STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535050	A. BUILDING _____ B. WING _____	C 11/22/2005

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) COMPLETION DATE
F 311 SS=E	483.25(a)(2) ACTIVITIES OF DAILY LIVING A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to provide restorative nursing services to maintain abilities in activities of daily living (ADLs) for nine of nine sample residents who were supposed to receive restorative services for ADLs (#3, #7, #8, #12, #16, #17, #20, #22, #26). The findings were: 1. During an interview on 11/21/05 at 5:42 PM, the director of nursing (DON) stated restorative services had not been provided to residents for three months. The DON showed the surveyor the current book of restorative documentation, which showed no services had been provided to any of the residents for the month. On 11/22/05 at 10:25 AM, licensed practical nurse (LPN) #1 also stated restorative had not been done for three months. 2. Review of the 8/26/05 significant change Minimum Data Set (MDS) assessment for resident #3 showed ambulation did not occur during the seven day observation period. Review of of restorative documentation showed the resident was supposed to receive assistance with ambulation in the parallel bars two to three times per week. However, the resident did not receive restorative services September through November 22, 2005. 3. Review of the 11/21/05 quarterly MDS	F 311		12/12/05

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

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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F 311	Continued From page 1 assessment for resident #7 revealed ambulation did not occur during the seven day observation period. Review of restorative documentation showed the resident was supposed to have assistance with ambulation three times per week. However, the resident did not receive restorative from September through November 22, 2005. 4. Review of the 10/26/05 quarterly MDS assessment for resident #8 showed ambulation did not occur during the seven day observation period. Review of restorative documentation showed the resident was supposed to have assistance with ambulation three to five times per week. However, the resident did not receive restorative services August through November 2005. 5. Review of the 8/30/05 significant change MDS assessment showed resident #12 required limited assistance with dressing and hygiene. Review of restorative documentation showed the resident was supposed to have ADL training (dressing, grooming, mouth care, hair care) three to five times per week. However, the resident did not receive restorative services September though November 22, 2005. 6. Review of the 10/23/05 quarterly MDS assessment revealed resident #16 required limited assistance with dressing and hygiene. Review of restorative documentation revealed the resident was supposed to receive restorative for dressing and grooming two to three times per week. However, the resident did not receive restorative services August through November 22, 2005.	F 311		

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F 311	Continued From page 2 7. Review of the 8/19/05 quarterly MDS assessment showed resident #17 required extensive assistance with transfers and ambulation. Observation on 11/21/05 at 4:40 PM revealed the resident required extensive assistance for transfers. Review of restorative documentation showed the resident was supposed to receive restorative for transfers and ambulation three times per week. However, the resident did not receive restorative services September through November 22, 2005. 8. Review of the 8/26/05 MDS assessment showed resident #20 required limited assistance with ambulation. Review of restorative documentation showed the resident was supposed to receive assistance with ambulation three to five times per week. However, the resident did not receive restorative services August through November 21, 2005. 9. Review of the 8/22/05 admission MDS assessment showed resident #22 required supervision for ambulation. Review of restorative documentation showed the resident was supposed to ambulate three to five times per week. However, the resident did not receive restorative ambulation from September through November 22, 2005. 10. Review of the 9/21/05 annual MDS assessment revealed resident #26 required supervision for dressing and limited assistance for hygiene. Review of restorative documentation showed the resident was supposed to have ADL training (dressing and grooming) three to five times per week. However, the resident did not receive ADL training September through	F 311		

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F 311	Continued From page 3 November 22, 2005.	F 311		
F 318 SS=E	483.25(e)(2) RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff and resident interviews, the facility failed to provide restorative range of motion services to eight of eight sample residents with range of motion limitations (#1, #4, #10, #15, #17, #21, #24, #30). The findings were: 1. During an interview on 11/21/05 at 5:42 PM, the director of nursing (DON) stated restorative services had not been provided to residents for three months. The DON showed the surveyor the current book of restorative documentation, which showed no services had been provided to any of the residents for the month. On 11/22/05 at 10:25 AM, licensed practical nurse (LPN) #1 also stated restorative had not been done for three months. 2. Review of the 9/21/05 quarterly Minimum Data Set (MDS) assessment showed resident #24 had range of motion limitations to both arms, both hands, both legs, and both feet. Review of the medical record and current restorative documentation showed the resident was supposed to receive range of motion exercises to	F 318		12/12/05

