Plan of correction with additions reviewed with Joanne Aldrich and accepted 11/19/07, 9 AM Karla Holler

PRINTED: 10/30/2007
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 _____	10/18/2007

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) COMPLETE DATE
S 000	State Rules and Regulations Rules and Regulations for Program Administration of Nursing Care Facilities. Section 11. Dietetic Services (a) (i) If the qualified supervisor is not a Registered Dietician, 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 was not met as evidenced by: Based on staff interview, the facility failed to ensure the minimum qualifications were met for the dietary manager. The findings were: Interview with the dietary manager on 10/18/07 at 8:50 AM revealed she had been the full-time dietary manager for 3.5 years and a consultant dietitian worked at the facility an average of 20 hours per month. The following concern was identified: Further interview with the dietary manager on 10/18/07 at 8:50 AM revealed she had been enrolled in the one-year dietary manager correspondence course through the University of North Dakota for three years. The interview also revealed she had completed about 25 percent of the lessons and would like to finish the course; however, she had not had time to devote to completing the lessons.	S 000	This plan of correction is the facility's credible allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of truth of the facts ~~alleged~~ or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law. Dietary Manager will complete the Certified Dietary Manager's Course within six months. The Administrator is responsible for dietary manager completing course. The Administrator will coordinate with dietition for future compliance.	12-1-07

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: NHA — (X6) DATE: 11-8-07

STATE FORM 6899 QJR411 If continuation sheet 1 of 1

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