Oct 13 OCT. 16. 2006 3:14PM 1500 OCT. 12. 2006 2:52PM 13073324279 NO. 1945 NO. 1067 P. 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

POC accepted 10/19/04 OXRC

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535059	A. BUILDING ___ B. WING ___	C 10/05/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR CARE CENTER	P O BOX 859 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 493 SS=C	483.75(d)(1)-(2) GOVERNING BODY The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and the governing body appoints the administrator who is licensed by the State where licensing is required; and responsible for the management of the facility This REQUIREMENT is not met as evidenced by: Based on staff interview and review of an internet database, the governing body failed to appoint an administrator who was licensed by the state of Wyoming. The findings were: During an interview on 10/5/06 at 1:20 PM, the director of nursing (DON) stated she was acting as the administrator. The DON stated she did not have a Wyoming license as a nursing home administrator. The DON stated the previous licensed administrator had been gone for "weeks". Review of the Wyoming Board of Nursing Home Administrators Internet database (http://nha.state.wy.us) on 10/5/06 showed the DON did not have a license.	F 493	It is the policy of this facility to have a governing body that appoints the administrator who is licensed by the State of Wyoming and is responsible for the management of the facility. The current acting administrator is the DON, Lucylle J. Smith and she has received a temporary license NHA-544T as of October 13, 2006. MSCC is currently pursuing a full time administrator and will have in place this person, fully licensed by the state of Wyoming by April 13, 2007. The DON is beginning the didactic portion of work to obtain her Nursing Home Administrators license. By October 13, 2007, there will be two employees of Morningstar with valid Wyoming State nursing home administrator licenses. Compliance will be monitored through quarterly QA meetings.	10/13/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lucylle J Smith	Temporary Administrator	10-13-06

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Changes made per phone on 10/19/06 @ 1600 w/ Lucylle Smith, acting administrator
Janell Corbin, OXRC

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: GBOT11 Facility ID: WY0017 If continuation sheet Page 1 of 1

OCT 12 2006

WYOMING DEPT OF HEALTH
HEALTH FACILITIES