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 318	Continued From page 4 the upper and lower extremities three to five times per week. However, the resident did not receive services in September or October 2005. The resident only received services on one day (11/22/05) in November. During an interview on 11/22/05 at 10:10 AM, the resident stated s/he could not move his/her legs, and had limited movement to his/her arms. Observation at that time revealed the resident had limited voluntary movement to the arms and legs. The resident stated he/she did not receive restorative exercises to the arms or legs, but "...I probably need that." 3. Review of the 10/7/05 quarterly MDS assessment showed resident #1 had range of motion limitations to one foot, and "other" limitations. Review of the medical record and restorative documentation revealed the resident was supposed to receive stretching and exercises to the lower extremities three to five times per week. However, the resident did not receive restorative services August through November 22, 2005. 4. Review of the 11/14/05 quarterly MDS assessment revealed resident #4 had range of motion limitations to the following areas: one arm, one hand, both legs, both feet, and "other". Review of the medical record and restorative documentation showed the resident was supposed to receive passive range of motion to the upper and lower extremities seven days per week. However, the resident did not receive restorative services September through November 22, 2005. 5. Review of the 9/21/05 quarterly MDS	F 318		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 318	Continued From page 5 assessment showed resident #10 had range of motion limitations to one arm, one hand, one leg, one foot, and "other". Review of the medical record and restorative documentation showed the resident was supposed to receive passive range of motion to the right upper and lower extremities three to five times per week. However, the resident did not receive restorative during September and October 2005. In November, the resident only received services on one day (11/22/05). 6. Review of the 7/20/05 quarterly MDS assessment revealed resident #15 had range of motion limitations to both arms, both legs, and "other". Review of the medical record and restorative documentation showed the resident was supposed to receive exercises to the lower extremities three to five times per week. However, the resident did not receive restorative services September through November 22, 2005. 7. Review of the 8/19/05 quarterly MDS assessment showed resident #17 had range of motion limitations to one leg and one foot. Review of the medical record and restorative documentation revealed the resident was supposed to receive exercises to the lower extremities three times per week. However, the resident did not receive restorative services during September, October, or November 2005 (through 11/22/05). 8. Review of the 8/26/05 significant change MDS assessment revealed resident #21 had range of motion limitations to both arms, both hands, both legs and both feet. Review of the medical record and restorative documentation showed the	F 318		

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F 318	Continued From page 6 resident was supposed to receive lower extremity exercises three to five times per week. However, the resident did not receive restorative services during August, September, October or November 2005 (through 11/22/05). 9. Review of the 8/26/05 significant change MDS assessment revealed resident #30 had range of motion limitations to one arm, one hand, both legs, and both feet. Review of the medical record and restorative documentation showed the resident was supposed to receive range of motion to the upper and lower extremities. However, the resident did not receive services during September, October, or November 2005.	F 318		
F 353 SS=E	483.30(a) NURSING SERVICES - SUFFICIENT STAFF The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of	F 353		12/12/05

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F 353	Continued From page 7 duty. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff and resident interviews, the facility failed to assure sufficient staff to provide restorative services for range of motion and/or activities of daily living (ADLs) for sixteen of sixteen sample residents (#1, #3, #4, #7, #8, #10, #12, #15, #16, #17, #20, #21, #22, #24, #26, #30). The findings were: During an interview on 11/21/05 at 5:42 PM, the director of nursing (DON) stated restorative services had not been provided to residents for three months because the facility was short of staff. The DON showed the surveyor the current book of restorative documentation, which showed no services had been provided to any of the residents for the month. The DON stated the one restorative aide was needed to work the floor as a certified nurse aide (CNA). On 11/22/05 at 10:25 AM, licensed practical nurse (LPN) #1 also stated restorative had not been done for three months because there was not enough staff. During interviews on 11/21/05 at 4:45 PM and 5:17 PM, and on 11/22/05 at 10:30 AM, CNAs #1, #2, #3, and #4 all stated the facility did not have enough staff. RANGE OF MOTION 1. Review of the 9/21/05 quarterly Minimum Data	F 353		

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F 353	Continued From page 8 Set (MDS) assessment showed resident #24 had range of motion limitations to both arms, both hands, both legs, and both feet. Review of the medical record and current restorative documentation showed the resident was supposed to receive range of motion exercises to the upper and lower extremities three to five times per week. However, the resident did not receive services in September or October 2005. The resident only received services on one day (11/22/05) in November. During an interview on 11/22/05 at 10:10 AM, the resident stated s/he could not move his/her legs, and had limited movement to his/her arms. Observation at that time revealed the resident had limited voluntary movement to the arms and legs. The resident stated he/she did not receive restorative exercises to the arms or legs, but "...I probably need that." 2. Review of the 10/7/05 quarterly MDS assessment showed resident #1 had range of motion limitations to one foot, and "other" limitations. Review of the medical record and restorative documentation revealed the resident was supposed to receive stretching and exercises to the lower extremities three to five times per week. However, the resident did not receive restorative services August through November 22, 2005. 3. Review of the 11/14/05 quarterly MDS assessment revealed resident #4 had range of motion limitations to the following areas: one arm, one hand, both legs, both feet, and "other". Review of the medical record and restorative documentation showed the resident was supposed to receive passive range of motion to	F 353		

