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 _____	**01/12/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR CARE CENTER	**4 NORTH FORK ROAD** **FORT WASHAKIE, WY 82514**

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 01/12/2023. The findings that follow demonstrate noncompliance with 42 CFR 483.73.	E 000		
E 041 SS=F	Hospital CAH and LTC Emergency Power CFR(s): 483.73(e) §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section. §483.73(e), §485.625(e), §485.542(e) (e) Emergency and standby power systems. The [LTC facility CAH and REH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section. §482.15(e)(1), §483.73(e)(1), §485.542(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated. 482.15(e)(2), §483.73(e)(2), §485.625(e)(2), §485.542(e)(2)	E 041		2/11/23

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

Electronically Signed | 02/01/2023

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.

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E 041	Continued From page 1 Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code. 482.15(e)(3), §483.73(e)(3), §485.625(e)(3),§485.542(e)(2) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. *[For hospitals at §482.15(h), LTC at §483.73(g), REHs at §485.542(g), and and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes. (1) National Fire Protection Association, 1	E 041		

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E 041	Continued From page 2 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000. (i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011. (ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011. (iii) TIA 12-3 to NFPA 99, issued August 9, 2012. (iv) TIA 12-4 to NFPA 99, issued March 7, 2013. (v) TIA 12-5 to NFPA 99, issued August 1, 2013. (vi) TIA 12-6 to NFPA 99, issued March 3, 2014. (vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011. (viii) TIA 12-1 to NFPA 101, issued August 11, 2011. (ix) TIA 12-2 to NFPA 101, issued October 30, 2012. (x) TIA 12-3 to NFPA 101, issued October 22, 2013. (xi) TIA 12-4 to NFPA 101, issued October 22, 2013. (xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009.. This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to inspect, test, and maintain the Essential Electrical System (EES) in accordance with §483.73(e). Failure to inspect, test, and maintain the EES could result in a malfunction of the EES in the event of a power outage. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Document review on 01/12/2023 starting at 2:30 PM revealed that the facility did not have proof of	E 041	The provider for natural gas that is used to power the backup electrical generator will supply the facility with written confirmation that the supply has reliability in emergency situations so un-interrupted service is maintained. A natural gas loss can by very consequential as it can be a facility wide problem. All aspects of the facility can be affected in a time of emergency or simple power failure as the EES will not be available. The gas provider has been contacted, and	

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E 041	Continued From page 3 low probability of interruption of their natural gas source for their emergency generator. Interview with maintenance personnel at the time of observation acknowledge the deficiency, but indicated they were unaware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 110 5.1.4	E 041	has started the process of getting the documents at the current time and will be done as their schedule permits. Going forward, there has been a schedule made with the energy company set up to re-supply the maintenance manager with information concerning the reliability of the service side gas supply to the backup electrical generator. There has also been an update to the maintenance audit of the EES that will request any updates to reliability be added to note in the generator.	
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 01/12/2023. Requirements for Long Term Care Facilities Section 42 CFR 483.90 except as otherwise provided in this section, the facility must meet the applicable provisions of the 2012 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(III) construction built in 1983. The building was equipped with a supervised, automatic dry sprinkler system with dry pendent heads and an addressable fire alarm system. The facility had a capacity of 45 certified Medicare and Medicaid beds with a census of 29 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
K 324 SS=E	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities	K 324		2/11/23

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K 324	Continued From page 4 Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to protect cooking facilities in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 96, Standard for the Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure to properly protect cooking facilities could result in the spread of smoke and fire, which could result in injury or death. The deficiencies affected the kitchen and could impact all staff within the kitchen.	K 324	Semi annual testing of the fire suppression system inside the range hood is required to be done semi annually by a licensed inspector to ensure the system will function in case of any fire localized to the range and oven. Any fire in this area could affect workers within the kitchen in a short term interval and if the fire situation is not contained quickly, the entire building can be affected including the residents and workers. This deficiency was not due to lack of	

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K 324	Continued From page 5 The findings were: Document review on 01/12/2023 starting at 1:15 PM revealed that the facility failed to inspect the kitchen hood extinguishing system as required. At the time of the survey, documentation revealed that the kitchen hood extinguishing system had been inspected once in the last twelve (12) months. Kitchen hood extinguishing systems shall be inspected once every six (6) months. Interview with maintenance personnel at time of the observation acknowledge the deficiency, and indicated they were aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.2.5.1, 9.2.3; 2011 NFPA 96 11.5	K 324	inspection, but due to the documentation of inspection being sent to the wrong recipient upon completion, and a communication failure after that happened. The inspector of the hood fire system has been notified that the inspection form will need to be sent to the maintenance manager and not the business office along with the bill for services. The missing previous inspection forms were added to the audit file on January 25, 2023, and will be updated by the maintenance manager in the future. The maintenance employees have also been updated as to what frequency this happens, the old tags left during inspections will also be added to the audit book to ensure some documentation even if waiting on a form to arrive.	
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the fire alarm system in accordance with the 2012 NFPA 101, Life Safety Code, and 2010 NFPA 72,	K 345	Batteries that ensure the function of the fire alarm system will be tested on a semi annual timeline. The monitoring company is licensed to inspect these batteries and	2/20/23

