PRINTED: 07/24/2012
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
	536050	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/11/2012

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 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 sprinkled 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 36.	K 000		
K 045 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure exit discharge lighting was arranged so that failure of any single lighting fixture will not leave the area in darkness for 2 of 5 exits. The findings were: Observation of the exit discharge lighting on 7/10/12 at 9:15 PM showed neither of the lights in the two bulb fixtures above the east and west exit were illuminated. On 7/11/12 at 9:05 AM the maintenance director reported he was unaware of	K 045	**K045** The Maintenance Dept will fix the two bulb fixtures for exit discharge lighting above the East and West exit doors. The Maintenance Manager will conduct an in-service for Maintenance staff on NFPA Life safety Code Standard 19.2.8. The Maintenance Manager will meet with local Eastern Shoshone Housing Security employees to incorporate a lighting checklist on their daily nightly security rounds as an added auditing tool and communication link with our Maintenance dept by 8/10/12. A monthly audit will be conducted on lighting fixtures outside and inside the facility. This audit will be presented by the Maintenance manager at the CQI meeting scheduled for September.	8/10/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marla Martin — TITLE: Administrator — (X6) DATE: 8/5/12

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 Modified per Agreement w/ Mark Martin, Interim NHA, DN 8/22/12.

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K 045	Continued From page 1 the aforementioned lights being burned out. He also reported the security rounds should have noticed the bulbs and notified him.	K 045	**K046**	
K 046 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure the 90 minute emergency battery light test was performed in the past year. The findings were: Review of the emergency battery light testing records showed the last 90 minute annual test was performed on 9/27/10, more than one year ago. On 7/11/12 at 11:25 AM the maintenance director confirmed the test had not been performed since 9/27/10. He could not explain why the test had not been performed. Reference NFPA 101, 2000 Edition, 19.2.9.1; 7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 11/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.	K 046	The Maintenance Dept will conduct an Emergency Lighting system test for 90 minutes starting in September 2012 provided through documentation and each September there after on a yearly basis. On a monthly schedule starting August 2012 a test of 30 seconds or more will be conducted to ensure that NFPA 101, 2000 Edition, 19.2.9.1:7.9.3 Periodic Testing is completed and recorded. The Maintenance Manager will in-service the Maintenance dept on 8/10/12 on Periodic Testing of Emergency Lighting system. The Maintenance Manager will present testing information to the CQI committee.	8/10/12
K 050	NFPA 101 LIFE SAFETY CODE STANDARD	K 050		

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K 050 SS=D	Continued From page 2 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 record review and staff interview, the facility failed to ensure a fire drill was held on each shift during 1 of the past 4 quarters. The findings were: Review of the fire drill testing records showed the first shift occurred between 6 AM and 2:30 PM and the second shift occurred between 2:30 PM and 10 PM. Further review showed a fire drill had not been conducted on the second shift during the third quarter of 2011. On 7/11/12 at 11:25 AM the maintenance director confirmed the drill had not been conducted. He could not explain why the drill had not been conducted. Review also showed two drills had been conducted on the first shift during the aforementioned quarter.	K 050	**K050** The NFPA Life Safety Code Standard 19.7.1.2 fire drill should be conducted on a day and evening shift to meet requirements for all facility staff. The Maintenance Manager will in-service the maintenance staff to ensure both shifts are participants and properly educated on departmental roles. The Maintenance Manager will provide the documentation of quarterly fire drill tests at our quarterly CQI meeting. The next MSCC CQI meeting is scheduled for September 2012.	8/10/12
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	K 062	**K062** The Maintenance Manager will in-service all Maintenance staff on NFPA 101 Life Safety Code Standard 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 to inspect all escutcheons, replace and or fix all escutcheons and make a checklist of	

