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 _____	10/22/2007

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

11/15/07

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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 and fire alarm system.	K 000	This plan of correction is the facility's credible allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared because it is required by the provision of federal and state law.	
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:	K 018	K018: The facility strives to ensure latching doors are not propped open. The wedge at the lounge door will be removed. All staff will be inserviced by the Staff Development Coordinator (SDC) not to wedge self closing doors open. Audits will be completed for the next three months on Maintenance Supervisor's rounds to ensure each door equipped with a self closing device not wedged open. Audits will be taken to the Quarterly Assessment and Assurance	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	NHA	11-8-07

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/ JoAnn America, NHA, on 11/15/07.

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K 018	Continued From page 1 Based on observation the facility failed to ensure all corridor doors in 1 of 3 smoke compartments were impeded. The finding was: Observation on 10/23/07 at 9:18 AM revealed the corridor door to the nurses' lounge had been propped open with a wedge.	K 018	K018 cont'd: Committee (QAAC) meeting quarterly.	12-4-07
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure all penetrations in 1 of 3 vertical smoke barrier walls were sealed as required. The findings were: 1. Observation on 10/23/07 at 10:40 AM revealed the west smoke barrier wall had one unsealed conduit penetration in the attic. 2. Interview with the maintenance assistant at the time of the observation revealed the smoke barriers were currently inspected semi-annually for penetrations.	K 025	K025: The facility strives to smoke barrier walls have no penetrations. The observed smoke barrier wall penetrations will be sealed. Smoke barrier walls will be inspected by the Maintenance Supervisor on monthly rounds and every occasion when a contractor is working in the areas. Documentation of these rounds will be taken to the QAAC meeting at least monthly.	12-4-07
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour	K 029		

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K 029	Continued From page 2 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 observation the facility failed to ensure all hazardous areas in 1 of 3 smoke compartments had doors as required. The findings were: Observation on 10/23/07 at 9:42 AM revealed 15 boxes of paper were stored in the copy room. The corridor door to the room was not equipped with a self-closing device.	K 029	K029: The facility strives to equip required doors with self closing devices. The door to the copy room will be equipped with a self closing device by the Maintenance Supervisor. Staff will be inserviced by Maintenance Supervisor pertaining to keeping a door with a self closing device free from any impediment to the closing action. Maintenance Supervisor will document that no door has no impediment on weekly rounds. Documentation will be taken to the QAAC meeting at least quarterly.	12-4-07
K 052 SS=F	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	K 052	K052: The facility strives to ensure the fire alarm system testing is completed.	

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K 052	Continued From page 3 This STANDARD is not met as evidenced by: Based on record review, staff interview and observation, the facility failed to test 1 of 9 fire alarm system components as required and failed to properly install magnetic hold open devices. The findings were: 1. Review of the fire alarm system testing records revealed the smoke detector sensitivity test had not been conducted in the past 2 years. The sensitivity test was documented as last performed on 7/1/05. The facility's last full fire alarm system inspection was noted as performed on 8/2/07. Interview with a representative of the testing company on 10/22/07 at 4:45 PM revealed the facility's contract did not include testing of the smoke detector sensitivity test. 2. Observation on 10/23/07 at 10:15 AM during the fire drill revealed the magnetic hold open devices installed on the east and west smoke barrier doors became re-magnetized when the fire alarm system was silenced. The hold open devices did not remain inactive while the system was in alarm mode.	K 052	K052 cont'd: The sensitivity testing for the smoke detectors will be completed by a certified agent. The smoke door magnets will be corrected to function when the fire alarm system is silenced by a certified agent. The testing documentation provided by certified agents will be reviewed by the Maintenance Supervisor and/or Administrator to ensure required testing is completed. The smoke barrier doors will be reviewed at the time or the fire drill to ensure the magnets hold the doors open until the system is reactivated. The documentation of appropriate testing and that smoke barrier doors are holding will be taken to the QAAC meeting at least quarterly.	12-4-07
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	K 056	K056: The facility strives to provide complete sprinkler systems. The observed location for sprinkler coverage will have ~~an additional~~	

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K 056	Continued From page 4 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 observation the facility failed to provide complete sprinkler coverage for 1 of 3 smoke compartments. The findings were: Observation on 10/23/07 at 9:05 AM revealed the east end of the boiler room did not have sprinkler coverage due to a sheet metal shroud installed around the pipes of the two hot water heaters that ran into the ceiling. The shroud was 18 inches wide and projected 12 inches below the ceiling. The sprinkler was located 10 inches from the shroud.	K 056	K056 cont'd: ~~sprinkler installed by a certified agent.~~ ① THE EXISTING SPRINKLERS LOWERED 12" BELOW THE CEILING TO ~~All contractor work completed in the facility will be reviewed to ensure there are no barriers to the sprinkler system.~~ COMPLETED COMPLETED ② THE SHROUD WILL BE CUT TO 8" BELOW THE CEILING. Any documentation regarding this observation will bet taken to the QAAC meeting at least quarterly by the Maintenance Supervisor and/or Administrator.	12-4-07
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 replace all sprinkler heads that had visible signs of corrosion in 1 of 3 smoke compartments. The findings were: 1. Observation on 10/23/07 at 10 AM revealed 1 of 2 sprinkler heads in the dish room had visible signs of corrosion.	K 062	K062: The facility strives to replace all required sprinkler heads. The sprinkler head in the dish room will be replaced by the Maintenance Supervisor. All sprinkler heads in the facility will inspected by the Maintenance Supervisor at least quarterly. Documentation of inspections of sprinkler heads will be taken to the QAAC meeting at least quarterly.	12-4-07

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K 062	Continued From page 5 2. Interview with the maintenance assistant at the time of the observation revealed the facility had not been conducting annual visual inspections of the sprinkler heads in the building.	K 062	K144: The facility strives to perform regular maintenance on the generator. The generator motor oil will be changed by the Maintenance Supervisor. The generator oil will be changed annually by the Maintenance Supervisor. Documentation will be placed in the QAAC minutes to verify that the generator oil will be changed annually.	12-4-07
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 record review and staff interview, the facility failed to perform an annual service for the emergency generator. The findings were: 1. Review of the emergency generator testing records revealed there was no indication as to when the oil had last been changed. 2. Interview with the maintenance assistant on 10/23/07 at 8:39 AM revealed the oil in the emergency generator had not been changed for at least a year. The maintenance supervisor reported he was not aware of any preventive maintenance program for servicing the emergency generator, but this was only his second day on the job.	K 144		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance	K 147		

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K 147	Continued From page 6 with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation the facility failed to ensure flexible wiring did not replace permanent fixed wiring in 2 of 3 smoke compartments. The findings were: Observation on 10/23/07 between 9:30 AM and 10 AM revealed the following locations had temporary electrical wiring replacing permanent fixed wiring: a. The office of the director of nursing (DON) had three power strip bars plugged into one anther in a series. b. The television in the front lobby was plugged into a surge protector, which was plugged into a 6-way adapter.	K 147	K147: The facility strives to ensure permanent wiring. The temporary electrical wiring in the Director of Nursing office and the front lobby will be replaced with appropriate plugs to the permanent outlet. All electrical appliances throughout the facility will be inspected by the Maintenance Supervisor to ensure appropriate plugs to the permanent outlets are present. All electrical appliances throughout the facility will be inspected by the Maintenance Supervisor randomly in the weekly maintenance rounds. Documentation of maintenance rounds will be taken to the QAAC meeting at least quarterly.	12-4-07