POC accepted 5/11/11 JC

WDH - Office of Healthcare Licensing and Surveys

PRINTED: 04/18/2011
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 _____	04/14/2011

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) COMPLETE DATE
SNH	LSC REGS FOR NURSING HOMES This State Rules and Regulations is not met as evidenced by: 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. Based on staff interview and review of documents, the facility failed to ensure the administrator was licensed by the Wyoming Board of Nursing Home Administrators (NHA). The findings were: During the entrance conference on 4/13/11 at 1:20 PM, the administrator stated she did not have a license with the Wyoming Board of NHA. Review of documents presented by the facility showed she submitted paperwork to the Wyoming Board of NHA for a temporary license on 4/6/11.	SNH	WY Board of Nursing Home Administrators approved the application of Barbara Pelzek, for a temporary license, as Nursing Home Administrator. Date of issue was April 19, 2011. The expiration date is September 19, 2011. An Administrator, with an active, regular license, will be hired prior to the expiration date of Ms. Pelzek's temporary License. Continued compliance will be monitored by the facility's QA program. JC	4/19/11

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

Barbara Pelzek Interim Administrator 4/22/11

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

STATE FORM 6899 OUXO11 If continuation sheet 1 of 1

Changes made per phone call on 5/6/11 @ 1pm with Barbara Pelzek, Administrator and Jeanette Cousin, OTN

RECEIVED
Wyoming Dept of Health
MAY 05 2011
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