POC accepted with changes + additions. Janelle Corbin 5/12/05

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

HEALTH FACILITIES
WYOMING DEPT OF HEALTH

PRINTED: 04/15/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535040	A. BUILDING APR 28 2005 B. WING RECEIVED	04/07/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MICHAEL MANOR	1108 BIRCH STREET DOUGLAS, WY 82633

(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 State Standards Rules and Regulations for Program Administration of Nursing Care Facilities Section 5. Organization and Administration. (b) (iv) (A) Tuberculin testing shall be accomplished for each employee upon employment and before resident contact begins and annually thereafter. This Standard was not met as evidenced by: Based upon review of personnel health files and staff interview, the facility failed to assure Tuberculin (TB) testing was completed prior to resident contact for three of five employees (CNA #15, CNA #17, and M#1) hired since 12/13/05. The findings were: 1. Review of personnel health files showed employee M#1 was hired on 12/13/04. However, the first TB skin test was not completed until 1/7/05. On 4/7/05 at 10:30 AM the administrator stated the employee had resident contact on 12/15/04. 2. Review of personnel health files showed certified nurse aide (CNA) #17 was hired on 12/27/04. Documented on the Personnel File Check Off form was "Positive for TB. Will have X-ray." Interview with the administrator on 4/7/05 at 10:30 AM revealed the first day for all employees was spent in orientation with resident contact on the second day. She further stated the	F 000	The facility will assure Tuberculin (TB) testing will be completed prior to resident contact by: The tuberculin test will be given during orientation for the position and the employee will not be working on the floor until 48 hours later. will be reviewed during quarterly quality assurance meetings. (jc) RECEIVED MAY 16 2005 WYOMING DEPT OF HEALTH HEALTH FACILITIES	4/28/05

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Beverly Wilson
TITLE: NHA
(X6) DATE: 4/28/05

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.

Changes made per phone on 5/12/05 at 1030 with Beverly Wilson, NHA and Janelle Corbin State Surveyor.

K 5/12/05

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F 000	Continued From page 1 employee started as a CNA early in January 2005. The employee's chest X-ray was not completed until 1/28/05. 3. Review of personnel health files revealed CNA #16 was hired on 1/5/05. However, the TB skin test was not completed until 1/27/05. On 5/7/05 at 10:30 AM the administrator stated the employee had resident contact on the second day of employment, which would have been on 1/7/05.	F 000		