PRINTED: 11/18/2016
FORM APPROVED

Healthcare Licensing and Surveys

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DEC 1 2016
Healthcare Licensing and Surveys

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 _____	11/03/2016

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
S2910	Ch 11 Sec 5 (b)(iv) Organization and Administration (b) Personnel policies and procedures. The governing body or its equivalent, through the Nursing Home Administrator, shall be responsible for implementing and maintaining written personnel policies and procedures that support sound resident care and personnel practices. (iv) Written policies shall ensure a safe and sanitary environment for residents and personnel. (A) Tuberculin testing shall be accomplished for each employee upon employment and before resident contact begins and annually thereafter. (B) Employees having known positive skin test shall provide a certificate of noninfectiousness for a physician, recommendations, if any, for treatment, and evidence that they have complied with such recommendations. (C) Individuals providing documentation of negative skin tests administered within the last year need no physician follow-up at this time. (D) Individuals never having had a skin test or who do not have written proof of skin test results, shall have an intradermal Mantoux using 5TU PPD. This shall be accomplished via the two (2) step procedure. If the first test is negative and the employee is asymptomatic, the employee may engage in resident contact prior to the results of the second skin test. (I) A negative reaction requires no follow-up by a physician at this time.	S2910	The facility will ensure that written policies and procedures supporting sound resident care and personnel practicies will be reviewed and updated to ensure a sanitary environment for residents and personnel. The facility will ensure all employees and residents will have tuberculin testing upon employment and before resident contact with a two step procedure. Employees with known positive skin tests will be required to provide a certificate from their physician to show non-infectiousness. Facility will follow Employee Tuberculiin skin testing for 1 month and monthly thereafter to ensure all employees have received their skin test or have provided certificate of noninfectiousness. All employees and nursing staff will receive education and inservice regarding Personnel policy 222:2 regarding infectious diseases. Results from all audits will be reported to the quarterly QI meeting.	11/7/2016

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tamara A. Read — TITLE: Administrator — (X6) DATE: 12/28/16

STATE FORM 6899 59IZ11 If continuation sheet 1 of 4

Changes made per phone call with Tammy Read, NHA on 12/27/16 @ 2:15pm
POC accepted.
Jennie Ca

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S2910	Continued From page 1 (II) A positive reaction (10mm induration using 5TU PPD) requires a referral to a physician for x-ray and certification of noninfectiousness and appropriate treatment if needed. Follow-up shall comply with recommendations of the attending physician. (E) If symptoms occur, a new certificate of noninfectiousness is required from the physician. This State Rule and Regulation is not met as evidenced by: Based on employee file review and staff interview, the facility failed to ensure tuberculin (TB) testing was completed for 1 of 5 employee files reviewed (housekeeper #1). The findings were: Review of the employee file for housekeeper #1 showed no documented evidence a TB test was completed upon employment. Interview with the administrator on 11/3/16 at 9:29 AM revealed she was unable to produce any documentation of completion of a TB test on Housekeeper #1.	S2910		
S2924	Ch 11 Sec 6 (a)(iv) Physical Environment (a) The building(s) of the Nursing Care Facility shall be constructed, arranged and maintained to ensure the health and welfare of all residents. (iv) Shower/bath and resident lavatories shall be set to provide water of a temperature not to exceed 110 degrees Fahrenheit. This State Rule and Regulation is not met as evidenced by:	S2924	A) Water heater was turned down on 11/3//16 at 11:27am 5 degrees. At 2:46pm water temperatures were taken in room #214 at 107.3, and room #201 at 108.5, Men's restroom at 107.1, room 111 at 107.6 and room 102 at 108.4.	

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S2924	Continued From page 2 Based on observation and staff interview, the facility failed to ensure hot water temperatures in resident bathrooms did not exceed 110 degrees Fahrenheit (F) in 2 of 2 resident areas (100 Hall, 200 Hall). The findings were: 1. Observation on 11/3/16 between 7:51 AM and 8:45 AM showed the following: a. The hot water temperature at the resident's sink in room 214 measured 112.5 degrees F. b. The hot water temperature at the resident's sink in room 201 measured 113.2 degrees F. c. The hot water temperature at the sink in the 200 hall shower room measured 111.6 degrees F. d. The hot water temperature at the resident's sink in room 111 measured 111.6 degrees F. e. The hot water temperature at the resident's sink in room 102 measured 113.4 degrees F. f. The hot water temperature at the sink in the 100 hall shower room measured 113 degrees F. 2. Interview with the maintenance manager on 11/3/2016 at 9:03 AM confirmed that he was aware of the regulation for water temperatures. While touring the facility he was able to verify with his own thermometer that water temperatures were above 110 degrees F.	S2924	B) All residents and staff could be burned if water temperature were too high. Maintenance will do weekly audits on water temperatures in 5 random rooms to ensure water temperatures are below 110 degrees. C) Environmental service Manager will in-service maintenance staff on water temperatures and how to lower or raise temperatures on water heater. Water heater will maintain water temperatures below 110 degrees. D) Environmental Services Manager will report audits to the Quality Assurance Committee at the QAPI meetings.	12/30/16
S3001	Ch 11 Sec 11 (a)(i) Dietetic Services The facility shall provide dietetic services that meet the nutritional needs of residents according to the science of nutrition. The dietetic service shall operate with safe food handling practices from receipt through service in accordance with the most current edition of the FOOD CODE from the U.S. Department of Health and Human Services, Public Health Service, Food and Drug	S3001	A) The Dietary Manager will enroll in a certified dietary manager program approved by the Certifying Board of Dietary Managers. At present time we have a Registered Dietician and an Assistant Dietary Manager who is a certified dietary manager.	

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S3001	Continued From page 3 Administration. (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 of Dietary Managers. Training and experience in food service supervision and nutrition equivalent in content to the approved educational programs are acceptable. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the supervisor of the dietary department was a certified dietary manager or the equivalent. The findings were: Observation on 10/31/06 at 2:25 PM showed the dietary manager office had a certified dietary manager certificate hanging on the wall. Interview with the dietary manager at that time revealed the certificate was not hers, and she was not a certified dietary manager. She further confirmed that she was looking into certified dietary manager programs, but had not enrolled in any program.	S3001	B) All residents and staff could be affected if safe food handling practices, food service supervision and nutrition equivalent aren't followed. C) The Registered Dietician and Environmental Services Manager will ensure that the Dietary Manager enrolls in a certified dietary manager program approved by ~~the Certifying~~ Board of Dietary Managers. D) Dietary Manager will notify the Registered Dietician and Environmental Services Manager as soon as she is registered in certified dietary manager program. Dietary Manager will then report this to the Quality Assurance Committee at the QAPI meetings. D.M. will complete all approved coursework by Dec of 2017.	12/31/17 ~~12/30/16~~