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K 345	Continued From page 6 National Fire Alarm and Signaling Code. Failure to properly test and maintain the fire alarm system could result in a failure of the system, which could result in injury or death in the event of a fire. The deficiencies affected the fire alarm system, and has the potential to affect all residents, staff, and visitors. The findings were: Document review on 01/12/2023 starting at 1:15 PM revealed that the facility failed to inspect and test the fire alarm system batteries as required. At the time of the survey, documentation was available to show that the fire alarm system batteries had been inspected and load voltage tested once in the last twelve (12) months. Fire alarm system batteries shall be inspected and load voltage tested once every six (6) months. Interview with maintenance personnel at time of the observation acknowledge the deficiency, and indicated they were aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.4.1, 9.6.1.3; 2010 NFPA 72 Table 14.3.1(3)(d), Table 14.4.5(6)(3) Document review on 01/12/2023 starting at 1:15 PM revealed that the facility failed to inspect and test the fire alarm smoke detectors as required. At the time of the survey, no documentation was available to show that the smoke detector sensitivity test had been conducted in the past twenty-four (24) months. Smoke detector sensitivity shall be tested once every twenty-four	K 345	will be issuing documentation upon completion. While doing that process, the fire alarm inspector will do an updated sensitivity test on all the smoke detectors as well to ensure they are within the manufacturers specification. Loss of backup batteries in the fire alarm system can and would affect all residents and care partners on site at the time of the fire emergency. If no backup power is available the detection systems and alarm systems would be unable to function correctly, and responding agencies may not be notified of any problem automatically as normal function ensues. Having a malfunctioning initiating device in the fire system can cause a failure of the system to alarm correctly in an appropriate fashion. If the detection device is not within the manufacturers specification, it may be overly sensitive causing nuisance alarms or not sensitive enough and cause a failure to alarm. the deficiency would cause problems for anyone in the facility at the time of an emergency due to fire, as there may be time lost before any initiation of the system occurred. The schedule for these test has been updated with the alarm inspection and monitoring company and the first test will be completed by the end of February 2023. After that, the test will be completed at least 2 times yearly and that has been passed on to the company who does the inspection. At the same time there will be inspections done for smoke detector sensitivity and new set of labels will be put into place on the fire alarm	

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K 345	Continued From page 7 (24) months. Interview with maintenance personnel at time of the observation acknowledge the deficiency, and indicated they were unaware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.4.1, 9.6.1.3; 2010 NFPA 72 Table 14.4.5(15)(i)	K 345	monitoring panel.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to	K 918		2/11/23

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K 918	Continued From page 8 manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the essential electrical system (EES) in accordance with the 2012 NFPA 99, Health Care Facilities, and 2010 NFPA 110, Standard for Emergency and Standby Power Systems. Failure to properly test and maintain the EES could result in a failure of the system, which could result in injury or death in the event of an emergency. The deficiencies affected the EES, and could potentially affect all residents, staff, and visitors. The findings were: Document review on 01/12/2023 starting at 1:15 PM revealed that the facility failed to test the emergency electrical generator lead-acid batteries as required. No documentation was available at the time of the survey to show that the specific gravity, or conductance was being tested on the emergency electrical generator batteries. Lead-acid batteries associated with the emergency electrical generator shall be tested monthly for either specific gravity or for conductance . Interview with maintenance personnel at time of	K 918	Conductance of the battery used to start the internal combustion engine on the EES generator will be tested as well as a specific gravity test of fluid in the battery cells. If the battery is "maintenance free", the conductance test will be done but no specific gravity test. If conductance is not known there is no way to know reliability of the generator ignition, and can in turn affect all residents in the facility in the event of a loss of electrical supply. Multiple systems within the facility require uninterrupted electricity and the generator is the last line of defense in emergency situations or power loss situation. This testing will be performed monthly by the maintenance employees using a meter already in use by the facility. The first test was completed on 1/27/2023 by staff. Staff will get training to use the meter used to test battery conductance for cold cranking and normal cranking conditions. The section labeled "battery" on the current generator audit form will be used to record conductance and specific	

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K 918	Continued From page 9 the observation acknowledge the deficiency, but indicated they were unaware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 99 6.4.1.1.6.1; 2010 NFPA 110 8.3.7.1 Document review on 01/12/2023 starting at 1:15 PM revealed that the facility failed to provide proof of low probability of interruption of their natural gas source for their emergency electrical generator. No documentation was available at the time of the survey to provide proof from the natural gas provider of the reliability of the natural gas service. Interview with maintenance personnel at time of the observation acknowledge the deficiency, but indicated they were unaware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 110 5.1.4 `	K 918	gravity. Staff in-service reviewing the frequency of these tests have been completed, and any new employee will also be trained with these requirements.	