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 _____	**11/01/2017**

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 A Life Safety Code survey was conducted at the facility on 07/27/2017 by the office of Healthcare Licensing and Surveys. Requirements for Long Term Nursing Homes Section 42 CFR 483.70 (a) except as otherwise provided in the 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, one-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 fire alarm system. The facility had a capacity of 45 certified beds with a census of 36.	K 000		
K 321 SS=D	NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1	K 321		12/22/17

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

Electronically Signed | 11/15/2017

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 321	Continued From page 1 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This STANDARD is not met as evidenced by: Observation and staff interview revealed that the facility failed to protect hazardous areas in accordance with the 2012 NFPA 101 LSC. The findings were: Observation on 11/01/17 at 12:13 PM of the Medical Equipment Storage room adjacent to the central nurses station revealed that the door had been propped open using a rubber door stop, thus eliminating the doors ability to be self-closing. Failure to maintain hazardous areas as required by the LSC could result in injury or death in the event of a fire. Interview with the facility maintenance director at the time of the observation revealed he was aware that door stops are not allowed to be used on hazardous area doors. Interview with nursing staff in the storage room at the time of the observation revealed that she was unaware that doors stops are not allowed to be used on hazardous area doors. Ref: 2012 NFPA 101 19.3.2.1.3	K 321	A)The Medical Equipment Storage room door will be kept closed and door stop was removed on 11/01/2017. B)Failure to maintain hazardous areas as required by the LSC could result in injury or death in the event of a fire. Maintenance will observe and audit all self closer doors in facility weekly for one month and there after once monthly. C)Environmental Service Manager or D.O.N. will in-service nursing staff on the hazards of leaving the door open. D)Environmental Service Manager will report observations and audits to the Quality Assurance Committee at the QAPI meetings.	
K 372 SS=D	NFPA 101 Subdivision of Building Spaces - Smoke Barrie	K 372		12/22/17

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	535050	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/01/2017**

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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K 372	Continued From page 2 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to maintain 1 of 3 smoke barriers in accordance with the 2012 NFPA 101 Life Safety Code. The findings were: Observation on 11/01/17 at 1:15 PM of the smoke barrier between the kitchen and south side of the dining room revealed unprotected penetrations from electrical wire and piping. Failure to provide smoke barriers in accordance with the 2012 NFPA 101 could result in injury or death by allowing the propagation of smoke and fire from one smoke compartment to another. Interview with the facility maintenance manager at the time of the observation revealed that they were aware of the requirements for protection of smoke barriers, but were unaware of these unprotected penetrations. Ref. 2012 NFPA 101 19.3.7.3, 8.5.6.2	K 372	A)All penetrations between the kitchen and south side of the dining room smoke compartment will be sealed with fire barrier caulking red. This was done on 11/10/17. Maintenance will observe and audit all smoke barriers for penetrations and then fix,after any work that is done in attic maintenance will inspect for any penetrations fix when found. B)Failure to provide smoke barries in accordance with the 2012 NFPA 101 19.3.7.3, 8.5.6.2 could result in injury or death by allowing the propagation of smoke and fire from one smoke compartmentto another. C)Environmental Service Manager will in-service maintenance staff on 2012 NFPA 101 19.3.7.3, 8.5.6.2. Maintenance will observe and audit all smoke barriers after any time work is done in attic.	

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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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K 372	Continued From page 3	K 372	D)Environmental Service Manage will report all observations and audits to the Quality Assurance Committee at the QAPI meeting.	