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DEPARTMENT OF HEALTH AND H.. .AN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

5/9/05

PRINTED: 04/14/2005
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
	535023	A. BUILDING _____ B. WING _____	04/07/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTON COUNTY HEALTH SERVICES	1124 WASHINGTON BLVD NEWCASTLE, WY 82701

(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 11. Dietetic Services (a) (ii) Visits of the consultant dietitian shall be scheduled to assure that the professional dietetic service needs of the facility are met. These visits shall be: (A) For at least eight (8) hours every other week..; or, (B) For at least four (4) hours every week.. This Standard was not met as evidenced by: Based upon review of the current Dietary Consultant Agreement and two randomly selected Dietary Consultant Reports, the facility failed to ensure that the minimal amount of the Dietary Consultant's time was being spent providing dietary consultation services to the nursing home. Findings are: Weston County Health Services is a combination nursing home and hospital. The annual Dietary Consultant Agreement covers services provided to both the nursing home and to the hospital. The most recent agreement was dated 7-7-2004, and stated the consultant dietitian will provide 8 hours of nutrition consultation per two week period. The agreement further states the consultant dietitian will oversee the adequacy and dietary compliance of both the hospital and long term care.	F 000	**F000** **Visits by the consultant dietician will be scheduled for at least 8 hours every other week or for at least four hours every week to assure that the professional dietetic service needs of the nursing home facility are met.** **1) The Consultant Agreement will be revised to separate nursing home and hospital services.** **2) Visits will be monitored by the Administrator on a monthly basis.** RECEIVED APR 28 2005 WYOMING DEPT OF HEALTH HEALTH FACILITIES	05/06/05

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 4/27/05

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, Reviewed with Joann Farnsworth on 5/9/05

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F 000	Continued From page 1 Paragraph (iii) of this same Section requires the consultant dietitian to report to the administrator the dates, length of time on-site, the functions performed and recommendations. Review of two dietary consultant reports dated 12/23/04 and 3/03/05 indicate the consultant dietitian spent a total of 8 hours consulting in both the hospital and the nursing home.	F 000		