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 _____	**02/15/2022**

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 02/15/2022. 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 02/15/2022. 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 Medicare and Medicaid beds with a census of 29 residents. .	K 000		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited	K 324		3/25/22

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

Electronically Signed | 03/09/2022

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 324	Continued From page 1 cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to protect cooking facilities in accordance with the 2012 NFPA 101, Life Safety Code. Failure to protect cooking facilities could result in injury or death in the event of a fire. The deficiency affected one (1) of one multiple cooking appliances within the kitchen. The findings were: Observation on 02/15/2022 at 12:53 PM revealed a gas cook-top under a commercial range hood located in the facility's kitchen. Observation of the cook-top revealed that no means was provided to ensure it is returned to the approved location after being moved. Cooking appliances requiring fire-extinguishing protection shall be provided with a means of returning to the approved location after being moved for cleaning or maintenance	K 324	The gas stove located in the kitchen will be encompassed by an outline on the floor in a brightly colored outline. The outline will be added on or before the date March 17 2022. This will allow all dietary employees to see the actual location that the range is required to be placed if it is ever moved for cleaning or servicing. Also the chains that currently hold it in place on the floor will be tightened or loosened to keep the accidental movement to a minimum. The failure to place the range back in the correct place under the fire suppression could lead to fire affecting one or many parts of the building in turn affecting the resident elders and employees safety as fire could spread uncontained. Having the range correctly placed under the	

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K 324	Continued From page 2 purposes. Interview with the maintenance manager at the time of the observation acknowledged the deficiency, and indicated that they were unaware of the requirement. Interview with the Administrator at the time of exit acknowledged the deficiency. Ref: 2012 NFPA 101 19.3.2.5.5, 9.2.3; 2011 NFPA 96 12.1.2.3 .	K 324	suppression system can mitigate the fire risk at that location exponentially thus it will be remedied in a timely manner. The maintenance team will work in conjunction with dietary management and staff to educate all involved as to where the range needs to be placed, why it is important to have the range in a set location, and how to minimize the danger by keeping the range under the suppression system. When a newly hired dietary employee comes in, that person will get training and during in-service classes the staff will get a refresher as to the reasoning for the requirements.	
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for	K 920		3/25/22

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K 920	Continued From page 3 which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to utilize power strips in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to utilize power strips could result in injury or death in the event of electrical or equipment failure. The deficiency affected four (4) of twenty five (25) resident rooms. The findings were: Observation on 02/15/2022 at 12:10 PM and throughout the survey revealed power strips located in the patient care area while Patient Care Related Electrical Equipment (PCREE) was present. Observation of resident rooms 102, 103, 110, and 109 revealed oxygen concentrators that were plugged directly into power strips. PCREE shall not be plugged into power strips, and power strips shall not be located in the patient care area when PCREE is present. Interview with the maintenance manager at the time of the observation acknowledged the deficiency. Interview with the Administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 99 10.2.3.6, CMS S&C: 14-46-LSC	K 920	Any patient care equipment will be unplugged from power strips and plugged directly into the wall. All the equipment that was observed out of compliance has already been changed to avoid the deficiency. Failure to follow the requirement could cause problems for an individual elder or multiple elders as the power strip could fail and cut power to patient care related electrical equipment, which could lead to complications for elders at various levels of danger. Because this is an ongoing problem the maintenance staff will change the frequency for checking the power devices from one time monthly to twice monthly. Also maintenance will in-service the staff in all departments as to what the requirement is, this will mitigate newly hired employees from being unaware as to the requirement for any patient care related electrical equipment.	