STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0041	A. BUILDING: _____ B. WING _____	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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 Nursing Care Facilities, Chapter 11, effective 07/01/2020 Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000 A licensure survey was conducted by Healthcare Licensing and Surveys from 3/25/24 to 3/28/24.	S 000		
S2967	Ch 11 Sec 14 (a) Dental Services (a) The facility shall have an advisory dentist who shall provide consultation, develop and participate in inservice education, and recommend policies concerning oral hygiene. Records of in-service education meetings shall be in writing. This State Rule and Regulation is not met as evidenced by: Based on staff interview, the facility failed to ensure in-service education was provided for oral hygiene. The census was 17. The findings were: 1. Interview with the director of quality and compliance officer on 3/28/24 at 8:59 AM revealed the facility did not have documentation of dental in-services provided to the resident's care providers.	S2967	The facility has coordinated a date and time for the advisory dentist to come to the facility, provide consultation to the residents, and provide an in-service for the residents and staff to participate in. - The advisory dentist has planned to come on May 20th, 2024 to see the residents and provide an in-service to all staff and residents that will be documented. This is the date the advisory dentist has chosen and is available to complete the in-service. - Advisory dentist will complete in-services with residents and staff every 6 months. Each visit will be tracked through the QAPI committee. - DON will create tracking sheet and	5/20/24

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S2967	Continued From page 1	S2967	material binder to address when the advisory dentist comes, what information is covered, who attended the in-service, and a print out of information from the advisory dentist if available.	