

WDH - Office of Healthcare Licensing and Surveys

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 11/18/2010
NAME OF PROVIDER OR SUPPLIER MORNING STAR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 This State Rules and Regulations is not met as evidenced by: Rules and Regulation 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 manager's 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 staff interview, the facility failed to ensure the kitchen manager was a Registered Dietitian, a graduate of a dietetic technician program, or a graduate of a certified dietary manager's program (CDM). The findings were: Interview with the kitchen manager on 11/17/10 at 2:48 PM revealed she was enrolled in an online certified dietary manager's program through the University of North Dakota. She stated she enrolled in the course in March 2010 but, to date, had only completed one lesson. Interview with the facility's consultant RD on 11/17/10 at 2:14 PM confirmed the manager had not yet finished the CDM coursework.	SNH	The Dietary Manager is enrolled in the dietetic technician program. An extension has been requested and granted for the Dietary Manager. Dietary Manager will schedule dietary staffing so to allow time for completion of lessons while on duty. Administrator will monitor the weekly progress of the Dietary Manager and report progress to Office of Health Licensing and Surveys on a monthly basis. The Dietary Manager and the Administrator will report the Dietary manager's progress in the approved dietetic technician program to the quarterly Quality Assurance Committee.	1/2/11	

Wyoming Dept of Health-Office of Healthcare Licensing and Surveys

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

TITLE
NHA

(X6) DATE

12-10-10

STATE FORM

8839

9LHC11

WHA RECEIVED
Wyoming Dept of Health

If continuation sheet 1 of 1

DEC 14 2010

Office of Healthcare
Licensing and Surveys

12/21/10 Pen telephone call with Jo Ann Aldrich
POC accepted with connections
Day of compliance 1/2/11

Kada Holton