SEP 17 2008

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/17/2008
FORM APPROVED
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 - MAIN BUILDING 01 B. WING ______	09/08/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR CARE CENTER	P O BOX 859 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 and a zoned 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 conclusion 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 012 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure walls were smoke resistant in two of four smoke compartments. The findings were: 1. Observation on 9/08/08 between 2:30 PM and 3:30 PM revealed all the resident room restrooms had two unsealed pipe penetrations. The penetrations were made when individual air conditioning units were installed into each room. Interview with the maintenance director at the time of observation revealed the contractor finished installing the air conditioning units the week before. 2. Observation on 9/08/08 at 3:20 PM revealed	K 012	K012: 1. All the Resident room restrooms unsealed pipe penetrations will be sealed with the appropriate coverings by the Maintenance Director. 2. Ceiling near Resident room #101 will be repaired with an appropriate seal by the Maintenance Director to ensure area is smoke resistant. The Maintenance Director and/or Maintenance Assistant will monitor all work completed by outside contractors to ensure all areas of walls are smoke resistant. Any break in the walls will be repaired at the time of observation by the Maintenance Director and/or Maintenance Assistant. Monitoring of areas will be documented. Documentation of monitoring will be brought to the Quality Assurance meeting by the Maintenance Director at least quarterly. PoC accepted w/ [illegible] NHA 00 10/1/08.	9.26.08 9.26.08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] NHA — TITLE: NHA — (X6) DATE: 9.27.08

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 012	Continued From page 1 the corridor ceiling near resident room #101 was not smoke resistant. The ceiling had a two foot long split along a sheetrock seam. Interview with the maintenance director at the time of observation revealed the ceiling had been damaged two weeks earlier when an outside contractor stepped on the wet sheetrock.	K 012	K029 The observed copy room corridor door latch will be repaired by the Maintenance Director to ensure closure	9.26.08
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour 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 and staff interview the facility failed to ensure hazardous areas were separated from resident use areas by smoke resistant partitions in one of four smoke compartments. The findings were: Observation on 9/08/08 at 2:40 PM revealed the the copy room's corridor door equipped with an automatic closure device did not latch the door into its frame. Three unsuccessful attempts were made to seat the door into its frame. Interview with the maintenance director at the time of observation revealed hazardous areas were only inspected semi-annually.	K 029	Maintenance Director and/or Maintenance Assistant will audit all hazardous areas such as the copy room, monthly to ensure closures/latches are working properly. Maintenance Director will inservice all staff regarding identifying doors closing properly and how to record any such identifications in the maintenance repair request log. Maintenance Director and/or Maintenance Assistant will repair any identified improper door closures/latches. Audits will be completed quarterly by a member of the Quality Assurance Committee to ensure appropriate closure of such doors. All monitoring and maintenance request log notations will be documented by the Maintenance Director and brought to the Quality Assurance meeting at least quarterly. The audit by a Quality Assurance Committee member will be brought to the Quality Assurance meeting at least quarterly. K050 1. All staff will be inserviced regarding the fire drill policy by the Maintenance Director	10.2.08

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K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure staff members were familiar with the necessary steps required during a fire drill and failed to ensure fire drills were held at unexpected times on one of three shifts. The findings were: 1. Observation of the fire drill on 9/08/08 at 5:13 PM revealed three corridor doors were left open in the smoke compartment where the fire drill was conducted. Review of the facility's fire emergency policy revealed employees were to "close all resident room doors..." 2. Review of the fire drill testing records revealed third shift was 10 PM to 6 AM. The records showed all fire drills conducted on the third shift in the past 12 months occurred between 5 AM and 5:30 AM. 3. Review of the fire drill testing records revealed 9 of 12 fire drills conducted in the past year occurred after the 27th day of each month.	K 050	K050 cont'd: regarding the observation of "closing all Resident room doors" 2. The fire drills for the third shift will be conducted at unexpected times within the shift. 3. The fire drill testing will be conducted on unexpected days of the month within the regulation requirements. 4. The Maintenance Director will be inserviced by the Administrator regarding the definition of "unexpected times under varying conditions". Maintenance Director will inservice Maintenance Assistant, night shift Charge Nurse as to how to conduct fire drills and how to evaluate staff response to alarm, in order to ensure drills are conducted at unexpected times under varying conditions. Maintenance Director will coordinate schedule of drills to ensure each shift conducts a fire drill within the time frame required by regulations. Maintenance Director will review each fire drill response results to ensure each is conducted appropriately. All documentation related to fire drills will be brought, by the Maintenance Director, to the Quality Assurance meeting at least quarterly.	9.12.08 10.2.08

