WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0036	A. BUILDING _____ B. WING _____	04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWARD HEIGHTS CARE CENTER	150 CARING WAY LANDER, WY 82520

(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
SNH	LIC REGS FOR NURSING HOMES This State Rules and Regulations is not met as evidenced by: WYOMING DEPARTMENT OF HEALTH AND AGING DIVISION Rules and Regulations for Program Administration of Nursing Care Facilities Chapter 11 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 on staff interview and review of personnel records, the facility failed to ensure tuberculin testing was completed prior to resident contact for 1 of 5 employees whose records were reviewed. The findings were: Review of the personnel file for CNA #1 revealed her date of hire was 2/26/10. The file lacked documentation as to when the tuberculin testing had been completed for this employee. Interview of 4/21/10 at 4 PM with employee #1, who was in charge of the personnel files, verified the test results were not documented. As a result, the facility did not have evidence a tuberculin test had been completed prior to resident contact. Section 11. Dietetic Services (a)(i) if the qualified supervisor is not a Registered Dietitian, S/he shall be a graduate of a dietetic technician program approved by the American Dietetic Association or a dietary	SNH	Submission of the plan of correction shall not be construed as a waiver of this provider's right to contest any and all deficiencies, nor is such submission an admission that the facts are as alleged or that any regulatory violations occurred. The following is to be considered our Credible Allegation of Compliance. **Chapter 11, Section 5 (b)(iv)(A)** For C.N.A. # 1 hired on 2/26/10, the document "Wyoming Official State Record of Immunizations" was in the personnel file at the time of survey 4/21/10. The record shows that PPD tuberculin testing was completed on 01/04/2010. The record shows that tuberculin testing was completed before resident contact. An audit of personnel files will be done to review the completion of tuberculin testing prior to resident contact. Employees without complete testing will be tested. Department Managers and hiring personnel will be inserviced on the requirement of performing tuberculin testing prior to resident contact.	6-04-2010

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Norma Schultz — TITLE: Administrator — (X6) DATE: 5-11-10