STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535040	A. BUILDING _____ B. WING _____	04/06/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MICHAEL MANOR	1108 BIRCH STREET DOUGLAS, WY 82633

(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 MAY 10 2006 State Standards Section 5. Organization and Administration (b) Governing Body. The Nursing Care Facility shall have a governing body which has the legal authority and responsibility to operate the Nursing Care Facility. The governing body shall: (iv) Written policies shall ensure a safe and sanitary environment for residents and personnel. (D) Individuals never having had a skin test or who do not have written proof of skin test results, shall have an intradermal Mantoux using 5TU PPD (purified protein derivative). This shall be accomplished via the two (2) step procedure. If the first test is negative and the employee is asymptomatic, the employee may engage in resident contact prior to the results of the second skin test. This STANDARD was not met as evidenced by: Based on staff interview and review of personnel files, the facility failed to ensure the two step tuberculin (TB) test was performed for three (#1, #3, #4) of five employees whose files were reviewed. The findings were: 1. Review of the personnel file for employee #1, hired on 1/2/06, revealed she had a TB test on 12/30/05. Further review revealed there was no evidence of a negative TB test within the past year and no second step follow-up test was performed. 2. Review of the personnel file for employee #3,	F 000	This facility will ensure that the two step tuberculin (TB) test is performed on employees prior to resident contact. This will be accomplished by: Refer to F492 for Correction of specific employees. 4. The policy will be reviewed and the person responsible for maintaining the TB testing program will be in-serviced on the need to use the two step procedure and document the results of the screening prior to resident contact as well as the results of the two step procedure. Administrator and DON to monitor for completion. Results will be reviewed by Quality Assurance (QA) Committee members at quarterly meeting and changes made as needed.	6/2/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Patricia Ann Miller | NHA | 5-8-06

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 5/22/06, Reviewed & Pat Miller, administrator

Lori Russ

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F 000	Continued From page 1 hired on 1/25/06, revealed she had a TB test on 1/25/06. Further review revealed there was no evidence of a negative TB test within the past year and no second step follow-up test was performed. 3. Review of the personnel file for employee #4, hired on 1/19/06, revealed she had a TB test on 1/19/06. Further review revealed there was no evidence of a negative TB test within the past year and no second step follow-up test was performed. 4. Review of the facility's undated policy entitled "Associate PPD Skin Testing" revealed the following instructions: "Two-step testing is used for initial screening unless you provide documentation of a negative PPD test in the preceding 12 months." "Two-step testing means that if the first test is negative, a second test will be given 1-3 weeks later." Interview with the administrator on 4/5/06 at 2:30 PM confirmed this policy was current and the employees should have had a second TB test. Section 11. Dietetic Services (a)(i) If the qualified supervisor is not a Registered Dietician,she/he shall be a graduate of a dietetic technician program approved by the American Dietetic Association or a dietary manager ' s educational program approved by the Certifying Board for Dietary Managers. This standard was not met as evidenced by: Based on interview with the dietary manager on 4/4/06 at 3:48 PM, the facility failed to employ a	F 000	Section 11. Dietetic Services This facility will ensure that the Dietary Manager is certified. This will be accomplished by the following: Although Dietary Manager was hired for that position on 12/1/05 she continued to work as a cook until her replacement was hired. She was not available to start the course. The Dietary Manager	4/10/06

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F 000	Continued From page 2 certified dietary manager in a timely manner. The findings were: Interview with the dietary manager on 4/4/06 at 3:48 PM revealed she was employed in that position since 12/1/05. She stated she has not yet started her course work in order to be become a certified dietary manager. She also stated she and the facility's consultant Registered Dietitian finished the paper application process and were awaiting the facility manager to submit the application for enrollment.	F 000	F000 (Continued from page 2) course application was approved by CEO and mailed on April 10, 2006. Administrator and Dietary Consultant to monitor progress with an expected completion date of April 30, 2007.	4/30/07