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	535050	A. BUILDING _____ B. WING _____	03/11/2021

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MORNING STAR CARE CENTER	4 NORTH FORK ROAD FORT WASHAKIE, WY 82514

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F 000	INITIAL COMMENTS A recertification survey which included a COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys from 3/8/21 through 3/11/21. The following common abbreviations are used throughout this document: BIMS: Brief Interview for Mental Status CNA: Certified Nursing Assistant DON: Director of Nursing LPN: Licensed Practical Nurse MDS: Minimum Data Set RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, medical record review, elder interview, and review of the Resident Assessment Instrument (RAI) manual, the facility failed to ensure MDS assessment information was an accurate reflection of elder status for 3 of 14 sample elders (#7, #10, #21). The findings were: 1. Review of the 2/8/21 annual MDS assessment showed elder #7 had a BIMS score of 15/15 (cognitively intact) and received insulin injections	F 641	Corrective action for Resident # 10 1. Corrective action for resident # 10 MDS error has been corrected to reflect this individual□s accurate diet order. Corrective action for Resident # 7 2. Corrective action for resident # 7 MDS errors has been corrected to reflect this individual□s accurate medication administration. Corrective action for Resident #21 3. Corrective action for resident # 21	4/1/21

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

Electronically Signed | 03/30/2021

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F 641	Continued From page 1 7 days of the 7-day look-back period. The following concerns were identified: a. Interview with the elder on 3/9/21 at 9:15 AM revealed the physician had discontinued her insulin injections in December of 2020. b. Review of a physician order showed Levemir (insulin) 8 units subcutaneously daily was discontinued on 12/11/20. c. Review of the December 2020 medication administration record (MAR) showed the elder received an insulin injection daily from 12/1 through 12/11 before being discontinued. d. Interview with the DON/MDS coordinator on 3/10/21 at 2:13 PM confirmed the elder's insulin had been discontinued and the MDS assessment was coded incorrectly. 2. Review of the 9/21/20 significant change MDS assessment and the 12/21/20 quarterly MDS assessment for elder #10 showed the elder had not received a mechanically altered diet during the 7-day look-back period. The following concerns were identified: a. Observation on 3/8/21 at 5:02 PM showed the elder had been served a pureed diet and was being assisted with eating by the activities director. b. Review of a nurse's note dated 9/16/20 showed the elder had returned from the hospital and required a pureed diet with nectar-like thickened liquids. In addition the elder should be sitting completely upright while eating and required assistance. c. Review of a physician order dated 9/16/20 showed a pureed diet with nectar-like thickened liquids had been prescribed. d. Review of a nutrition note dated 9/18/20 showed the elder was on a regular diet, with pureed textures, and nectar-like thickened liquids.	F 641	MDS error have been corrected to reflect this induvial accurate Dialysis Therapy. Corrective action a. During the IDT Daily Alert Charting Clinical Meeting a 24 hour order change report will be ran and reviewed by the IDT Team to ensure the MDS coordinator is aware elder□s current orders. b. Corrective action taken to prevent other residents from being affected: IDT team members will audit MDS prior to submission for correct information related to orders for every MDS for three months. 4. Identification of others a. All new and current resident□s diet orders and medication orders will be reviewed and monitored by the IDT team during daily alert charting meeting as well as on the Quarterly/ Annual MDS review by Elder Care Manager. Corrective action taken to prevent other residents from being affected: During the IDT Alert Charting Clinical Meeting a 24 hour order change report will be ran and reviewed daily by the IDT Team to ensure the MDS coordinator is aware elder□s current orders. 5. System measures DON educated IDT Team (Elder Care Manager, Social Services, Quality Assurance, and Infection Preventionist) on systemic changes to Alert Charting Clinical Meeting on 03/11/2021. DON educated IDT Team on additions to	

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F 641	Continued From page 2 e. Interview with the DON/MDS coordinator on 3/10/21 at 3:10 PM confirmed the elder was on a pureed diet and the MDS assessments had been coded inaccurately. 3. Review of the 1/5/21 quarterly MDS assessment showed elder #21 had a BIMS score of 11/15 (indicating moderate cognitive impairment), required supervision with transfers and extensive assistance for locomotion on and off the unit. Further the elder had a diagnosis of end stage renal disease, however was not coded for receiving dialysis during the 14-day look-back period. The following concerns were identified: b. Interview with the elder on 3/9/21 at 9:30 AM revealed s/he was out of the facility every Monday, Wednesday and Friday for regularly scheduled dialysis appointments. Further the elder revealed this had occurred for the last five years. c. Interview with the DON/MDS coordinator on 3/10/21 at 3:25 PM confirmed the elder received dialysis three times a week and this was not coded in the MDS accurately. According to the MDS RAI Manual version 1.71.1 page 468 "Section N...Steps for Assessment 1. Review the resident's medication administration records for the 7-day look-back period (or since admission/entry or reentry if less than 7 days). 2. Determine if the resident received insulin injections during the look-back period. 3. Determine if the physician (or nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) changed the resident's insulin orders during the look-back period. 4. Count the number of days insulin injections were received and/or insulin orders changed. Coding Instructions for N0350A Enter	F 641	Quarterly/Annual Review Audit Tool to reflect current diet orders and medication orders related to MDS. 6. Monitoring Maintain sustainability: The IDT team will audit MDS prior to submission for current diet orders and medication administration accuracy with the Quarterly/Annual Review Audit Tool. 7. All resident diet orders and medication administration pertaining to MDS audits will be reported to quarterly QAPI meeting.	

