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

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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
	53A051	A. BUILDING _____ B. WING _____	01/12/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	BOX 390, 711 ONYX KEMMERER, WY 83101

(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 Section 5. Organization and Administration. (A) Tuberculin testing shall be accomplished for each employee upon employment and before resident contact begins and annually thereafter. This STATE STANDARD was not met as evidenced by: Based on staff interview, review of facility policy, and review of employee tuberculin skin testing, the facility failed to assure two (#1, #3) of four employees received tuberculin skin on an annual basis. The findings were: Review of the facility's tuberculin skin testing records with the executive nursing director on 1/12/05 at 9:30 AM revealed the following employees did not receive an annual tuberculin skin test: a. Employee #1: last tuberculin skin test was 8/28/03; however, an annual skin test was due in August, 2004. b. Employee #3: last tuberculin skin test was 3/7/03; however, an annual skin test was due in March, 2004. Interview with the executive nursing director during the record review revealed tuberculin skin testing was only done at the time of hire or if the employee was exposed to tuberculosis (TB). Review of the facility's policy Employee PPD (purified protein derivative) Skin Test confirmed tuberculin skin testing was only done at the time of hire, or if the employee was exposed to TB.	F 000	South Lincoln Nursing Center will do tuberculin testing upon employment and before resident contact begins and annually thereafter. 1) The Employee PPD Skin Test Policy has been revised to include that SLNC employees will receive a tuberculin skin test upon employment and before resident contact begins and that SLNC employees will have a yearly tuberculin skin test. EXHIBIT #1 01/12/05 2) A memo was sent to all SLNC employees informing them that they needed to see Employee Health ASAP to receive their tuberculin skin test. 02/04/05 3) The DON will implement a monitor to assure that all employees of SLNC receive their tuberculin skin test and all new employees will receive their tuberculin skin test prior to resident contact. 02/18/05 4) On a monthly basis the DON will report the results of the monitor at the Medical Director Meeting and to the South Lincoln Medical Center PQI/QA coordinator, starting at the next meeting.	03/07/05

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 2/15/05

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 was accepted on 2/17/05 @ 1339 by LouAnn Carmichael, RN, DON, + Karen Womack, RN, Health Surveyor.