8/19/11

WDH - Office of Healthcare Licensing and Surveys

PRINTED: 08/08/2011
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0017	A. BUILDING ______ B. WING ______	C 08/05/2011

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	SNH		
	This State Rules and Regulations is not met as evidenced by: 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. Based on staff interview and licensure board staff interview, the facility failed to ensure the administrator was licensed by the Wyoming Board of Nursing Home Administrators (NHA). The findings were: During a telephone conversation on 8/5/11 at 10 AM, the administrator stated she did not have a license with the Wyoming Board of NHA. During a telephone conversation on 8/5/11 at 10:15 AM, a staff member at the Wyoming Board of NHA confirmed the facility administrator was not licensed. She also said the process for licensure application was not complete, and the outcome of that process was uncertain.		The Eastern Shoshone Business Council (Gov Board) hired Marla Martin on 8/1/11 as Administrator of the MSCC on the condition Marla obtain her Temporary Administrators license in the 2-week period of licensure accreditation. License date of issue: 8/18/2011 Expiration date: 2/18/2012 **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.** A resident meeting was held on 8/4/11 with the residents to voice their concerns regarding past Administrators and future organizational structure at MSCC. **How you will identify other residents having the potential to be affected by the same deficient practice(s) and what corrective action(s) will be taken.** There is a scheduled weekly residents one on one meeting with the Administrator pertaining to facility concerns and of all changes that are occurring and assurance their concerns are being addressed.	8/4/11 2/1/12 N/A per NHA

Accepted w/ changes. Spoke w/ NHA Marla - has temp license so dates of compliance changed to

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

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

STATE FORM 6899 LBW911 If continuation sheet 1 of 1

DOC = 8/18/11

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SNH	LIC REGS FOR NURSING HOMES This State Rules and Regulations is not met as evidenced by: Section 6. 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. Based on staff interview and licensure board staff interview, the facility failed to ensure the administrator was licensed by the Wyoming Board of Nursing Home Administrators (NHA). The findings were: During a telephone conversation on 8/5/11 at 10 AM, the administrator stated she did not have a license with the Wyoming Board of NHA. During a telephone conversation on 8/5/11 at 10:15 AM, a staff member at the Wyoming Board of NHA confirmed the facility administrator was not licensed. She also said the process for licensure application was not complete, and the outcome of that process was uncertain.	SNH	**What measures will be put into place or what systematic changes you will make to ensure that the deficient practice(s) does not recur** Temporary licensure has been established. Completion of Administrator In Training program and register and complete the NAB Exam (6-month completion date) for Nursing Home Administrators License. **How you will monitor the PoC performance to make sure that solutions are sustained** The Eastern Shoshone Business Council will meet monthly with Marla to evaluate MSCC Administrative concerns and monitor AIT progression. The ESBC will meet with preceptor while visiting the MSCC Administrator.	8/16/11 2/1/12 8/16/11 2/1/12

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

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

Administrator
TITLE

8/18/11
(X6) DATE

STATE FORM RECEIVED WyomingDeptofHealth BW311 If continuation sheet 1 of 1

AUG 18 2011

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