STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0032	A. BUILDING _____ B. WING _____	08/13/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUBLETTE CENTER	333 N BRIDGER AVE PINEDALE, WY 82941

(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 Wyoming Department of Health, Aging Division, Rules and Regulations for Program Administration of Nursing Care Facilities Chapter 11 Section 15. Social Services. (a) The medically related social and emotional needs of the resident shall be identified and services shall be provided to meet them, either by qualified staff (a social worker or social service associate), or through written procedures for referral to appropriate social agencies. (i) Facilities shall offer social services regardless of the size of the facility. (A) An individual on the facility staff shall be designated in writing to maintain liaison with social, health and community agencies. (B) As appropriate, there shall be arrangements with qualified social workers or recognized social agencies for consultation and assistance on a regularly scheduled basis. This requirement is NOT met as evidenced by: Based on staff interview, the facility failed to ensure social services was provided by qualified staff or through consultation with qualified social workers or recognized social agencies. The findings were: Interview with the director of social services on 8/12/09 at 8:11 AM revealed she was a registered nurse and had eight years of social services experience at the facility. Further interview revealed she was not a social worker or social service associate, nor did she receive consultation from a recognized social service	S 000	1. The facility will designate, in writing, that the Director of Social Services shall maintain liason with social, health, and community agencies. 2. The facility will contract with a qualified social worker or recognized social agencies for consultation and assistance on a regular basis, one time per week. This will be monitored by the Administrator.	09/11/2009 ~~09/11/2009~~

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 9/04/09

RECEIVED
Wyoming Dept of Health
SEP 08 2009
Office of Healthcare Licensing and Surveys

POC accepted & additions per telephone conversation & Heather McKee on 9/10/09 at 9:10 PM L Hufford

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 000	Continued From page 1 agency.	S 000		