STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535050	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/16/2010

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 with plan approval 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 33 residents.	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 018	
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	Observed door to the kitchen dish washing room will be closed. Dietary Staff will be inserviced by Maintenance Director relating to ensuring the observed door self closure mechanism is not impeded Maintenance Director, Administrator and/or designee will complete audits daily for one week and randomly thereafter to ensure door is not impeded. Results of audits will be taken to the Quality Assurance Committee at least quarterly.	12/28/10

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

[signature] | NHA | 12-10-10

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/ [illegible] AND AGREEMENT, NHA, 12/17/10

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K 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure corridor doors were smoke resistant in 1 of 4 smoke compartments. The findings were: Observation of the kitchen dish washing room on 11/16/10 at 10:25 AM showed the corridor door was equipped with an automatic closing device. Further review showed the closing device was not able to fully latch the door into the frame because a dish cart was propped in front of the door. At the time of observation the maintenance director reported he was aware corridor doors were not permitted to be obstructed. Furthermore, he reported staff members were trained to not hold corridor door open, he could not explain why the door was obstructed.	K 018 K 062	1. The ceiling light near the sprinkler head near #201 will be moved to ensure the head is not obstructed. The light in the clean utility room near the nurses station will be replaced by a recessed light to ensure the sprinkler head is not obstructed. Maintenance Director will audit all sprinkler heads to ensure each is not obstructed. Results of audit will be taken to the Quality Assurance Committee at least quarterly by the Maintenance Director..	
K 062 SS=E	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 observation, record review and staff interview the facility failed to ensure sprinkler heads were unobstructed in 2 of 4 smoke compartments and failed to ensure 1 of 1 sprinkler system backflow preventer was tested in the past year. The findings were: 1. Observation of the sprinkler system on 11/16/10 between 8:30 AM and 10:30 AM showed	K 062	2. Backflow preventer will be tested by a qualified contractor. Maintenance Director will recruit a qualified contractor to perform test. Maintenance Director will log testing for the backflow preventer to ensure annual testing in completed. Results of log will be taken to the Quality Assurance Committee at least quarterly by the Maintenance Director.	~~1/5/11~~ 1/01/11

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12/20/10

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K 062	Continued From page 2 the corridor sprinkler head near #201 and the head in the clean utility room near the nurses' station were obstructed by ceiling mounted lights. Both heads were located within 12 inches of the lights and the bottom of the lights were below the sprinkler deflector. At 8:59 AM the maintenance director reported he was aware of the spacing requirement. Furthermore, he reported the system was inspected annually by an outside sprinkler contractor and the last inspection conducted on 8/04/2010 did not indicate any sprinkler heads were obstructed. 2. Review of the sprinkler system testing records showed the backflow preventer had not been tested in the last year. The device was last tested on 6/02/2009. On 11/16/10 at 11:15 AM the maintenance director confirmed the last test was conducted more than 1 year ago. Furthermore, he reported he was aware of the testing requirement.	K 062 K 147	1. The microwave oven and refrigerator in the report room will be plugged into a surge protector not attached to the building surface. Maintenance Director will review facility to ensure no other surge protectors are attached to the building. Maintenance Director will obtain knowledge of the code for surge protectors. Maintenance Director will audit the surge protectors to ensure none are attached to the building weekly.	
K 147 SS=E	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 wiring did not replace permanent fixed wiring and failed to ensure the ground fault circuit (GFCI) protected outlet in wet locations were maintained in 2 of 4 smoke compartments. The findings were: 1. Observation of the electrical system on 11/16/10 at 9:12 AM showed the microwave oven and refrigerator in the report room were plugged	K 147	Results of audit will be taken to the Quality Assurance Committee at least quarterly by the Maintenance Director. 2. Observed GFCI outlets will be replaced by new GFCI outlets. Maintenance Director will test all GFCI outlets to ensure all are working order. Maintenance Director will audit GFCI outlets on a monthly basis to test to ensure all outlets are in working order.	

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K 147	Continued From page 3 into a surge protector which was attached to the wall. At the time of observation the maintenance director reported he was not aware electrical adapters could not be attached to the building surface. 2. Observation of the electrical system on 11/16/10 between 9 AM and 11 AM showed the outlet in the beauty shop near the sink was a GFCI outlet. Further review showed that when the outlet was tripped/tested the outlet as well as the other outlet on the opposite side of the sink still had power. Review of the outlet near the kitchen beverage sink also failed to break the electrical connection when tested. At 9:29 AM the maintenance director reported the GFCI outlets were not routinely inspected to ensure they would break the electrical connection when tripped/tested.	K 147	K 147 continued; Results of audit will be taken to the Quality Assurance Committee at least quarterly by the Maintenance Director.	12/14/10