Wyoming Dept of Health - Office of Healthcare Licensi

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0033	A. BUILDING _____ B. WING _____	06/29/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST PARK LONG TERM CARE CENTER	707 SHERIDAN AVENUE CODY, WY 82414

(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) COMPLETE DATE
S 000	State Rules and Regulations State Standards Rules and Regulations for Program Administration of Nursing Care Facilities 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. (b) (iv) (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. 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 upon review of personnel health files and staff interview, the facility failed to assure Tuberculin (TB) testing was completed prior to resident contact for two of three new employees (certified nurse aides [CNAs] #10, #15) hired since 4/12/06. The findings were: 1. According to personnel records, CNA #10 was hired on 4/12/06. She received a TB skin test on 4/14/06, but it was not read within the allowed time frame. The test was repeated on 5/9/06 and read on 5/12/06. At 3:23 PM on 6/28/06, the administrator checked the nursing schedule and stated the CNA first had resident contact on 4/14/06. 2. Review of personnel records revealed CNA	S 000	The facility will continue to ensure that Tuberculin testing will be accomplished for each employee upon employment and before resident contact begins, and annually thereafter. 1. CNA #10 had a negative Tuberculin test read and documented on 5/12/06. 2. CNA #15 had a negative Tuberculin test read and documented on 5/17/06. 3. All new employees will be required to have an initial Tuberculin test completed and read as negative prior to engaging in resident contact. 4. The Administrator will monitor. and present to the QA Committee on a quarterly basis for at least one year. added per request of DON 7/24/06	7/17/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deanna Kaiser, NHA — TITLE: Administrator — (X6) DATE: 7/20/06

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S 000	Continued From page 1 #15 was hired on 5/11/06. However, the CNA did not have a negative TB skin test until 5/17/06. At 3:23 PM on 6/28/06, the administrator checked the nursing schedule and stated the CNA's first day of resident contact was 5/14/06.	S 000		