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	07/30/2013

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 sprinklered, single story building of Type V (111) construction built in 1983. The building was equipped with a supervised, automatic dry sprinkler system with dry pendent heads and a zoned fire alarm system. The facility had a capacity of 45 certified Medicare and Medicaid beds with a census of 33.	K 000		
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 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 1 of 3 sprinkler system gauges were maintained. The findings were: Observation of the dry sprinkler main riser on 7/29/13 at 5:40 PM showed the air compressor regulator pressure gauge was missing the face glass and the left side of the protective cover. At the time of the observation, the maintenance manager reported this gauge was identified during the 4/10/13 inspection. He could not explain why the gauge had not been replaced.	K 062	Life Safety K tags 2013 K062 A: Air compressor regulator pressure gauge will be replaced along with sprinkler systems air and water pressure gauges with installment date marked on face of all three gauges. B: Maintenance will observe and audit all three pressure gauges when preforming the Fire Extinguishers Safety audit monthly. If gauges are impaired in any way they will be replaced a.s.a.p. C: Maintenance will in service Maintenance Staff on 19.7.6, 4.6.12,NFPA 13, NFPA 25, 9.7.5, NFPA 101, Edition 19.3.5.1, 9.7.5 and NFPA 25, 1998 Edition; 1-11.4, 2-3.2 D: Maintenance Manager will report monthly to Risk and quarterly to the Q.I. committee on audits and in service. E: Gauges were replaced on 8/13/2013, in service will be completed by 9/13/2013.	8/13/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 8/20/13

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/ Catherine Keene, Interim Administrator, on 9/3/13.

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K 062	Continued From page 1 Reference NFPA 101, 2000 Edition, 19.3.5.1, 9.7.5, NFPA 25, 1998 Edition; 1-11.4 Emergency Maintenance includes, but not limited to, repairs due to piping failures caused by freezing or impact damage ... 2-3.2 Gauges. Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the scale of the gauge be tested shall be recalibrated or replaced.	K 062		
K 074 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3 This STANDARD is not met as evidenced by: Based on observation and staff interview, the	K 074	K074 A: Maintenance will remove 6 foot by 8 foot cotton quilt from wall in the administrator's office. B: Maintenance and Housekeeping Manager will observe and audit all rooms when preforming Housekeeping and Maintenance audits for draperies, curtains, including cubicle curtains, other loosely hanging fabrics and film serving as furnishing or decorations in the facility. C: Maintenance Manager will in service Maintenance Staff and Housekeeping Manager on the provisions of 10.3.1, 10.3.2.(2), 10.3.2.(3),10.3.4, 19.7.5.1, 19.7.5.3, of NFPA 13 D: Maintenance Manager will report monthly to Risk and Quarterly to the Q.I. committee on audit and in service. E: Maintenance removed 6 foot by 8 foot cotton quilt from administrator's office on 8/5/2013 and will complete audit and in service by 9/20/13. 8/5/13	

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K 074	Continued From page 2 facility failed to ensure fabric wall coverings were flame retardant in 1 of 3 smoke compartments. The findings were: Observation of the administrator's office on 7/30/13 at 8:05 AM showed a 6 foot by 8 foot cotton quilt as a wall covering. Further observation showed flame retardant documentation was not attached to the quilt. At the time of the observation, the maintenance manager confirmed the quilt was not flame retardant nor had it been treated with a flame retardant solution. He could not explain why the quilt had not been noticed and treated with flame retardant solution during the quarterly safety inspections.	K 074		
K 141 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure No Smoking signs were posted were oxygen was in use in 1 of 3 smoke compartments. The findings were: Observation on 7/29/13 between 4 PM and 5 PM showed the facility had an indoor smoking room. Further observation showed resident room #208 and #201 had oxygen in use and the corridor doors were not posted with No Smoking signs. On 7/29/13 at 4:25, the maintenance manager reported the nursing staff posted the corridor doors with No Smoking signs if oxygen was	K 141	K141 A: Maintenance will place No Smoking Oxygen in Use signs on door frames on the outside corridor for rooms #201 and #208. B: Maintenance will place No Smoking Oxygen in Use signs on all rooms that Residents who are on prescribed Oxygen by a physician that they may enter. Maintenance and Housekeeping will observe and audit all rooms for No Smoking Oxygen in Use signs are in place when performing Maintenance and Housekeeping audit. Nursing staff will also observe that all rooms have No Smoking Oxygen in Use signs are on all doors. C:Maintenance Manager will in service Maintenance staff, Housekeeping Manager, D.O.N. and C.N.A. supervisor on No Smoking Oxygen in Use signs on door frames. D: Maintenance Manager will report monthly to Risk and quarterly to the Q.I. committee, on audits and in service. E: Signs were hung on rooms #201 and #208 on 7/29/2013 around 6:00 PM all rooms, audits and in services to be completed by 9/20/13. CORRECTED 7/31/13	

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K 141	Continued From page 3 prescribed by a physician. He also reported that the maintenance staff was supposed to maintain No Smoking signs. He could not explain why the signs were not in place.	K 141		
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 electrical wiring did not replace permanent fixed wiring in 2 of 3 smoke compartments. The findings were: Observation of the electrical system on 7/29/13 between 4:30 PM and 5 PM showed the following location has temporary electrical wiring in use: a. A DVD player was plugged into an extension cord in resident room #209. b. An electric razor was plugged into a 6-way power tap in resident room #207. c. The television set was plugged into a 6-way power tap in the TV room. On 7/29/13 at 4:35 PM the maintenance manager could not explain why the aforementioned electrical adapters had not been noticed and removed during the monthly safety inspections. 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	K 147	K147 A: A) Maintenance will remove extension cord in resident room #209. B) Maintenance will remove power tap and replace it with surge protection in resident room #207. C) Maintenance will remove power tap and replace it with surge protection in TV room. B: Maintenance will observe and audit all receptacles in facility for extension cords, power taps, and receptacles. C: Maintenance Manager will in service maintenance staff on NFPA 70 NEC 9.1.2, NFPA 101 2000 edition, 19.5.1, 9.1.2 NFPA 70, 1999 edition 400-8 and 400-7. D: Maintenance Manager will report monthly to RISK and quarterly to the Q.I. committee, on audits and in services. E: Power taps and extension cord were replaced with surge protection on 8/6/2013 audits and in service will be completed by 9/20/13. 8/6/13	

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K 147	Continued From page 4 (2) Where run through holes in walls ... (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces	K 147		