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

FORM APPROVED
OMB NO. 0938-0391

(X1) STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X2) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) MULTIPLE CONSTRUCTION	(X4) DATE SURVEY COMPLETED
	535080	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	09/15/2011

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 488.70 (a) except as otherwise provided in the 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. The facility was a fully sprinklered single story building of Type V (111) construction built in 1983. The building was equipped with a supervised automatic dry sprinkler system and a zoned fire alarm system. The facility had a capacity of 45 certified medicare and medicaid beds with a census of 39 residents.	K 000		
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building obstruction type and height meets one of the following: 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.6.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure all smoke barriers were maintained as a continuous membrane in 1 of 4 smoke compartments. The findings were: Observations on 9/14/11 at 1 PM revealed a wall thermostat had come away from the wall by the kitchen food service delivery window creating a 2" by 4" hole in the wall. The maintenance manager verified the finding at the time of the observation. Reference: NFPA 101, Life Safety Code, 2000 edition: 19.1.6.4 Each exterior wall of frame construction	K 012	The thermostat will be remounted to wall and the Maintenance department will ensure that the hole in wall is sealed. There will be documented monthly audits completed to ensure that there are no draft openings horizontally or vertically in fire barrier using specified specs and these results will be reported quarterly to the QA committee.	10/30/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marla Martin — TITLE: Administrator — (X6) DATE: 10/6/11

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.

Revised/approved & changes on pg 4 of 4 T.C. & Marla (Administrator) on 10/27/11 @ 11 Am.

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	535050	A. BUILDING 01 - MAIN BUILDING 01 B. WING	09/15/2011

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K 012	Continued From page 1 and all interior stud partitions shall be firestopped to cut off all concealed draft openings, both horizontal and vertical, between any cellar or basement and the first floor. Such firestopping shall consist of wood not less than 2 in. (5 cm) (nominal) thick or shall be of noncombustible material. 19.3.6.2.2 Corridor walls and ceilings shall form a barrier to limit the transfer of smoke.	K 012		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 3 doors with self closure devices were operating properly in 2 of 4 smoke compartments. The findings were: Observation on 9/14/11 at between 11:48 AM and 1:18 PM revealed the following doors had a self closure device (SCD) attached to them. However, the doors did not latch into their frames on three separate attempts: a. The clean linen storage door (the laundry	K 029		

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	535050	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	09/15/2011

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K 029	Continued From page 2 exit door) b. The soiled utility room in the 200 hall. c. The mechanical room door. Interview with the maintenance manager at the time of the observations confirmed the findings. Reference: NFPA 101, Life Safety Code, 2000 Edition. 7.2.1.8.1 Self Closing Devices. A door normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic closing in accordance with 7.2.1.8.2.	K 029	(A) The clean linen storage door (B) The soiled utility room in the 200 hall (C) The mechanical room door will all be readjusted to close and latch properly. The Maintenance department will do monthly audits on all self-closing device doors. The results will be reported quarterly to the QA committee.	10/30/11
K 047 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 2 of 9 emergency exit lights were properly illuminated. The findings were: Observation on 9/13/11 at 11:46 AM revealed two emergency exit lights had one of two light bulbs burned out in the following locations: over the door leading from the dining room into the main hallway and also the light over the exit door leading from the mechanical room onto the back patio. Interview with the maintenance manager at the time of the observation confirmed the bulbs	K 047	The light bulbs for the emergency exit lights leading from the dining room to the main hallway will be replaced. The light over the exit door leading from the mechanical to the back patio will also be replaced. Monthly Maintenance department audit will be performed and the results will be reported quarterly to the QA committee.	10/30/11

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	565050	A. BUILDING 01 - MAIN BUILDING B. WING	09/16/2011

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K 047	Continued From page 3 were burned out. Reference: NFPA 101, Life Safety Code, 2000 edition. 19.2.10.1 Means of egress shall have signs in accordance with Section 7.10. 7.10.6.1 Continuous illumination. Every sign required to be illuminated by 7.10.6.3 and 7.10.7 shall be continuously illuminated as required under the provisions of Section 7.9. 7.9.1.4 Required illumination shall be arranged so that the failure of any single lighting unit does not result in an illumination level of less that 0.2 ft-candles.	K 047		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are 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 record review and staff interview the facility failed to ensure the domestic fire sprinkler system was tested during the previous quarter. The findings were: Review of the domestic fire sprinkler system testing records on 9/14/11 at 2:48 PM revealed the quarterly waterflow, supervisory signal devices and main drain test had not been done during the second quarter of 2011. Further record review revealed the last time they had been done was 3/1/11. Interview with the maintenance manager at the above stated time confirmed the three tests had not been done.	K 062	The last reported backflow prevention assembly test was completed on 4/21/11 by Rapid Fire Protection (contractor). Turn off time was 8:45 am and turn on time was 10:45 am. The sprinkler system quarterly test was completed on 10/5/11 this is documented and will be presented to the QA committee. and will continue to be done quarterly.	10/5/11

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K 062	Continued From page 4 Reference: NFPA 25 Standard for the Inspection, Testing, and Maintenance of the Water-Based Fire Protection systems, 1992 edition. 9-2.6 Main Drain Test. A main drain test shall be conducted quarterly at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. 9-2.7 Waterflow alarm. All waterflow alarms shall be tested quarterly in accordance with manufacture's instructions.	K 062		
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure one of eight oxygen tanks was secured. The findings were: Observation on 9/14/11 at 2:08 PM revealed one "E" sized oxygen tank standing in an upright position in the staff report room. The tank was	K 076	An observation audit on the oxygen tanks has been placed on our designated nursing shift daily checklist. The observation duty will ensure that all oxygen tanks are secured in a rack. The results of the audits will be presented to the QA committee for the scheduled 10/20/11 meeting.	10/20/11

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K 076	Continued From page 5 free standing (not secured). Seven other tanks were also in the room and secured in a rack. Interview with LPN #1 at the time of the observation noted above confirmed the tank should be secured. Reference: NFPA 101, Life Safety Code, 2000 edition. Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. NFPA 99 Standard for Health Care Facilities, Chapters 4 and 8. Stand Alone Cylinders and Containers Storage areas: General Considerations .. Cylinders must be secured from falling or mechanical shock.	K 076		