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 _____	**03/17/2021**

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
E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on March 17, 2021. Based on the findings it was determined the facility was in compliance with all requirements. .	E 000		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on March 17, 2021. 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 an addressable fire alarm system. The facility had a capacity of 45 certified beds with a census of 25. .	K 000		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure 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 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be	K 321		4/1/21

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

Electronically Signed | 03/30/2021

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.

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 _____	**03/17/2021**

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 321	Continued From page 1 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, 19.3.5.9 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 REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain hazardous areas in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly maintain hazardous areas could result in injury or death in the event of a fire. The deficiency affected one (1) of four (4) smoke compartments. The findings were: Observation on 03/17/21 at 12:50 PM revealed that the Training room adjacent to the Dining room was being used to store a large amount of combustible materials. The room was larger than 50 s.f. with one wall consisting of an accordion	K 321	The training room that is adjacent to the dining area will be cleared of any storage items that are combustible by the coming date of April 2 2021. In the future the storage of any overstock items that are not in designated storage rooms within the building will be placed in a storage container that was delivered on the 24th of march 2021. This storage box has the capability to house all the excess items we have struggled to find room for. This deficiency can affect all the elders in the community and the workers by making the spread of a fire more easy and the	

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 _____	**03/17/2021**

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 321	Continued From page 2 style door that allows the Training room to open up completely to the Dining room. The corridor entrance door was not equipped with a door closer. Rooms greater than 50 s.f. being used for storage of combustible materials shall be separated from other spaces by smoke partitions and doors shall be self-closing or automatic-closing. Interview with the maintenance staff at the time of the observation acknowledged the deficiency, but indicated that they were unaware of the requirement. Interview with the Administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.3.2 .	K 321	extinguishing of fire more difficult. The maintenance staff will in-service all newly hired and current employees on where we are allowed to store combustible items along with what rooms are actually for storage and which ones are not acceptable for that use. Lastly the quality assurance team will get together before we take any new donations and make any new purchases to ensure we do not overcrowd our storage. The maintenance manager will also familiarize themselves on the requirements of NFPA 101 19.3.2 to try and avoid any problem with this deficiency in the future. Before any rooms will be used to store or house any items they will be made to comply with NFPA 101 19.3.2. The maintenance employees will monitor the storage of items by coordinating with other departments as to what items can be housed in a storage container and not inside the building to avoid overcrowding of supplies	
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for	K 351		3/26/21

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 _____	**03/17/2021**

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 351	Continued From page 3 sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to install the fire sprinkler system in accordance with the 2010 NFPA 13, Standard for the Installation of Sprinkler Systems. Failure to properly install the fire sprinkler system could result in injury or death in the event of a fire. The deficiency affected one (1) of four (4) smoke compartments. The finding was: Observation on 03/17/21 at 12:32 PM revealed an infection control barrier along the 200 corridor that was set up as a means of isolating a section of the corridor for COVID infected residents. The infection control barrier was constructed within 12 inches of a corridor sprinkler head, which obstructed coverage to the other side of the barrier. The closest corridor sprinkler head from the obstructed side was approximately 12 feet from the infection control barrier. The maximum allowable distance from a wall for a standard pendent sprinkler head is 7.5 feet. Interview with the maintenance staff at the time of the observation acknowledged the deficiency, but indicated that they were unaware of the	K 351	To remedy the deficiency the maintenance crew has removed the isolation barrier in the east hall (200 hall). It will not be put back up unless we have another infection in our facility. This deficiency could affect all the elders in the building along with the care partners due to the reduction in effectiveness of the fire suppression that was put in place to do that job. The maintenance crew will provide an isolation area during the pandemic as required and when required. To do this correctly the maintenance manager will contact the health and safety board to clarify what things need to be carried out. When adding any new structure, such as the isolation barrier, maintenance and the quality assurance team will do a better job of reading the waivers put in place during an event such as the covid19 pandemic. The maintenance staff will review NFPA 19.3.2.1.3 to familiarize themselves with the requirements so in the future any	

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 _____	**03/17/2021**

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 351	Continued From page 4 requirement. Interview with the Administrator at the time of exit acknowledged the deficiency. Reference: 2010 NFPA 13 8.5.3.2.2; Table 8.6.2.2.1(a)	K 351	temporary walls or structures will not cause a deficiency in safety. The maintenance crew will do a more adequate job of investigating the requirements of any added structures inside or outside of the building. Also any time there is a request for a temporary wall or anything along those lines the maintenance crew may try to request clarification from the health and safety board before moving forward with any installations.	