DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/11/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535039	A. BUILDING _____ B. WING _____	C 06/27/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW HEALTH CARE CENTER	1990 WEST LOUCKS STREET SHERIDAN, WY 82801

(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) COMPLETION DATE
F 371 SS=E	483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on one of one observation and staff interview, the facility failed to ensure food was stored in a sanitary manner. Findings were: Observation in the walk-in refrigerator on 6/27/07 at 8 PM revealed 20 cartons (4 oz. each) of thawed " Mighty Shake " nutritional supplements. The instructions printed on each carton revealed the product was to be used within 14 days of being thawed. Neither the box nor the cartons were labeled with a thaw or discard date. Observation in the reach-in refrigerator on 6/27/07 at 8:30 PM revealed 12 cartons of the same product, which were also not labeled to indicate a use-by date. Interview with the dietary manager on 6/27/07 at 8:48 PM confirmed the nutritional supplements had not been dated to ensure the product ' s safety. Observation on 6/27/07 at 5:48 PM revealed the following items had been washed and were available for use in food service or preparation: a. A blue measuring cup located on the drying rack had a brown, sticky substance adhering to its exterior bottom surface. b. A bread maker on a drying rack had dried bread crumbs visibly adhering to its exterior. c. The drying rack, itself, had shelving that was sticky to the touch.	F 371	This plan of correction constitutes Westview Health Care Center's credible allegation compliance with the Code of Federal Regulations effective 07/19/07. F 371 The facility will store, prepare distribute and serve food under sanitary conditions. All unlabeled "Mighty Shakes" were removed from both the walk-in and reach-in refrigerator on 6/27/07. All dietary staff was trained on how to properly store this product and follow labeling procedures according to carton instructions on 6/28/07. Dietary manager will do weekly audits to ensure quality control. These audits will be reported to the monthly Quality Assurance meeting for three months or until compliance is met. a. The blue measuring cup was washed and sanitized immediately upon discovery. b. The bread maker was washed and sanitized immediately upon discovery. c. The drying rack was washed and disinfected immediately upon discovery.	8/7/07

each carton will be labeled with discard date.

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

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.

Reviewed w/Sheila Vine, DON accepted 10/20/2007
w/changes on 8/3/07 DOC = 8/7/07

Wyoming Dept of Health
Licensing and Surveys

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F 371	Continued From page 1 d. An insulated plate cover had dried-on food particles adhering to its surface. e. The clean plate dispenser had an accumulation of crumbs and a dried stain (that resembled tomato soup) on its exterior surface. Staff was notified and verified the soiled condition of each of the aforementioned items.	F 371	d. The insulated plate cover was washed and disinfected immediately upon discovery. e. The clean plate dispenser was cleaned and disinfected immediately upon discovery. All dietary staff were trained on the importance of infection control and cleanliness of the kitchen. 6/29/07 All dietary staff were trained on inspection of items after they have been through a wash cycle. Dietary manager will do daily audits to ensure quality control. These audits will be reported to the monthly Quality Assurance meeting for three months or until compliance is met.	8/7/07
F 465 SS=B	483.70(h) OTHER ENVIRONMENTAL CONDITIONS The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on one of one observation the facility did not ensure a clean environment in dietary areas primarily frequented by staff. Findings were: Observation on 6/27/07 at 8:48 PM revealed the dietary staff had cleaned their work area for the evening and the following concerns with cleanliness were noted: a. Food debris was noted in both floor drains underneath the 3-compartment sink and in the floor drain located in the dish room. b. There was an accumulation of dirt on the carpet near the back door. Just outside the door there were 5 cigarette butts, ashes, spilled tobacco, and sunflower seeds scattered on the ground. c. An accumulation of dirt and debris was noted on the floor near the wall where the electrical panel was located., on the floor of the janitor ' s closet, under the shelves in the dry food	F 465	F465 The facility will provide a Safe, functional, sanitary and Comfortable environment for residents, staff and the public. a. All floor drains were Thoroughly cleaned 7/9/07 during a kitchen deep-clean. Floor drains are on weekly schedules for cleaning and inspection by the dietary manager. Audits will be reported to the Monthly Quality Assurance meeting for three months or until compliance is met. b. Carpet near back door was Cleaned 6/27/07 upon discovery. Smoking area outside of back door was thoroughly cleaned upon discovery on 6/27/07.	will be cleaned monthly

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F 465	Continued From page 2 storeroom, and behind the trash receptacle next to the hand washing sink.	F 465	c. All dirt and debris was cleaned near electrical panel; on the floor of the janitor's closet; under the shelves in the dry food storeroom and behind the trash receptacle during a deep-clean of the kitchen on 7/9/07 In addition to these areas, the entire kitchen was thoroughly cleaned 7/9/07. All equipment, walls and trays were cleaned. The Kitchen will be repainted by 8/3/07. All equipment and work areas will be audited by the dietary manager for cleanliness. These audits will be reported to the monthly Quality Assurance meeting for three months or until compliance is met.	

these areas will be scheduled to be cleaned on a Routine basis

Wyoming Department of Health

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Brent D. Sherard, M.D., M.P.H., Director and State Health Officer

Governor Dave Freudenthal

Confidential Fax

To:		**From** *(name):*	*Kim McCall*
		From *(telephone):*	
Fax Number:		**Number of Pages:**	, **including** this Cover Sheet
Telephone:		**Date:**	
Re:			

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Comments:

Office of Healthcare Licensing and Surveys
8th Floor – 2020 Carey Avenue • Cheyenne WY 82002
FAX (307) 777-7127 • **(307) 777-7123**

Westview Health Care Center

1990 West Loucks Street / Sheridan, Wyoming 82801
(307) 672-9789 / FAX (307) 673-1079 / WWW.LCCA.COM

July 19, 2007

Office of Healthcare Licensing & Surveys
8th Floor 2020 Carey Ave.
Cheyenne, WY 82002

To Whom it May Concern:

Please find the enclosed Plan of Correction for the dietary complaint survey conducted 6/27/07.

Feel free to contact me with any questions regarding the Plan of Correction.

Sincerely,

Joel Prevost
Executive Director