CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

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 ... B. WING _____	08/08/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR CARE CENTER	P O BOX 859 FORT WASHAKIE, WY 82514

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K 000	INITIAL COMMENTS Surveyor #18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type V (111) single story building with a supervised automatic dry sprinkler system and fire alarm system. K6: Date of Plan Approval: 1983 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=45;SNF/NF=45 K9: The facility meets the Life Safety Code standards based on an acceptance of a Plan of Correction. "NFPA" National Fire Protection Association	K 000	It is the policy of Morning Star Care Center to provide a safe environment for all residents The Maintenance Director has adjusted the self-closing device. The doors are now closing providing a smoke barrier for all residents.	8/16/06
K 027 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: Based on observations the facility failed to protect 1 of 6 smoke barrier doors in accordance with NFPA 101 Section 19.3.7.3 and 8.3.4.1. The	K 027	The Maintenance Director when doing his weekly generator test will monitor the door closings. This will prevent future problems associated with the doors and the smoke barrier Corrective actions will be reported to the administrator immediately and monitor in the quarterly QI meeting.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jan Johnston RN | TITLE: Admin | (X6) DATE: 09/05/06 09/05/06

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

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RECEIVED
SEP 07 2006
WYOMING DEPT OF HEALTH
HEALTH FACILITIES

Eyeglass ... Facility ID: WY0017

POSTING OF FOC ACCEPTED WITH REVIEW SCHEDULED ON 9/11/06. JWJ
FINAL POSTING OF FOC ACCEPTED WITH LUCY SMITH, INTERIM NHA, ON 10/6/06. JWJ

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K 027	Continued From page 1 finding was: 1. Observation on 08/08/06 at 12:24 PM revealed the self-closing device attached to the east side smoke barrier door near the dining room would not close the door. After the door was released from the magnetic hold open device, it did not close.	K 027	It is the policy of Morning Star Care Center to provide a safe and secure environment for all residents in the facility A) The Maintenance Director has sealed pipe penetration above the newly installed hot water heaters B) The Maintenance Director will check seals monthly to note any problems associated with leaks. The Maintenance Director will reseal area and log date of reseal. If problem continues a plumber will be called in immediately to repair C) Maintenance Director will report to the Quarterly Quality Control Committee his monthly report on seal checks and if plumber had been called in.	8/11/06
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 observations the facility failed to separate 1 of 9 hazardous areas from other spaces by smoke-resistant assemblies in accordance with NFPA 101 Section 19.3.2.1. The finding was: 1. Observation on 08/08/06 at 2 PM revealed the ceiling in the boiler room had three unsealed pipe penetrations above the newly installed hot water heaters.	K 029		

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K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on record review the facility failed to test the installed fire alarm system in accordance with NFPA 72 Table 7-3.2. The findings were: 1. Review of the fire alarm system testing records on 08/08/06 at 2:15 PM revealed the facility had not tested every smoke damper in the last year. Records showed only 2 of 11 smoke dampers had been tested. 2. Review of the fire alarm system testing records on 08/08/06 at 2:19 PM revealed the facility had not tested every smoke detector in the last year. Records showed 22 of 24 smoke detectors had been tested.	K 052	It is the policy of Morning Star Care Center to provide a safe and secure environment for all residents in the facility. A) The Maintenance Director has checked with Grinnell our contractor for testing the fire alarm and it has been determine that the smoke detectors had been tested but the documentation was incorrect. Facility will be contracting a new company for our annual inspection schedule for 2007. B) The Maintenance Director mailed diagram of facility and Annual Test and Maintenance Summary dated 8-10-06 and signed his name as to the correctness of data. C) All dampers are working according to life safety code All dampers will and monitor once a month during Fire drills. D) Any problems associated with dampers will be reported to the administrator and to Sweet Water Air Conditioning for repairs.	9/10/06

