POC accepted 11/13/09 jc

PRINTED: 10/26/2009
FORM APPROVED

WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 10/15/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR CARE CENTER	4 NORTH FORK ROAD FORT WASHAKIE, WY 82514

(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: STATE STANDARD Wyoming Department of Health Aging Division Rules and Regulations for Program Administration of Nursing Care Facilities Chapter 11. 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 managers' 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 is not met as evidenced by: Based on staff interview, and review of the previous survey report, the facility failed to ensure the supervisor of the dietetic service was qualified. The findings were: Review of the deficiency report from last year's licensure survey, dated 9/11/08, revealed the supervisor of the dietetic service was not qualified as required. The supervisor was enrolled in a dietary manager's course and was supposed to complete it by 3/31/09.	SNH	The Dietary Manager has one class left in the dietetic technician program. This class will be completed by February 28, 2010. The facility is in the process of enrolling another dietary team member in the approved dietetic technician program. This team member will complete the course within twelve months from the enrollment date. The Administrator will monitor the weekly progress of the current Dietary Manager and report to Office of Health Licensing and Surveys on a monthly basis the progress. The Dietary Manager and the Administrator will report the Dietary Manager's progress in the approved dietetic technician program to the quarterly Quality Assurance meeting	2/28/10 jc ~~11-9-09~~ ~~11-9-09~~

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE NHA (X6) DATE 11-3-09

STATE FORM 6899 KTZN11 If continuation sheet 1 of 2

Changes per phone call with John Aldrich NHA on 11/13/09 @ 9:30AM. Janeele Cowlin, OHLS

RECEIVED
Wyoming Dept of Health
NOV 04 2009
Office of Healthcare Licensing and Surveys

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SNH	Continued From page 1 During an interview on 10/12/09 at 2:30 PM, the supervisor of the dietetic service (who was not a registered dietitian) stated she was still enrolled in a dietary manager's course, but had not completed it.	SNH		