POC accepted 11/12/08 JC

PRINTED: 10/09/2008
FORM APPROVED

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
	WY0024	A. BUILDING _____ B. WING _____	09/25/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POWELL VALLEY CARE CENTER	777 AVENUE H POWELL, WY 82435

(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	State Rules and Regulations Rules and Regulations for Program Administration of Nursing Care Facilities Section 6. Physical Environment (a) (iv) 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 review of personnel files and staff interview, the facility failed to ensure tuberculin (TB) testing was completed prior to direct resident contact for 1 of 5 employees. The findings were: Review of the employee health records for employee #4 (hired 7/21/08) revealed there was no evidence TB testing was performed prior to resident contact. Interview with the human resource coordinator on 9/24/08 at 4 PM revealed she had initially tried to obtain the records from the employee's previous employer but never received the information. She stated she had made no further attempt to obtain the information until 9/24/08.	S 000	The facility will ensure that Tuberculin testing shall be accomplished for each employee upon hire prior to direct resident contact. This will be accomplished by, A. Employee #4 will not work until the documented results of a Tuberculin testing are received. B. All residents have the potential to be affected by caregivers who have not been determined to be free of Tuberculious. C. The infection control nurse will develop a tracking system to ensure that all employees have completed Tuberculin testing prior to direct care contact. D. The infection control nurse will submit data to the VP of Resident Care Services, medical director and Quality Council quarterly.	11/9/2008

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 10-20-08

STATE FORM 6899 617811 If continuation sheet 1 of 1

POC accepted per phone call with Cherie Benander, Dev on 11/12/08 @ 3:45 pm Janice Colin, OCT 20 2008

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