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 _____	02/08/2007

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
S 000	State Rules and Regulations STATE STANDARD 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. (b)(iv)(B) Employees having known positive skin tests shall provide a certificate of noninfectiousness from a physician, recommendations, if any, for treatment, and evidence that they have complied with such recommendations. 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 is not met as evidenced by: Based on review of personnel files, staff interview, and review of staffing records, the facility failed to ensure tuberculin (TB) testing was completed prior to resident contact for five (#2, #3, #7, #8, #10) of five employees hired within the previous four months. The findings were: 1. Review of personnel files showed certified nurse aide (CNA) #8 was hired on 11/20/06. The employee was known to react positively to the	S 000	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 facility strives to adhere to the state regulations regarding tuberculin (TB) testing. All people accepting a position will have TB testing done at the time of acceptance. First reading of the TB testing will be completed prior to any Resident contact. Human Resource will monitor all new staffing to ensure Resident contact happens after the first negative reading.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: NHA — (X6) DATE: 2-28-07

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S 000	Continued From page 1 skin test, but her last chest X-ray was documented as 10/28/05. According to the staffing records, the CNA had worked full time since date of hire. Interview with the administrative assistant, who was also the human resources assistant, on 2/7/07 at 4:45 PM revealed the facility lacked a certificate of noninfectiousness from a physician or evidence the CNA had complied with any previous recommendations. 2. According to personnel files, employee #3 was hired on 10/20/06, and the first TB skin test was recorded as negative on 10/22/06. On 2/8/07 at 8:20 AM, the administrator reviewed payroll records and reported the employee's first contact with residents occurred on 10/20/06. A previous interview with the human resources assistant on 2/7/07 at 4:45 PM revealed the facility had no other information related to TB testing. 3. Review of personnel files showed the hire date for CNA #7 was 11/9/06; however, the TB skin test was not completed and documented as negative until 1/27/07. Review of staffing records provided by the director of nursing (DON) showed the CNA's first contact with residents was on 11/10/07. Interview with the human resources assistant on 2/7/07 at 4:45 PM confirmed the facility had no other information related to TB testing. 4. Review of personnel files showed CNA #10 was hired on 10/9/06, and the first TB test was documented as negative on 10/12/06. Review of scheduling records provided by the DON showed the CNA first had contact with residents on 10/10/06. Interview with the human resources assistant on 2/7/07 at 4:45 PM confirmed the facility had no other information related to TB	S 000	DON and/or designee will complete the testing as well as the first reading. Results of the first test will be documented in the personnel file. Dates of testing and first shift worked will be brought to the QA Committee at least quarterly. The Dietary Manager will enroll in the Certified Dietary Manager course. The Registered Dietician will be the preceptor for this course. Course progress will be taken to the QA Committee at least quarterly.	3-23-07 3-23-07

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S 000	Continued From page 2 testing. 5. According to the personnel files, the date of hire for CNA #2 was 10/13/06, but the second TB skin test was recorded as negative on 1/23/07. Review of scheduling records provided by the DON showed the employee's first contact with residents occurred on 10/13/06. On 2/7/07 at 4:45 PM the human resources assistant stated the facility had no record of the employee's first TB test. She also stated it was possible the documentation was incorrect and that was the employee's first TB test. Section 11. Dietetic Services. (a) Dietary Supervision. Overall supervisory responsibility for the dietetic service shall be assigned to a full-time qualified dietetic supervisor. (i) If the qualified supervisor is not a Registered Dietitian, 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. Training and experience in food service supervision and nutrition equivalent in content to the approved educational programs are acceptable. This Standard was not met as evidenced by: Based on staff interviews, the facility failed to assure the supervisor of the dietetic services was a certified dietary manager. The findings were: On 2/5/07 at 6:50 PM, interview with the administrator revealed the dietary manager was not certified and had not taken an approved program. The administrator stated the dietary manager had been in that position since August	S 000		

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S 000	Continued From page 3 2006. On 2/7/07 at 2:10 PM, the dietary manager confirmed she had not taken the dietary manager program.	S 000		