| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
| --- | --- | --- | --- |
| | 535050 | A. Building<br>B. Wing | 11/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
| --- | --- |
| Morning Star Care Center | 4 North Fork Road<br>Fort Washakie, WY 82514 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| --- | --- |
| F 0622<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35081<br><br>Based on medical record review, and resident representative and staff interview, the facility failed to ensure resident's transferred to the hospital were allowed to return to the the facility for 1 of 3 sample residents (#1) reviewed for hospital transfers. The findings were:<br><br>1. Review of a discharge MDS assessment dated [DATE] showed resident #1 admitted to the facility on [DATE] and had a planned short-term general hospital discharge return not anticipated on 9/21/24. The following concerns were identified:<br><br>a. Review of a progress note dated 9/21/24 and timed 11:55 AM showed Resident sent to ER due to being violent towards staff and other residents. Staff had to intervene when [s/he] was going towards another resident when in a foul mood, and it look [sic] as though [s/he] was going to hit [him/her]. This RN discussed the situation with the nurse manager and decided it was safest for the residents if [s/he] were sent to the ER. The Non emergent ambulance was contacted, and they involved law enforcement due to [her/him] being violent- They were notified that resident was an [AGE] year-old [woman/man], small in stature. One officer arrived from law enforcement around twenty minutes after being contacted. The officer asked questions about the resident and witnessed [him/her] trying to hit others and yell at them. Another officer showed up and resident was very agitated, swinging and or yelling at residents and staff passing by [her/him]. [S/He] was still highly agitated when EMS came in. The nurse manager was trying to calm resident down and [s/he] grabbed her hand and started twisting it, [s/he] would not let go and she had to be helped by law enforcement. EMS tried to put resident onto the gurney, and [s/he] was trying to spit in their faces as well as hit them. At one point, resident tried to put one of the EMS men in a headlock and he slipped out of it. Resident was then sent to the ER.<br><br>b. Review of a progress note dated 9/21/24 and timed 1:53 PM showed the facility received a call from the resident's family to notify them the hospital was ready for the resident to return to the facility.<br><br>(continued on next page) |

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.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535050 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/05/2024 |
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| NAME OF PROVIDER OR SUPPLIER Morning Star Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4 North Fork Road Fort Washakie, WY 82514 | |

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| F 0622<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | c. Review of a progress note dated 9/21/24 and timed 2:02 PM showed Spoke to [name] RN from [hospital name], he stated elder has not been aggressive at the ER and behaviors are not present . This nurse stated that the elder was witnessed by [law enforcement] and staff when [s/he] was spitting and hitting at EMS staff, and that two employees reported elder attempts to hit two elders and that elders were safe due to the prompt response of the staff. Elder was also physically abused [sic] towards staff. Per the administrator's order [facility] is implementing an emergency discharge due to concerns for the safety of the elders and the and the staff, and for [facility] clinical department unable to provide cares to meet elder's needs at this time for correct placement. [name] stated that Dr. [name] was notified of elder transfer to ER. This nurse relayed information from administrator who contacted [service's name] to refer this case and request additional support for adequate placement for Elder [initials], [Service's name] stated that they would send the on call provider to [hospital] as soon as ER department contacted [service's name]. This nurse recommended contact [service's name] to have the on call provider assess and assist elder and family. [Name] stated that Elder's daughter is at the ER at this time and aware of situation. This nurse referred [name] RN to DON per his request.<br><br>d. Review of a progress note dated 9/21/24 and timed 3:05 PM showed [Name] and elder's son here at the facility to discuss emergent discharge. This nurse used therapeutic communication to explain that due to incidents of near incidents of physical aggression and reports received by elders related to experiencing unwell-been due to [initials] elder violent displays. Per [facility] administrator indication; an emergency discharge was decided due to concerns for the safety of the elders and staff, the elder needs related to vascular dementia and proper placement can not be met by the facility at this time. This nurse indicated to [name] that information regarding [service's name] was recommended during the conversation with [name] RN from[hospital]. [Name] stated that she had been in contact. Dr. [name] after she was notified of emergency discharge and that would [sic] like to address this decision with DON and the administrative representative. This nurse used therapeutic communication to address family concerns and indicated to [name] and brother that DON and administration were informed about her request. Inventory of items was performed by CNA, SS was contacted to follow up with family regarding pick up arrangements of inventoried items.<br><br>e. Review of a Transfer/Discharge Notice dated 9/21/24 showed the reason for transfer/discharge was 'Unable to redirect elder at this time after two counts of physical aggression. Per Dr. [name] order send elder to ER [emergency room ]. Further review showed Is resident expected to return was marked yes, the resident's representative gave telephone consent, and the charge nurse was the nurse manager.<br><br>f. Interview with the resident's son on 10/23/24 at 5:29 PM revealed the facility notified family the resident was being transferred to the emergency room by ambulance due aggressive episodes. He revealed while at the hospital, the physician felt the resident was ready to return to the facility; however, they were unable to get in touch with anyone at the facility. Family contacted the facility and let them know the resident was ready to return and were told the facility would go get the resident. The hospital notified family the facility would not accept the resident back to the facility. Further interview revealed the facility did not issue a discharge notice until family went to the facility to get the resident's belongings, after they were told the facility refused to allow the resident to return.<br><br>(continued on next page) |

