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Wyoming Dept of Health
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Office of Healthcare Licensing and Surveys

PRINTED: 10/26/2009
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535050	A. BUILDING 01 B. WING _____	10/12/2009

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
K 000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association (NFPA). The facility was a fully sprinkled single story building of Type V (111) construction built in 1983. The building was equipped with a supervised automatic dry sprinkler system with a zoned fire alarm system. The facility has a capacity of 45 certified Medicare and Medicaid beds.	K 000	This plan of correction is the facility's credible allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of truth of the conclusions set forth in the statement of deficiencies. The plan of correction is prepared because it is required by the provision of federal and state law.	
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure 1 of 3 smoke barriers walls were smoke resistant. The findings were: Observation on 10/12/09 at 5:02 PM showed the east attic smoke barrier wall had two unsealed	K 025	K025: East attic smoke barrier wall with two unsealed pipe penetrations have been sealed by the Maintenance Director. Maintenance Director has inspected the three smoke barrier walls to ensure no penetrations are present. Maintenance Director and/or designee will inspect smoke barrier walls after any construction and every six months to ensure no penetrations are present. Reports on smoke barrier penetrations inspections will be	10.22.09 10.22.09 11.4.09 11.4.09

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

[signature] | NHA | 11.3.09

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.

POC ACCEPTED W/ JOANNE ACOSTA, NHA ON 11/09/09

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11/09/09

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K 025	Continued From page 1 pipe penetrations. The largest hole was 2 inches larger than the pipe. At the time of observation the maintenance director reported the barrier was only inspected annually and after construction projects. He further reported the last project in the area was completed November 2008.	K 025	K025 cont'd: brought to the quarterly Quality Assurance meetings.	
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure staff members were familiar with needed actions during a fire drill on 1 of 3 shifts. The findings were: Observation of the fire drill on 10/12/09 at 4:46 PM showed it took staff members two minutes too activate the fire alarm after discovering the "fire." Further review showed a medication cart was left in the west corridor throughout the drill. At 4:55 PM the first responder reported that she was aware that the alarm is required to be activated quickly, but she started to close corridor doors first because she was nervous.	K 050	K050 Maintenance Supervisor will inservice those involved in the observed fire drill to ensure all observed staff are knowledgeable. Maintenance Supervisor will inservice all staff to ensure knowledge of fire drill procedure. Maintenance Supervisor will conduct silent fire drill all shifts to ensure all staff each shift know the fire procedure. Additional non-silent fire drills will be conducted each month for three months to desensitize staff when observed. Any lack of following procedure will be addressed at the time. Maintenance Director and/or designee will take the results of fire drills to the Quality Assurance meeting at least quarterly.	10.15.09 10.15.09 11.6.09 11.11.09 11.11.09
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are	K 062		

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K 062	Continued From page 2 continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12 NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure sprinkler heads were not obstructed in 1 of 4 smoke compartments. The findings were: Observation on 10/12/09 at 3:36 PM showed one of two sprinkler heads installed in the dish room was obstructed. The ventilation grill was located 1-inch away from and 9-inches below the sprinkler head. At the time of observation the maintenance director reported he was aware sprinklers located within 12 inches of ceiling mounted obstructions must be at or below the bottom of the obstruction. He further reported the sprinkler system was inspected annually by an outside contractor. The last inspection report did not show any obstructed sprinklers.	K 062	K062 Maintenance Director will contact contractor to replace the observed sprinkler head to the proper location in relation to the ventilation grill. Maintenance Director will inspect all sprinkler heads for appropriate location. Maintenance Director and/or contractor will inspect sprinkler heads every six months and after any contractor work in the facility. The annual inspection will be completed by the certified contractor. Maintenance Director and/or designee will report at the Quality Assurance meeting the status of the sprinkler head location at least quarterly.	10/15/09 11/5/09 11/5/09 11/5/09

MORNING STAR CARE CENTER

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FACSIMILE TRANSMITTAL SHEET

TO: Kim

FROM: JoAnn

COMPANY:

DATE: 11-5-09

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER: 2

RE:

YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

REMARKS:

Same info just printed on wrong page #. Sorry,

Jo Ann