the State owned Veterans' Home in Buffalo, Wyoming. We are also in the process of hiring our own MSW as well as re-signing an historic contract with the local Big Horn Basin Counseling Center. As these three processes are secured, we will have a trio correction in place. This correction will be monitored by one of the MSWs and a quarterly summary of their resident and social service associate oversight will be provided through the normal Quality Assurance process reported quarterly and reviewed by the Medical Director. It is the responsibility of the Social Worker Associate to submit this report in concert with the report of the MSW. The first visit and oversight of the residents and social worker associate will occur by at least an MSW on or before August 15, 2005.	8/15/05

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Michelle Watson
TITLE: Assistant Facility Manager
(X6) DATE: 7-14-05

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

POC reviewed & approved Jeanette Wiley adm asst 7/26 B. Ann Campbell

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F 000	Continued From page 1 arrangements made for consultation from a qualified social worker or social service agency.	F 000	F0000 -- State Standard The correction of this tag will be accomplished as follows: This facility will ensure that either an MSW and/or an appropriate professional will be contracted for or transferred in to provide supervision as required by the Wyoming Mental Health Professions Licensing Board. All residents are at risk for needing an appropriate social worker and/or supervision of such a social worker professional. The current measure to ensure correcting this tag by the 60 day deadline from the date of this survey is to secure coverage for this facility from the MSW located at the State owned Veterans' Home in Buffalo, Wyoming. We are also in the process of hiring our own MSW as well as re-signing an historic contract with the local Big Horn Basin Counseling Center. As these three processes are secured, we will have a trio correction in place. This correction will be monitored by one of the MSWs and a quarterly summary of their resident and social service associate oversight will be provided through the normal Quality Assurance process reported quarterly and reviewed by the Medical Director. It is the responsibility of the Social Worker Associate to submit this report in concert with the report of the MSW. The first visit and oversight of the residents and social worker associate will occur by at ~~least one MSW on or before August 15, 2005.~~	8/15/05