PRINTED: 08/17/2012
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 |
|---|---|---|---|
| | 535050 | A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____ | 08/13/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MORNING STAR CARE CENTER | 4 NORTH FORK ROAD<br>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 |
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| K 000 | INITIAL COMMENTS<br><br>Stories: 1<br>Construction type: Type V(111)<br>Constructed: 1984<br>K0180: Fully Sprinkled<br>The facility is certified for 45 beds with a census of 36 residents at the start of the survey day.<br><br>Administrator ' s email:<br>marla.martin@mstarmanor.com<br><mailto:marla.martin@mstarmanor.com> | K 000 | | |
| K 018 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br><br>Roller latches are prohibited by CMS regulations in all health care facilities.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility | K 018 | K 018: Maintenance will fix the Activities door latch to withstand more than 5 pounds of force and stay latched. Maintenance Manager will in-service maintenance staff on Ref: 2000 NFPA 101 Life Safety Code Standard 19.3.6.3. thru 19.3.6.3.6 Maintenance will audit all doors in the facility to ensure that all doors stay latched with a force greater than 5 pounds and there after once a year or anytime that doors are worked on. Maintenance will report audits to the Quality Assurance Committee. Date to be completed by 9/28/12. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 8/30/12

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.

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| K 018 | Continued From page 1<br>failed to maintain corridor doors as required<br><br>Findings include:<br>On 8/13/2012 the activities room door latch was found not to latch into the door frame. The closed door was found to open when a force of less than 5 pounds was applied at the latch edge. Doors are required to resist 5 pounds force at the latching edge and have a means of keeping the door closed acceptable the Authority having jurisdiction. This door did not meet either requirement.<br><br>The Maintenance Manager acknowledged the finding when the deficiency was identified.<br><br>Failure to maintain corridor doors as required increases the risk of death or injury due to fire.<br><br>The deficiency affected one of numerous corridor doors in the facility.<br><br>Ref: 2000 NFPA 101 Section 19.3.6.3.2 | K 018 | | |
| K 048<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to provide a fire plan as reqired.<br><br>Findings include:<br>On 8/13/2012 the fire safety plan did not have a provision for the evacuation of smoke | K 048 | K 048: Maintenance Manager will write a new Fire Safety Plan that will have all eight components of Ref: 2000 NFPA 101 Section 19.7.2.2... Maintenance Manager will take Fire Safety Plan to RISK meeting for approval and then in-service Morning Star staff of new Fire Safety Plan. Maintenance Manager will take Fire Safety Plan to RISK meeting for review and approval. No other Fire Safety Plan shall be used unless Quality Assurance Committee approves and adopts another eight component Fire Safety Plan or if code changes.<br>Date to be completed by 9/28/12. | |

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| | 536050 | A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____ | 08/13/2012 |

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| K 048 | Continued From page 2<br>compartment as required.<br><br>The Maintenance Manager acknowledged the finding when the deficiency was identified.<br><br>Failure to provide a fire plan as required increases the risk of death or injury due to fire.<br><br>The deficiency affected one of eight required components of the fire plan.<br><br>Ref: 2000 NFPA 101 Section 19.7.1.1, 19.7.2.2 | K 048 | | |
| K 050 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility failed to hold fire drills as required.<br><br>Findings include:<br>On 8/13/2012 a review of the fire drill records indicated that the facility failed to hold a fire drill for the second shift in the 3rd quarter of 2011. Fire drills are required to be held once per quarter per shift. | K 050 | K 050: Maintenance Manager will conduct an in-service with the Maintenance staff on Ref: 2000 NFPA 101 Life Safety Code Standard 19.7.1.2. Maintenance Manager will report in-service of staff and the use of the Life Safety Test List, Fire Drill calendar of last four full quarters to the Quality Assurance Committee. Date to be completed by 9/28/12 | |

