STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535050	A. BUILDING _____ B. WING _____	C 04/10/2025

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) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 4/7/25 through 4/10/25. Also reviewed in the course of the survey was complaint intake WY00004279. The following common abbreviations are used throughout this document: MDS: Minimum Data Sheet DON: Director of Nursing CMS: Center for Medicare and Medicaid Services 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 medical record review, staff interview, and MDS 3.0 Resident Assessment Instrument (RAI) manual review, the facility failed to ensure MDS assessments were accurate for 1 of 3 sample residents (#22) reviewed for MDS discrepancies. The findings were: 1. Review of the CMS-802 Matrix provided on 4/7/25 showed elder #22 was coded for receiving hospice care. 2. Review of the quarterly MDS dated 2/2/25, Section O0110 question K1, showed elder #22 was coded as receiving hospice care.	F 641	Corrective action for resident #22: Assessment correction to exclude hospice services on MDS and resubmitted with correct information reflected. Identifying others: If proper MDS information is not submitted correctly, it could impact the residents' and the care they receive. Without proper identification of services, the resident's entire plan of care would be effected, as well as their well-being, health, and safety. Systemic Changes: The policy for proper MDS 3.0 Completion and Significant Change in Status Assessment requirements have been reviewed by	5/22/25

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

Electronically Signed | 04/24/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 641	Continued From page 1 3. Interview with the DON on 4/9/25 at 2:01 PM revealed the elder had been removed from hospice care in August 2024 and the MDS should not have been marked for hospice services. 4. Review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User Manual version 1.19.1 last revised October 2024 showed "...When a SNF or NF is the hospice resident's residence for purposes of the hospice benefit, the facility must comply with the Medicare or Medicaid participation requirements, meaning the resident must be assessed using the RAI, have a care plan and be provided with the services required under the plan of care..."	F 641	DON with MDS Coordinator. MDS Coordinator audited resident census MDS Significant Change in Status submissions to ensure proper reflection of services are provided and marked. Monitoring: DON and MDS Coordinator will audit Significant Change in Status MDS prior to submission to ensure compliance monthly x3 months, then quarterly therafter. All audits will be reviewed at quarterly QAPI meeting.	