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F 641	Continued From page 3 in Item N0350A, the number of days during the 7-day look-back period (or since admission/entry or reentry if less than 7 days) that insulin injections were received..." According to the MDS RAI Manual version 1.71.1 page 416 "Section K...coding instructions for column 2 Check all nutritional approaches performed after admission/entry or reentry to the facility and within the 7-day look-back period. Check all that apply... K0510C, mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)..." According to the MDS RAI Manual version 1.71.1 page 491and 493 "Section O...Coding Instructions for Column 2 Check all treatments, procedures, and programs received or performed by the resident after admission/entry or reentry to the facility and within the 14-day look-back period...Code peritoneal or renal dialysis which occurs at the nursing home or at another facility, record treatments of hemofiltration, Slow Continuous Ultrafiltration (SCUF), Continuous Arteriovenous Hemofiltration (CAVH), and Continuous Ambulatory Peritoneal Dialysis (CAPD) in this item. IVs, IV medication, and blood transfusions administered during dialysis are considered part of the dialysis procedure and are not to be coded under items K0510A (Parenteral/IV), O0100H (IV medications), or O0100I (transfusions). This item may be coded if the resident performs his/her own dialysis."	F 641		
F 801 SS=F	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing The facility must employ sufficient staff with the	F 801		4/8/21

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F 801	Continued From page 4	F 801		

appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)

This includes:
§483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who-
(i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.
(ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.
(iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.
(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or

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F 801	Continued From page 5 as required by state law. §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who- (i) For designations prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is: (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is not met as evidenced by: Based on staff interview and review of the enrollment letter, the facility failed to ensure the dietary manager met the required qualifications. The facility census was 24. The findings were. Interview with the dietary manager on 3/10/21 at 12:17 PM revealed she was not a certified dietary manager, and she was enrolled in the "Nutrition &	F 801	Morning Star Care Center has employed a full time Registered Dietician. The Registered Dietician will oversee the dietary department, menus, diet textures, staff training and provide in-service for on-going state and federal compliance in accordance with F tag 801. Elders in the facility could be negatively effected	

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F 801	Continued From page 6 Foodservice Professionals Training Course" through the University of North Dakota with an expected completion date of 1/31/22. Review of the enrollment letter showed the dietary manager enrolled in the course on 11/25/20.	F 801	without the oversite of a Certified Food Service Professional due to the variations in diet textures, nutritional content, or health status. The Registered Dietician will be available on a daily basis for any elder or staffing needs, and will continue to be present for quarterly QAPI meetings. The QAPI Coordinator will provide on-going monthly audits of the dietary department for 12 months, to ensure proper practices are in place and support the Registered Dietician, as well as dietary staff.	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	F 880		4/1/21

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F 880	Continued From page 7 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880		

