

WDH - Office of Healthcare Licensing and Surveys

PRINTED: 12/23/2010
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY00013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2010
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF CASPER		STREET ADDRESS, CITY, STATE, ZIP CODE 4041 SOUTH POPLAR STREET CASPER, WY 82601		
(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
SNH	LIC REGS FOR NURSING HOMES This State Rules and Regulations is not met as evidenced by: Wyoming Department of Health Aging Division Rules and Regulations for Program Administration of Nursing Care Facilities Chapter 11 Section 5. Organization and Administration. (a) Governing Body. The Nursing Care Facility shall have a governing body which has the legal authority and responsibility to operate the Nursing Care Facility. The governing body shall: (i) Appoint a full-time, on premise, administrator qualified by education, training and experience as established by the Wyoming Board of Nursing Home Administrators. (A) The administrator shall have a current license as a Wyoming Licensed Nursing Home Administrator. This standard was not met as evidenced by: Based on staff interview, the facility failed to ensure a licensed full time administrator was working in the facility. The findings were: Interview with the marketing director on 12/13/10 at 1 PM revealed he was the acting administrator functioning under the license of another administrator who was not currently on site. The marketing director further revealed he was scheduled to take the licensing exam on 12/17/10 that week. He also stated the licensed administrator lived out of town and was in the facility approximately two or three days per week. Interview with the licensed administrator on 12/15/10 at 12 PM verified he was not on premises full time. He further revealed this had	SNH	The facility will ensure a Full-time Wyoming Licensed Nursing Home Administrator is employed. A) The Marketing Director has passed the Wyoming Nursing Home Administrator's test and will be licensed on or around 1/13/11. B) The Regional Vice President will audit Facility Annually to ensure employment of a licensed Wyoming Nursing Home Administrator.	1/19/11

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

RECEIVED
Wyoming Dept of Health

If continuation sheet 1 of 2

JAN 13 2011

Office of Healthcare
Licensing and Surveys

WY0013

A. BUILDING

B. WING

12/16/2010

STREET ADDRESS, CITY, STATE, ZIP CODE

4041 SOUTH POPLAR STREET
CASPER, WY 82601

(X4) ID
PREFIX
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ID
PREFIX
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(X5)
COMPLETE
DATE

SNH

Continued From page 1

been the situation since September 2010 when the previous administrator resigned.

SNH