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| K 050 | Continued From page 3<br>The Maintenance Manager acknowledged the finding when the deficiency was identified.<br><br>Failure to hold fire drills as required increases the risk of death or injury due to fire.<br><br>The deficiency affected one of twelve drills in the past year.<br><br>Ref: 2000 NFPA 101 section 19.7.1.2 | K 050 | | |
| K 056 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to<br><br>Findings include:<br>On 8/13/2012 inspection of test records indicated that in the past year, flow tests were conducted on 4/11 and 10/11 without an intervening test. Quarterly testing is required. | K 056 | K 056: The Maintenance Manager will conduct a Sprinkler System Quarterly test and in-service the maintenance staff on Ref: 2000 NFPA Life Safety Code Standard section 19.3.5, 19.3.5.1, 9.7.1.1; 1999 NFPA 13 Section 11-8-2, 12-1; 1999 NFPA 25 Section 2-3.3, 9-2.7 and use of the Sprinkler System Quarterly Testing log and Life Safety Tests, Calendar. The Maintenance Manager will report Sprinkler System Quarterly Testing log at the Risk meeting and to the Quality Assurance Committee for review.<br>Date to be completed by 8/31/12 | |

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| K 056 | Continued From page 4<br><br>The Maintenance Manager acknowledged the finding when the deficiency was identified.<br><br>Failure to test the sprinkler system as required increases the risk of death or injury due to fire.<br><br>The deficiency affected one of four required flow tests in the past year.<br><br>Ref: 2000 NFPA 101 Section 19.3.5.1, 9.7.1.1; 1999 NFPA 13 Section 11-8.2, 12-1; 1999 NFPA 25 Section 2-3.3, 9-2.7 | K 056 | | |
| K 066 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Smoking regulations are adopted and include no less than the following provisions:<br><br>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.<br><br>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.<br><br>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.<br><br>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 | K 066 | K 066: The Maintenance Manager will place a metal container with a self-closing cover into which ashtrays can be emptied in the resident smoking room, immediately. The Maintenance Manager will rewrite the Smoking policy to include all 4 provisions of NFPA 101 Life Safety Code Standard 19.7.4 one of which is, a Metal containers with self-closing cover into which ashtrays can be emptied are available to all smoking areas where smoking is permitted. The Maintenance Manager will take the Smoking policy to RISK meeting for review and approval. No other Smoking policy shall be used unless Quality Assurance Committee approves at least the 4 provisions in code 19.7.4...<br>Date to be completed by 9/28/12 | |

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| K 066 | Continued From page 5<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility failed to provide a smoking policy as required.<br><br>Findings include:<br>On 8/13/2012 the smoking policy provided did not have a provision requiring non combustible ash trays be provided in all areas where smoking is permitted nor a provision requiring a metal container with self-closing cover devices into which ashtrays can be emptied where smoking is permitted. These provisions are required.<br><br>The Maintenance Manager acknowledged the finding when the deficiency was identified.<br><br>Failure to provide a smoking policy as required increases the risk of death or injury due to fire.<br><br>The policy was deficient two of the four requirements.<br><br>Ref: 2000 NFPA 101 Section 19.7.4 | K 066 | | |
| K 069<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to maintain cooking facilities as required.<br><br>Findings include: | K 069 | | |

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| K 069 | Continued From page 6<br>On 8/13/2012 the maintenance manager could not provide any documentation of inspections and cleaning based upon inspection of kitchen hood for grease laden vapors. Semi annual inspections are required for moderate-volume cooking operations.<br><br>The Maintenance Manager acknowledged the finding when the deficiency was identified.<br><br>Failure to maintain the kitchen hood as required increases the risk of death or injury due to fire.<br><br>The deficiency affected one of four smoke compartments.<br><br>Ref: 2000 NFPA 101 Section 19.3.2.6, 9.2.3; 1998 NFPA 96 Section 8-3.1.1, 8-3.1.2 | K 069 | K 069: The Maintenance Manager will have an outside contractor who specializes in kitchen exhaust cleaning to inspect and clean the kitchen hood duct system for grease laden vapors. A qualified person will do a semiannually inspection of the kitchen hood duct system and if contaminated with grease laden vapors it shall be cleaned. All inspections and cleaning will follow the 1998 NFPA 96 Sections 8-2* thru 8-3.6... The Maintenance Manager will report inspections at the Risk meeting and to the Quality Assurance Committee.<br>Date to be completed by 9/28/12 | |