HEALTHCARE LICS PAGE 03/04

approved c update per phone conversation c Heather McKee & attached email. Linda Brown RN 5/22/09 5/22/09 0915

Wyoming Dept of Health - Office of Healthcare Licensi

PRINTED: 04/21/2009
FORM APPROVED

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 ____	C 04/14/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUBLETTE CENTER	PO 788, 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 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 premiss, 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 requirement is not met as evidenced by: Based on review of license registration, a facility change in personnel form, and staff interview, the facility failed to ensure a licensed nursing home administrator (NHA) was appointed by the governing body. The findings were: Review of the facility change in personnel form that was sent to the survey agency dated 4/7/09 revealed a new administrator was appointed effective 4/1/09. Review of the online data base for Wyoming nursing home administrators on 4/7/09 failed to show that the individual named had a Wyoming nursing home administrator's license. Further interview with the staff at the Wyoming Board of Nursing Home Administrators revealed that office had no record of an application for this person, and confirmed a	S 000	Weldonna Toth, RN, LNA (temp) will serve as Temporary Administrator of the Sublette Center. As of 5/14/09 Heather McKee is NHA and has a temporary license from Wyoming. LB	5/12/09 5/14/09

Wyoming Dept of Health Office of Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE Adm (X6) DATE 5/11/09

STATE FORM Z37F11 If continuation sheet 1 of 2

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Office of Healthcare
Licensing and Surveys

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S 000	Continued From page 1 license had not been issued for this individual. Telephone interview with a staff member on 4/14/09 at 11:35 AM revealed the acting administrator was the individual named on the personnel form who did not have a Wyoming Nursing Home Administrator's license. According to the staff member on the telephone, the "administrator" was unavailable at the time of the call.	S 000		

LB