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F 880	Continued From page 8 §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, CDC (Centers for Disease Control) guidelines, policy and procedure review, and staff interview, the facility failed to ensure appropriate infection control practices were implemented for 1 of 1 elder (#75) on transmission based precautions. The findings were: 1. Observation on 3/8/21 at 2:52 PM showed elder #75's room had the door closed with PPE (personal protective equipment) hanging on the door. Signage was present to indicate the elder was on droplet precautions. The signage prompted staff to perform hand hygiene before entering and before leaving the elder's room and to ensure eyes, nose, and mouth were fully covered before room entry. An additional sign instructed staff upon leaving the room to: 1. Remove gloves 2. Remove gown 3. Perform hand hygiene 4. Remove eye protection 5. Remove mask or N95 and 6. Perform hand hygiene. The following concerns were identified: a. Observation on 3/9/21 at 11:50 AM showed LPN #1 donned a gown, gloves, shoe coverings, and a hair bonnet and entered the elder's room. The LPN did not don an N95 mask or eye protection. The PPE was removed, with the exception of her surgical mask, before the LPN exited the room and hand hygiene was performed. b. Interview on 3/9/21 at 11:55 AM with LPN #1 revealed the elder was a new admission, however was not technically on droplet precautions so no eye protection or N95 mask	F 880	Corrective action for Resident #75 1. Staff immediately implemented appropriate transmission □ based precautions while providing care to the resident. 2. Staff were educated from 03/9/ 2021 to 03/26/2021 per Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) guidelines for Transmission based precautions. Corrective Action a. The Registered Nurse in charge of Infection Control and Director of Nursing (DON) have completed the following: a. Staff were educated from 03/9/ 2021 to 03/26/2021 per Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) guidelines for Transmission based precautions. Identification of Others: The Registered Nurse in charge of Infection Control and DON, in conjunction with the interdisciplinary team (IDT) reviewed the current COVID-19 nursing facility guidelines from the CDC a CMS. Action plan to ensure compliance includes an updated New Admission Communication Form sent to all Department Managers on 03/29/2021. System Changes The Director of Nursing will conduct a survey that will be completed by 3/31/2021. The survey results will be evaluated prior to an all staff in-service on	

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F 880	Continued From page 9 was needed. In addition, she stated the elder had tested negative for COVID-19 during his/her hospital stay and again when admitted to the facility. c. Review of the medical record showed the elder was admitted to the facility on 3/4/21 for rehabilitation. d. Interview with the DON on 3/9/21 at 4:32 PM revealed the elder was on droplet precautions due to being a new admission. Further, she stated staff had been educated about the need to wear eye protection and an N95 mask when entering the room. 2. Review of the undated "Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19)" showed "Procedure Signs and symptoms of COVID-19...Symptoms may appear 2-14 days after exposure to the virus... Resident Care Admission Guidance...Isolate all admitted residents (including readmissions) in a private room with own bathroom, in the quarantine designated location for 14 days..." 3. Review of CDC guidelines found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html and retrieved on 3/17/21 showed "Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. "Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP [healthcare personnel] should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face	F 880	04/01/2021 to identify and determine the reasons for non compliance for appropriate PPE use. After analysis of this survey, any indicated correction and /or continued education will be completed during the all staff in-service on 04/01/2021. The DON will ensure education is provided for Standard, Droplet, and Contact Transmission Based Precautions, and the proper use of PPE for each type of Transmission Based Precautions in accordance with the current CDC and CMS guidelines. Monitoring Monitoring of approaches to ensure infection control and prevention are effective will include: Weekly for 12 weeks, the Infection Control Nurse, DON, and/or applicable IDT will conduct on-going monitoring via observation to ensure staff are complying with appropriate PPE for all types of transmission based precautions. After monitoring for 12 weeks , if all staff demonstrate appropriate PPE use, monitoring will be reduced to monthly. Monthly monitoring will continue for duration of three months. All monitoring will be reported to QAPI Coordinator. QAPI team will review compliance based on audits completed. Monitoring will be discontinued after Morning Star Care Center completes three consecutive rounds of monthly monitoring that demonstrates sustained compliance approved by the Director of Nursing, Infection Control Nurse, and the QAPI Coordinator.	

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F 880	Continued From page 10 shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected."	F 880		
F 882 SS=F	Infection Preventionist Qualifications/Role CFR(s): 483.80(b)(1)-(4)(c) §483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP. The IP must: §483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field; §483.80(b)(2) Be qualified by education, training, experience or certification; §483.80(b)(3) Work at least part-time at the facility; and §483.80(b)(4) Have completed specialized training in infection prevention and control. §483.80 (c) IP participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis. This REQUIREMENT is not met as evidenced	F 882		4/6/21

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MORNING STAR CARE CENTER	4 NORTH FORK ROAD FORT WASHAKIE, WY 82514

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F 882	Continued From page 11 by: Based on staff interview, the facility failed to ensure the infection preventionist met the qualifications. The facility census was 24. The findings were: Interview with the DON and RN #2 on 3/11/21 at 8:24 AM revealed RN #2 had assumed the responsibilities of the infection preventionist in late January 2021 and was not currently enrolled in the required specialized training course in infection prevention and control. The DON stated the facility's previous infection preventionist had resigned the position, however remained a part-time employee. Interview with RN #2 revealed she had resigned her position as infection preventionist at the end of December 2020. Further she stated she currently worked 2 days a week in the facility and was not involved in infection prevention except for an occasional question.	F 882	Our new Infection Control Registered Nurse is currently enrolled in the Nursing Home Infection Preventionist Training Course through the website CDC TRAIN. An expected competition date is 04/06/2021. The QAPI Coordinator will perform daily audits of progress and report to the IDT Team during the Daily IDT Team meeting.	