CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	536060	A. BUILDING _____ B. WING _____ 3/30/06	03/01/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR CARE CENTER	P O BOX 629 FORT WASHAKIE, WY 82514

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F 000	INITIAL COMMENTS STATE STANDARD 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 and review of the Wyoming Board of Nursing Home Administrator's database, the governing body failed to appoint an administrator who was licensed in the state of Wyoming. The findings were: Upon entering the facility on 3/1/06 at 12 noon, employee #1 introduced himself as the administrator of the facility. During interviews on 3/1/06 at 12:02 PM and 1:50 PM, the administrator stated he did not have a Wyoming nursing home administrator license. He stated the previous administrator's last day was 2/28/06, and further stated he was the only person fulfilling the duties of the administrator.	F 00	This facility will ensure the administrator will hold a current license for the state of WY. The administrator will continue to report the Tribal Business Council, the Governing body for Morning Star Care Center on all matters affecting the facility. The administrator will review the state regulation with the Business Council to appoint administrators who are currently license in WY. If a temporary license administrator is to be appointed that person must obtain his/ her license before commencing employment with the Morning Star Care Center. This administrator received his WY license on Mar. 6 2006. The Tribal Business Council, will monitor the activities of the administrator to ensure that the administrator is adhering to the Rule and Regulations governing WY Nursing Home Administrators. (Section 5) WY Rules and Regulations.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	538 Administrator	03-09-06

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	535059	A. BUILDING _____ B. WING _____	03/01/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR CARE CENTER	P O BOX 859 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) COMPLETION DATE
F 000	Continued From page 1 Review of the Internet database for the Wyoming Board of Nursing Home Administrators on 3/1/06 revealed the administrator was not licensed.	F 000	The Eastern Shoshone Tribe owner of Morning Star Care Center and Healthcare Management Services of Billing MT, Mr. Rude owner, had a contract to provide an administrator and to operate the facility for a management fee. The contract was cancelled on Jan 12, 2006. This administrator was hired by Eastern Shoshone Business Tribal Council. will be reviewed and reported in Quality Assurance meetings.	3/6/06