PRINTED: 07/14/2021
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF028	A. BUILDING: _____ B. WING _____	R 06/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN PLAZA ASSISTED LIVING	4154 TALON DRIVE CASPER, WY 82604

(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
{S 000}	Opening Comments Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 08/24/2020. Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001. A follow-up to the 3/31/21 licensure survey was conducted from 6/7/21 to 6/24/21.	{S 000}		
{S5074}	Ch 12 Sec 7 (j)(iii)(A) Assisted Living Facility (ALF) Core Services (j) Food Service and Nutrition. (iii) Food service supervision: (A) Day to day responsibilities for food production and management of the dietary services shall be assigned to a person with nutrition and food service management experience equivalent to that of a Certified Dietary Manager. This State Rule and Regulation is not met as evidenced by: Based on follow-up documentation review and administrator interview, the facility failed to ensure the food service qualifications were met. The findings were: Review of a 5/1/21 order confirmation showed the dietary manager had enrolled in an acceptable dietary manager program. The order showed the dietary manager had up to one year to complete the program, at their own pace. Phone interview with the administrator on 6/24/21 at 10:10 AM	{S5074}		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kenyne Humphreys — TITLE: Administrator — (X6) DATE: 7/14/21

STATE FORM 6899 BSD812 If continuation sheet 1 of 2

8/9/21 - This POC accepted with changes agreed to between Kenyne Humphreys, Administrator and Jim Madden, State Health Surveyor. - AM

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{S5074}	Continued From page 1 confirmed the dietary manager would not be certified for approximately one year.	{S5074}		

PLAN OF CORRECTION – ~~June 24, 2021~~ DOC May 31, 2022 CM

S5074 Chapter 12, Section 7

Deficiency 1: Failed to ensure food service management qualifications were met.

Responsibility: Administrator and Dietary Manager

Corrective Action: MPAL will enroll the Dietary Manager into the Certified Dietary Manager program at the University North Dakota.

Systemic Changes/Education: The Dietary Manager will enroll in a Certified Dietary Manager course through the University of North Dakota. Should the Dietary Manager not complete the program, the Administrator will enroll and complete the program.

Monitoring: Monthly monitoring of the progress in the CDM course will be conducted with the Dietary Manager to ensure completion of the course. Quarterly monitoring documentation will be sent to the state of Wyoming.

Completion Date: The Dietary Manager or Administrator is currently enrolled in a CDM course at the University of North Dakota with an anticipated completion date of ~~May 2022.~~ May 31, 2022.