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F 353	Continued From page 9 the upper and lower extremities seven days per week. However, the resident did not receive restorative services September through November 22, 2005. 4. Review of the 9/21/05 quarterly MDS assessment showed resident #10 had range of motion limitations to one arm, one hand, one leg, one foot, and "other". Review of the medical record and restorative documentation showed the resident was supposed to receive passive range of motion to the right upper and lower extremities three to five times per week. However, the resident did not receive restorative during September and October 2005. In November, the resident only received services on one day (11/22/05). 5. Review of the 7/20/05 quarterly MDS assessment revealed resident #15 had range of motion limitations to both arms, both legs, and "other". Review of the medical record and restorative documentation showed the resident was supposed to receive exercises to the lower extremities three to five times per week. However, the resident did not receive restorative services September through November 22, 2005. 6. Review of the 8/19/05 quarterly MDS assessment showed resident #17 had range of motion limitations to one leg and one foot. Review of the medical record and restorative documentation revealed the resident was supposed to receive exercises to the lower extremities three times per week. However, the resident did not receive restorative services during September, October, or November 2005 (through 11/22/05).	F 353		

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F 353	Continued From page 10 7. Review of the 8/26/05 significant change MDS assessment revealed resident #21 had range of motion limitations to both arms, both hands, both legs and both feet. Review of the medical record and restorative documentation showed the resident was supposed to receive lower extremity exercises three to five times per week. However, the resident did not receive restorative services during August, September, October or November 2005 (through 11/22/05). 8. Review of the 8/26/05 significant change MDS assessment revealed resident #30 had range of motion limitations to one arm, one hand, both legs, and both feet. Review of the medical record and restorative documentation showed the resident was supposed to receive range of motion to the upper and lower extremities. However, the resident did not receive services during September, October, or November 2005. ACTIVITIES OF DAILY LIVING (ADLs) 1. Review of the 8/26/05 significant change Minimum Data Set (MDS) assessment for resident #3 showed ambulation did not occur during the seven day observation period. Review of of restorative documentation showed the resident was supposed to receive assistance with ambulation in the parallel bars two to three times per week. However, the resident did not receive restorative services September through November 22, 2005. 2. Review of the 11/21/05 quarterly MDS assessment for resident #7 revealed ambulation did not occur during the seven day observation	F 353		

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F 353	Continued From page 11 period. Review of restorative documentation showed the resident was supposed to have assistance with ambulation three times per week. However, the resident did not receive restorative from September through November 22, 2005. 3. Review of the 10/26/05 quarterly MDS assessment for resident #8 showed ambulation did not occur during the seven day observation period. Review of restorative documentation showed the resident was supposed to have assistance with ambulation three to five times per week. However, the resident did not receive restorative services August through November 2005. 4. Review of the 8/30/05 significant change MDS assessment showed resident #12 required limited assistance with dressing and hygiene. Review of restorative documentation showed the resident was supposed to have ADL training (dressing, grooming, mouth care, hair care) three to five times per week. However, the resident did not receive restorative services September though November 22, 2005. 5. Review of the 10/23/05 quarterly MDS assessment revealed resident #16 required limited assistance with dressing and hygiene. Review of restorative documentation revealed the resident was supposed to receive restorative for dressing and grooming two to three times per week. However, the resident did not receive restorative services August through November 22, 2005. 6. Review of the 8/19/05 quarterly MDS assessment showed resident #17 required	F 353		

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F 353	Continued From page 12 extensive assistance with transfers and ambulation. Observation on 11/21/05 at 4:40 PM revealed the resident required extensive assistance for transfers. Review of restorative documentation showed the resident was supposed to receive restorative for transfers and ambulation three times per week. However, the resident did not receive restorative services September through November 22, 2005. 7. Review of the 8/26/05 MDS assessment showed resident #20 required limited assistance with ambulation. Review of restorative documentation showed the resident was supposed to receive assistance with ambulation three to five times per week. However, the resident did not receive restorative services August through November 21, 2005. 8. Review of the 8/22/05 admission MDS assessment showed resident #22 required supervision for ambulation. Review of restorative documentation showed the resident was supposed to ambulate three to five times per week. However, the resident did not receive restorative ambulation from September through November 22, 2005. 9. Review of the 9/21/05 annual MDS assessment revealed resident #26 required supervision for dressing and limited assistance for hygiene. Review of restorative documentation showed the resident was supposed to have ADL training (dressing and grooming) three to five times per week. However, the resident did not receive ADL training September through November 22, 2005.	F 353		