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PRINTED: 09/22/2008
FORM APPROVED

Wyoming Dept of Health - Office of Healthcare Licensing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY00017	(X2) MULTIPLE CONSTRUCTION: A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 0911112008
NAME OF PROVIDER OR SUPPLIER MORNING STAR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE P O BOX 869 FORT WASHAKIE, WY 82614		
(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 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 observation, review of policies and training records, and staff interview, the facility failed to ensure the supervisor of the dietetic service was a qualified as required. The findings were: During an interview on 9/10/08 at 2:10 PM, it was revealed that the supervisor of the dietetic service was not a registered dietitian, a dietetic technician nor had she completed a dietary manager's educational program. She stated she has been the supervisor since "about May." The following concerns were identified regarding the dishmachine sanitization: a. On 9/9/08 at 4:35 PM the dietary manager stated the dishmachine was a low	S 000	Dietary Manager is currently enrolled in the Dietary Manager course to become certified. Dietary Manager is currently in phase 2, Course will be completed within the next six (6) months. Administrator will send up-date regarding status of course completion each month. a. Dietary Manager will obtain tests strips for testing sanitizer for dish machine and ensure supply of test strips are available to staff. b. Dietary manager (DM) will train all dietary staff according to policy to accurately complete PPM test for dish machine sanitizer and complete a return demonstration to ensure knowledge. Test strips will be used to quantify the sanitizer as the machine requires chemicals not water temperature to sanitize. Test results should be at 50 to 100 parts per million (PPM). c. Registered Dietician (RD) will weekly check staff knowledge of testing for PPM of sanitizer in dish machine. d. All documentation will be taken by the Dietary Manager to the Quality Assurance Committee meeting at least quarterly.	3/31/09	

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

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

TITLE

(X9) DATE

STATE FORM

6899

79F211

If continuation sheet 1 of 2

Change made per phone with JoAnn Abbrich, NHA
on 10/2/08 @ 1035.
Janelle Conner, OAEK

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Wyoming Dept of Health

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Office of Healthcare
Licensing and Surveys

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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 0911112008
NAME OF PROVIDER OR SUPPLIER MORNING STAR CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE P O BOX 869 FORT WASHAKIE, WY 82614		
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S 000 Continued From page 1	temperature/chemical sanitizing (chlorine) machine. The dietary manager stated staff did not monitor the chlorine concentration of the dish machine. On 9/9/08 at 5 PM observation revealed the facility did not have any chlorine test strips to test the sanitization level. At that time, the surveyor used her test strips to determine the chlorine concentration at the dish surface. The level was 0 (zero) parts per million (ppm); it should have been at least 50 ppm according to manufacturer's guidelines. b. Review of reports given to the facility by the company who inspected the dishmachine monthly revealed that twice (5/21/08 and 8/14/08) in the past 5 months the report indicated the concentration was 0 ppm when tested. During an interview on 9/11/08 at 1:10 PM, the administrator stated the monthly reports were given to the dietary manager and herself. She stated the facility did not implement any monitoring after the two reports showed the sanitizer was not at the correct level. c. Review of the policy manual with the dietary manager on 9/11/08 at 9 AM revealed no policy for monitoring the sanitization of the dishmachine. In addition, during an interview on 9/10/08 at 2:10 PM the dietary manager stated the dietary staff had not been educated on testing the sanitization of the dishmachine.	S 000		