DEPARTMENT OF HEALTH AND HU. N SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/03/2005
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
	535039	A. BUILDING _____ B. WING _____	05/19/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW HEALTH CARE CENTER	1990 WEST LOUCKS STREET SHERIDAN, WY 82801

(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 Rules and Regulations for Program Administration of Nursing Care Facilities Section 11. Dietetic Services (a) (i) If the qualified supervisor is not a Registered Dietitian, she/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 5/19/05 at 10 AM revealed she had been working in her position for about one-year, and was taking a one year dietary managers' correspondence course through the University of North Dakota. Interview with the facility administrator on 5/19/05 at approximately 11 AM revealed the current dietary manager was hired on 10/23/03 (18 months in the position), and started her dietary managers' program on 6/30/04 (approximately 11 months ago); however, she had not yet completed the course.	F 000	Dietary Manager has 20 years of experience in the Dietary field. Manager is supervised by a Registered Dietitian. Manager has enrolled in and has received high quality marks from dietary managers' program. She plans on completing the program in six months.	12/05

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cheryl Nelson — TITLE: Executive Director — (X6) DATE: 6/13/05

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.

Accepted w/Changes pgs 2, 10, 12, 14, 15, 19 & 20

Reviewed w/Cheryl Nelson on 6/15/05