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K 062	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure escutcheon rings were smoke resistant in 1 of 4 smoke compartments. The findings were: Observation of resident room #111 on 7/11/12 at 9:33 AM showed there was a ¼ inch gap around the escutcheon ring in the restroom. At the time of the observation the maintenance director could not explain why the gap had not been noticed and repaired during the quarterly inspections. Reference NFPA 101, 2000 Edition, 19.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 3-2.7.2 Escutcheon plates used with a recessed or flush type sprinkler shall be part of a listed sprinkler assembly.	K 062	inspections. The checklist should include the location and number of each escutcheons including the date and time of inspection. Inspections will be done monthly by the Maintenance staff and reported quarterly at the CQI meeting. The next MSCC CQI meeting is scheduled for September 2012.	8/10/12
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure portable fire extinguishers were maintained in 1 of 4 smoke compartments. The findings were: Observation of the smoking room on 7/11/12 at	K 064	**K064** The Maintenance Manager will in-service the Maintenance staff on fire extinguisher inspections and will use reference NFPA 101, 2000 Edition, 19.3.5.6, NFPA ~~101, 1988~~ 10 1998 Edition 4-3 inspection and 4-3.~~1~~ 4 frequency. A checklist will be made	

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K 064	Continued From page 4 9:57 AM showed the last annual inspection for the portable fire extinguisher occurred during November 2011. Further observation showed a monthly inspection had not been performed during February and March 2012. At the time of the observation the maintenance director could not explain why the inspections had been missed. He also reported there was not an overall inspection tool to ensure all extinguishers were inspected on a monthly basis. Reference NFPA 101, 2000 Edition, 19.3.5.6, 9.7.4.1, NFPA 10, 1998 Edition; 4-3 Inspection. 4-3.1 Frequency. Extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals	K 064	including location of equipment, date, time and staff initials conducting inspection. The inspections will be conducted at 30 day intervals. The inspection report will be presented by the Maintenance Manager at our quarterly CQI meeting. MSCC quarterly CQI meeting is scheduled for September 2012.	8/10/12
K 075 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure soiled linen receptacles	K 075	**K075** The Maintenance Manager/Housekeeping Manager will in-service Nursing, Housekeeping and Maintenance staff on NFPA 101 Life Safety Code Standard 19.7.5.5 deficiency as receptacles require a separation of 8 square feet. Housekeeping/Maintenance managers will conduct audit to monitor this	

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K 075	Continued From page 5 had adequate separation in 1 of 4 smoke compartments. The findings were: Observation of resident room #103 on 7/11/12 at 9:28 AM showed two soiled linen carts were stored side by side. At the time of the observation the maintenance director reported he was unaware the receptacles requires a separation of 8 square feet.	K 075	requirement. The Housekeeping Manager will present in-service report at weekly risk meeting on 8/9/12 and will present audit report to the CQI committee in September 2012.	8/24/12
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 2 of 4 smoke compartments. The findings were: 1. Observation of resident room #106 on 7/11/12 at 9:46 AM showed the television set was plugged into a 3-way electrical adapter. At the time of the observation the maintenance director could not explain why the adapter had not been noticed and removed during the quarterly inspections. 2. Observation of the server room on 7/11/12 at 9:51 AM showed the nurse call router was plugged into an extension cord. At the time of the observation the maintenance director could not explain why the extension cord had not been noticed and removed during the quarterly inspections.	K 147	**K147** 1. The Maintenance dept removed the 3-way plug in room 106 on 7/11/12. The Maintenance Manager will in-service Maintenance, Housekeeping, and Nursing staff on NFPA 70, National Electrical Code 9.1.2. The Maintenance dept will conduct a monthly walk about through each room to check for non certified electrical wiring equipment and will provide checklist of room inspection. The room inspection report will be provided at the quarterly CQI meeting. MSCC CQI meeting is scheduled for September 2012.	8/24/12

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K 147	Continued From page 6 Reference NFPA 101, 2000 Edition, 19.5.1, 9.1.2, NFPA 70, 1999 Edition: 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls ... (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces	K 147	2. The Maintenance dept removed the extension cord located in the server room on 7/11/12. The Maintenance Manager will in-service Maintenance, Housekeeping, and Nursing staff on NFPA 70, National Electrical Code 9.1.2. The Maintenance dept will conduct a monthly walk about through each room to check for non certified electrical wiring equipment and will provide checklist of room inspection. The room inspection report will be provided at the quarterly CQI meeting. MSCC CQI meeting is scheduled for September 2012	8/24/12