DEPARTMENT OF HEALTH AND HUMA. ERVICES
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K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observations and staff interview, the facility was not fully sprinkled in accordance with NFPA 13 Section 5-1.1 and 5-6.3.2. The findings were: 1. Observation on 08/08/06 at 1:10 PM revealed the sidewall sprinkler head in the medical record store room was more than 7 1/2 feet from the far wall. The sprinkler head was 12 feet from the far wall. At the time of survey the maintenance director did not know if the sprinkler head had a coverage area of 12 feet.	K 056	It is the policy of Morningstar Care Center to provide a safe and secure facility for all residents of the facility. MSCC has contracted with Western State Fire to correct the sprinkler system. They will install two dry pendant fire sprinklers. Existing fire sprinkler piping will be modified and used for the new sprinklers. New fire sprinklers will be installed away from all grids, lights and registers. Drum drip type drains will be installed where piping is trapped. The fire sprinkler system will be drained and refilled and a design and plan submitted to the State. Maintenance Director will checks all sprinkler heads monthly to see that no corrosion is on existing sprinkler heads. Heads will be replaced if corroded. Maintenance Director will report any problems to administrator and Western State Fire for order of replacement heads and problems. Requesting Waiver extension—see letter with time line.	9/11/06 ON GOING INSPECTIONS Sprinkler contract by Jan 1 for Western State Fire or Feb 1 if plans APPROVAL DELAYED AT STATE LEVEL

POC FOR K-056 FAXED & ACCEPTED ON 10/5/06 W/ LUCY SMITH, INTERIM ADMINISTRATOR.

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REVIEW W/ JERI JOHNSTON, NHA
POC RECEIVED DUE TO LOCAL OF INFORMATION ON 9/11/06 @ 10:50 AM.

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K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to install the air-conditioning and ventilation system in accordance with NFPA 90A Section 2-3.11.1. The findings were: 1. Observation on 08/08/06 between 12:30 PM and 1 PM revealed the three sets of smoke barrier doors would not completely closing. The doors were not smoke resistant due to positive air pressure holding the doors open. Maintenance staff could not determine if the ventilation system was balanced at the time of survey. The air handling units automatically turned off with the activation of the fire alarm system and the barrier doors did completely close.	K 067	It is the policy of facility to provide a safe and secure environment for all residents Sweet Water Air will be in 09/16/06 to determine if the ventilation system is balance. If doors after Sweet Water inspection shows that system is balance will put fire proofing weather striping on barrier door to make a tighter seal. Will monitor weekly for Oct.2006 then will monitor on monthly basis Report to administrator problems and to Sweet Water Air.	09/16/06 09/16/06

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K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observations the facility failed to install required equipment in accordance with NFPA 99 Section 3.6.3.1.1, 3-4.4.1.1, and NFPA 110 Section 5-3.1. The finding was: 1. Observation on 08/08/06 at 1:25 PM revealed the lights in the room housing the automatic transfer switch (ATS) were not on emergency power. The ATS room was not equipped with a battery powered emergency light.	K 144	Plan of Correction It is Morning Star Care Center Policy to ensure that Generator and Emergency Lighting are tested weekly and monthly A Electrician has been called to come in and put a emergency light in above the transfer box in the break room Betts Electric in Riverton is doing the work The maintenance Director will test and maintain this System Maintenance Director will report immediately to the Administrator if Weekly or monthly test of light is out and replace immediately Will be Monitor in quarterly QI	9/16/06 9/16/06
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 observations the facility failed to maintain an electrical system in accordance with NFPA 70 Section 400-8 and 410-3. The findings were: 1. Observation on 08/08/06 between 12 PM and 1 PM revealed the following rooms were replacing	K 147		

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K 147	Continued From page 6 permanent fixed wiring with temporary wiring: a. Resident room #202 had a 3-way adapter. b. The medication room had a 3-way adapter plugged into a surge protector. 2. Observation on 08/08/06 between 12 PM and 1 PM revealed the following electrical devices were damaged: a. The electrical receptacle near bed "B" in resident room #208 had char marks. b. The electrical receptacle behind the soft drink machine in the activities room had a damaged face plate. c. An oxygen concentrator permanently located in the dining room had a damaged electrical cord near the plug.	K 147	The facility will ensure the safety of all residents this will be accomplished by: a) Removal of 3-way adapter plugged in RM #202 and in the Medication Room. b) Electrical receptacle has been replaced in RM#208 c) Electrical face plate has been replaced behind soft drink machine d) Oxygen concentrator electrical cord has been repair. B) The maintenance director when doing his water temperature rounds will check the electrical adapter and electrical receptacle to determine if receptacle or face plates and any electrical cords on Oxygen Concentrator need replacement C) The Maintenance Director will in-service the staff on the causes of electrical fire and safety. Will be done on Sept. 25, 2006 D) Will be monitored weekly and corrective action will be taken by maintenance director. Will be reported at quarterly QA meeting	08/08/06