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| NAME OF PROVIDER OR SUPPLIER Morning Star Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4 North Fork Road Fort Washakie, WY 82514 | |

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| F 0622<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | g. Interview with RN #1 on 10/24/24 at 1:22 PM revealed the resident had a lot of pain and would get aggressive at times. The RN revealed the resident had hallucinations a lot and was resistive to care. She confirmed she was at the facility the day the resident discharged and revealed the resident had been aggressive with staff and other residents. She revealed she and the nurse manager collaborated and called for non-emergent ambulance for transport to the hospital. She revealed she spoke with the administrator and was told not to accept the resident back, which she communicated to the hospital; however, she was unsure why the resident was not allowed to return. She revealed family was notified the resident would not be allowed to return when they came to the facility, after the hospital transfer.<br><br>h. Interview with the nurse manager on 10/24/24 at 1:48 PM revealed the resident admitted to the facility for short-term physical therapy and confirmed the resident had pain. The nurse manager revealed the behaviors, which family did not share, had started to emerge after the resident's admission. The nurse manager stated on the day of discharge, the resident had been yelling and screaming and some other residents voiced fears; however, the resident never physically harmed other residents and an investigation was not completed. The nurse manager revealed the resident had bitten a staff member the day prior to the incident and DON told staff the next time the resident was combative, s/he should go to the emergency room . The unit manager revealed after the resident was sent to the hospital emergency room , she received orders from the administrator to not accept the resident back as she was exercising her right to not readmit the resident.<br><br>i. Interview with the social services director on 10/24/24 at 2:48 PM revealed the resident admitted on [DATE] for 20 days of rehabilitation and she confirmed the resident was in bad pain at that time. She revealed the facility met with the resident's son and daughter and let them know the resident needed more care. She revealed the administrator and DON met with the family and the family agreed to pay the resident's copay and stay at the facility longer than originally planned. Further interview confirmed the hospital said the resident was not having behaviors while in the emergency room .<br><br>j. Interview with the resident's son and daughter on 10/24/24 at 9:31 AM confirmed the resident was not allowed to return to the facility following the hospital transfer. They revealed the resident discharged to another skilled nursing facility and passed away on 10/16/24.<br><br>k. Interview with the administrator and DON on 10/24/24 at 3:20 PM confirmed they did not allow the resident to return to the facility following the hospital transfer as the resident was trying to hit other residents and staff. Further interview revealed the facility did not assist in finding alternate placement after the resident was transferred to the hospital. |

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| F 0745<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide medically-related social services to help each resident achieve the highest possible quality of life.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35081<br><br>Based on medical record review, resident representative and staff interview, and Medicaid e-mail review, the facility failed to ensure medically-related social services assisted with financial matters for 1 of 3 sample residents (#1). The findings were:<br><br>1. Review of a discharge MDS assessment dated [DATE] showed resident #1 admitted to the facility on [DATE] and had a planned short-term general hospital discharge return not anticipated on [DATE]. The following concerns were identified:<br><br>a. Interview with the resident's son on [DATE] at 2:28 PM revealed he was notified the facility did not complete an LT101 for Medicaid and since the resident was deceased , it could not be performed. Further interview revealed he contacted the facility and they confirmed the LT101 had not been completed.<br><br>b. Communication with Medicaid on [DATE] showed a client did not need their financial eligibility application approved in order to have a LT101. A client did have to be applying for Medicaid and when a facility puts in a request for a LT101, the specialist at the state will go into our eligibility system to see if an application had been received. If an application had been received, the LT101 was referred on to the appropriate individual for completion. Further, it was revealed an application for the resident was received on [DATE]; however, a request for the LT101 completion was not made by the facility.<br><br>c. Interview with the social services director on [DATE] at 2:48 PM revealed an LT101 was not submitted for the resident because s/he was not on Medicaid. Further interview revealed the resident's son and daughter agreed to pay the resident's copay and the resident's daughter notified the facility a Medicaid application was submitted for the resident in August.<br><br>d. Review of an email with Medicaid provided by the facility dated [DATE] showed the facility confirmed an application for Medicaid had been received for the resident. |