CENTERS FOR MEDICARE & MEDICAID SERVICES

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WY Dept of Health
OCT 10 2014
Health Facilities Licensing
and Certification

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 B. WING	09/17/2014

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 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5	K 017	1. The abandon nurses call light plate will be replaced with a fire rated sealed plate to ensure that ceilings are smoke resistant in the smoke compartment. 2. All residents are at risk if a fire or smoke were to be present in that smoke compartment. Maintenance will observe and audit all 4 smoke compartments once a month for 3 months and there after quarterly to ensure that all ceilings are smoke resistant. 3. Maintenance Manager will in-service Maintenance Staff and Safety Committee on codes 19.3.6.1, 19.3.6.2.1, and 19.3.6.5 to ensure that corridors and ceilings are smoke resistant.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tim Earl Monroe | TITLE: Administrator | (X6) DATE: 10/7/14

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 via Phone Call with Tim Monroe Administrator on 10/13/14 @ 1247pm

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K 017	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure ceilings were smoke resistant in 1 of 4 smoke compartments. The findings were: Observation of an abandon nurse call plate in the Beauty Salon on 09/17/2014 at 10:07 AM revealed several small circular penetrations in the ceiling. Reference, NFPA 101, 2000 Edition; 19.3.6.2.2	K 017	4. Maintenance Manger will report observations and audits of ceilings in all 4 smoke compartments to the Quality Assurance Committee as reviewed by the Medical Director quarterly. 5. Completion date by 10/24/14	
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. This STANDARD is not met as evidenced by: Based on observation and staff interview, the	K 018	1.The Therapy Room door will be sealed with a fire resisting seal to ensure at least 20 minutes of resisting fire. 2. All residents are at risk if a fire were to be present in the Therapy Room. Maintenance will observe and audit all 4 smoke compartments for 3 months and then there after quarterly. 3. Maintenance Manager will in-service Maintenance Staff and Safety Committee on codes 19.3.6.3.6., and 19.3.6.3. 4. Maintenance Manager will report observations and audits of all doors in all 4 smoke compartments to the Quality Assurance Committee as reviewed by the Medical Director quarterly. 5. Completion date by 10/24/14	

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K 018	Continued From page 2 facility failed to ensure corridor doors were smoke resistant in 1 of 4 smoke compartments. The findings were: Observation of the Therapy Room door on 09/17/14 at 10:15 AM showed two 1/2 inch holes in the corridor door. At the time of the observation the Maintenance Manager explained the holes were from a old closer that had been removed, but could not explain why the holes had not been noticed and repaired during the monthly safety inspections.	K 018		
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 escutcheon rings were smoke resistant in 1 of 4 smoke compartments. The findings were: Observation of the Laundry Storage Room on 09/17/14 at 10:55 AM showed there was a ½ inch gap around the escutcheon ring. At the time of the observation the Maintenance Manager could not explain why the gap had not been noticed and repaired during the quarterly inspections. Reference NFPA 101, 2000 Edition, 19.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 3-2.7.2 Escutcheon plates used with a recessed	K 062	1.The Escutcheon ring will be replaced in the Laundry Storage Room to ensure that ceilings are smoke resistant and that sprinkler will function properly. 2.All residents are at risk if the facility fails to maintain a reliable operating automatic sprinkler system and are inspected and tested. Maintenance Staff will observe and audit all 4 smoke compartments monthly for 3 months and then after quarterly to ensure that escutcheons are seated properly. 3. Maintenance Manager will in-serve Maintenance Staff and Safety Committee on codes 19.7.6, 4.6.12,NFPA 13 NFPA 25 ,9.7.5, NFPA101.2000 Edition, 19.3.5.1, 9.7.1.1 and NFPA 13 1999 Edition: 3-2.7.2. 4. Maintenance Manager will report observations and audits of escutcheons in all 4 smoke compartments to the Quality Assurance Committee as reviewed by the Medical Director quarterly.	

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K 062	Continued From page 3 or flush type sprinkler shall be part of a listed sprinkler assembly.	K 062	5. Completion date by 10/24/14	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1. Observation of the Copier Room door on 09/17/14 at 10:04 AM revealed an additional locking device added to the corridor side of the door. The added locking device restricts exit from the occupied room. Interview with the Facility Maintenance Manager at the time of the observation acknowledged the door hardware, and stated he was asked to install the additional locking device to restrict resident entry into the room. 2. Observation of Men and Women's restroom doors on 09/17/14 at 10:45 AM, and the Mechanical Room on 09/17/14 at 11:00 AM, revealed a thumb-turn lock on the door knob. The action of the knob did not release the lock in one release action and the thumb-turn lock required tight pinching to release. Interview with the Facility Maintenance Director at the time of the observation acknowledged the door hardware was not in compliance. REFERENCE NFPA 101 Life Safety Code, 2000 Edition 7.2.1.5.4* A latch or other fastening device on a door shall be provided with a releasing device having an obvious method of operation and that is readily operated under all lighting conditions.	K 130	1.A locking device on the Copier Room door will be removed to ensure that there are no restrictions from exiting the occupied room. B. All residents are at risk if they were in the room and it would become locked. Maintenance will observe and audit for 3 months and then quarterly on all doors in all 4 smoke compartment to ensure that no locking devices are added to the doors. C. Maintenance Manager will in-service Maintenance Staff and Safety Committee on NFPA 101 Life Safety Code, 2000 Edition 7.2.1.5.4. D. Maintenance Manager will report observations and audits to the Quality Assurance Committee as reviewed by the Medical Director quarterly. E. Completion date by 10/24/14 2.A. The Men's, Women's and Mechanical room will have their door handles replaced with single action door handles.	

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K 130	Continued From page 4 The releasing mechanism for any latch shall be located not less than 34 in. (86 cm), and not more than 48 in. (122 cm), above the finished floor. Doors shall be operable with not more than one releasing operation. A.7.2.1.5.4 Examples of devices that might be arranged to release latches include knobs, levers, and panic bars. This requirement is permitted to be satisfied by the use of conventional types of hardware, whereby the door is released by turning a lever, knob, or handle or by pushing against a panic bar, but not by unfamiliar methods of operation such as a blow to break glass. The operating devices should be capable of being operated with one hand and should not require tight grasping, tight pinching, or twisting of the wrist to operate.	K 130	B. All residents are at risk if there was an emergency. Maintenance will observe and audit for 3 months and then there after quarterly all locking doors in all 4 smoke compartments to ensure a safe and speedy exit. C. Maintenance Manager will in-service Maintenance Staff on code 7.2.1.5.4. D. Maintenance Manager will report observations and audits to the Quality Assurance Committee as reviewed by the Medical Director quarterly. E. Completion date by 10/24/14	