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K 050	Continued From page 3 4. Interview with the maintenance director on 9/08/08 at 6:30 PM revealed he was unaware fire drills were supposed to be unpredictable and to occur at various times and days of the month.	K 050	K052 1. The Maintenance Director will test the load voltage for the fire alarm panel's battery per the NFPA requirements. 2. The Maintenance Director will be aware that the load voltage test is required by use of the NFPA manuals purchased by the facility. The Maintenance Director will document the load voltage test and report on the results of the testing to the Quality Assurance Committee meeting at least quarterly.	10·2·08 10·2·08
K 052 SS=E	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 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to test one of nine fire alarm system components. The findings were: 1. Review of the fire alarm system testing records revealed the load voltage test for the fire alarm panel's battery had not been performed in the past six months. The test was last performed on 12/18/07. 2. Interview with the maintenance director on 9/08/08 at 6:30 PM revealed he was unaware the load voltage test was supposed to be tested semi-annually.	K 052		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are	K 062	K062 1. The sprinkler heads located in closet in Resident room #204 and the one of two in Resident room #212 will be replaced. 2. The Maintenance Director and/or Maintenance Assistant will monitor all work by outside contractors to ensure sprinkler heads are in operating conditions. All monitoring of sprinkler heads relating to work by outside contractors will be documented. Sprinkler heads will be inspected by Maintenance Director and/or Maintenance Assistant monthly to ensure there is not foreign matter. All documentation related to integrity of sprinkler heads will be brought to the Quality	10·2·08 10·2·08

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K 062	Continued From page 4 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 sprinkler heads were not painted in one of four smoke compartments. The findings were: 1. Observation on 9/08/08 between 4 PM and 4:30 PM revealed the following areas had sprinkler heads that were painted: a. The closet in resident room #204. b. One of two sprinklers in resident room #212. 2. Interview with the maintenance director on 9/08/08 at 4:11 PM revealed all of the resident rooms were painted during the past year. He further reported that the sprinkler system was inspected annually to ensure heads were free of foreign material.	K 062	K062 cont'd: Assurance meeting by the Maintenance Director at least quarterly. K144 1. The Maintenance Director will inspect the battery for the emergency generator monthly in accordance with NFPA 110. 2. The Maintenance Director will be aware that the generator's battery is supposed to be inspected monthly by use of the NFPA 110. The Maintenance Director will inservice the Maintenance Assistant relating to the testing of the emergency generator's battery testing The Maintenance Director and/or the Maintenance Assistant will test the emergency generator battery monthly. The Maintenance Director and/or Maintenance Assistant will document monthly the testing of the emergency generator battery.	10.2.08 9.12.08 10.2.08 10.2.08
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.	K 144	The Maintenance Director will bring the documentation of the testing of the emergency generator battery to the Quarterly Assurance meeting at least quarterly. K147 1. The computer in the Medical Records office will be plugged into a surge protector without the 6 way adapter.	9.12.08

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K 144	Continued From page 5 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure one of seven components of the emergency generator were tested. The findings were: 1. Review of the emergency generator testing records revealed the battery had not been inspected on a monthly basis for the past year in accordance with NFPA 110. 2. Interview with the maintenance director on 9/08/08 at 6:30 PM revealed he was unaware the emergency generator's battery was supposed to be inspected monthly.	K 144	K147 cont'd: 2. Maintenance Director will remove the grounding blade broken off in the ground slot of one of the five electrical receptacles in the front lobby. Maintenance Director will inservice the Maintenance Assistant relating to monitoring the electrical wiring and equipment in accordance with NFPA 70, National Electrical Code 9.1.2 relating to electrical outlets. Maintenance Director will inservice all staff relating to appropriate use of electrical outlets.	9.12.08 10.2.08 10.2.08
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 wiring was not being used in place of permanent wiring. In addition, the facility failed to ensure damaged electrical appliances were identified and repaired in two of four smoke compartments. The findings were: 1. Observation on 9/08/08 at 2:52 PM revealed the computer in the medical records office was plugged into a surge protector which was plugged into a 6-way adapter. Interview with the maintenance director at the time of observation revealed the electrical system was inspected monthly.	K 147	Maintenance Director and/or Maintenance Assistant will monitor electrical outlets monthly. All documentation of monitoring of electrical outlets will be brought to the Quality Assurance meeting, by the Maintenance Director, at least quarterly.	

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K 147	Continued From page 6 2. Observation on 9/08/08 at 3:41 PM revealed one of five electrical receptacles in the front lobby had the grounding blade of an electrical plug broken off in the ground slot.	K 147		