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 _____	**01/24/2024**

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 01/24/2024. Based on the findings of the survey team, it was determined that the facility was in compliance with all requirements in accordance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 01/24/2024. Requirements for Long Term Care Facilities Section 42 CFR 483.90 except as otherwise provided in this 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, single story building of Type V(III) 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. At the time of the survey, the automatic dry sprinkler system had been out of service since October due to leaking issues. The facility was on fire watch. The facility had a capacity of 45 certified Medicare and Medicaid beds with a census of 27 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National	K 345		3/11/24

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

Electronically Signed | 02/12/2024

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K 345	Continued From page 1 Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the fire alarm system in accordance with the 2012 NFPA 101, Life Safety Code, and 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to properly test and maintain the fire alarm system could result in a failure of the system, resulting in injury or death in the event of a fire. The deficiency affected the fire alarm system, and had the potential to affect all residents, staff, and visitors. The findings were: Document review on 01/24/2024 starting at 12:30 PM revealed that the inspection and testing of the fire alarm system batteries was not being conducted as required. No documentation was available at the time of the survey to confirm that the fire alarm system batteries had been inspected and tested twice in the last twelve (12) months. Documentation was available to confirm the fire alarm system batteries had been inspected and tested in February of 2023 but there was no evidence that a second inspection and test had been conducted in the last twelve months. Interview with the maintenance supervisor at the time of observation acknowledge the deficiency, and indicated they were unaware of the requirement.	K 345	Fire alarm systems require continuous power to ensure round the clock ability to correctly detect and initiate an alarm in an emergency situation, therefore the system will require a backup power supply fed by batteries. To ensure these batteries function continuously, they require some periodic maintenance for both function and ability to provide electrical power when called upon on emergency situations. Testing of the backup batteries is required at intervals of 2 times yearly by a licensed technician. If power supply/backup batteries are not maintained and tested the system could have a malfunction in an emergency and not only residents are at risk, but also employees and the building structure itself. Due to the nature of testing being done by an outside entity, the maintenance manager has contacted the monitoring company to change the schedule of inspection. The technician will give a tutorial of testing done on the batteries, thus giving personnel an understanding of what tests are done and what compliances are required to give a power supply battery a "pass" rating. The testing will be done in house one time a year, on the battery, by the maintenance crew and one time by the monitoring company when	

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K 345	Continued From page 2 Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.4.1, 9.6.1.3; 2010 NFPA 72 Table 14.3.1(3)(d), Table 14.4.5(6)(3)	K 345	they come to do a yearly full inspection of the system. This will ensure biannual testing on the backup power supply and yearly testing is completed. The facility will add the schedule to the quarterly meetings and a note will be added to the testing form for biannual inspection of the battery as it has not been added in the past and the requirement was not fully known for battery inspection time frame.	
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the fire sprinkler system in accordance with the 2010 NFPA 13, Standard for the Installation of Sprinkler	K 353	Fire suppression systems are complex and have many parts working in conjunction to create a safer environment for residents and employees, and they	2/22/24

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K 353	Continued From page 3 Systems. Failure to properly test and maintain the fire sprinkler system could result in a malfunction or failure of the system, resulting in injury or death in the event of a fire. The deficiency affected the fire sprinkler system, and could affect all residents, staff, and visitors. The findings were: Document review on 01/24/2024 starting at 12:30 PM revealed that the facility failed to perform annual and quarterly testing of the fire sprinkler system. No documentation was available at the time of the survey to confirm that the annual testing of the main drain or the annual partial valve trip test, had been conducted in the last twelve (12) months. No documentation was available at the time of the survey to confirm that the water flow alarm, priming water, and low air alarm were tested in the last 12 months. At the time of the survey documentation was available to show that the fire sprinkler system was deactivated from 04/27/2023 through 05/01/2023, and then deactivated again starting 10/02/23 to the date of the survey. The facility was put on fire watch during the times that the system was deactivated, but documentation was not available to demonstrate that required testing was conducted during the times that the system was active during the year. Interview with the maintenance manager at the time of observation acknowledge the deficiency, and indicated they were aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency.	K 353	must be tested to ensure a non failure when a fire emergency happens. If the system goes down without knowledge all residents and employees will be in danger because there is no way to extinguish the fire before emergency responders arrive; testing will ensure this. Testing is required quarterly on the main system and annual testing on some of the water valves and drains. Our system was out of commission due to deterioration of the piping, and was unable to be tested at these intervals over the past year as the system couldn't be turned on to fully get an actual test done. In the time since our survey was done, the system has been repaired and is back on line. Testing was completed that day and the inspection can be done at the normal interval. The service company that has done the most recent testing has already agreed to continue to service the fire suppression system in the future. Due to the catalyst for the system being down due to broken parts causing an issue that did not allow inspection, we will return to the original scheduling that we were using when the system was fully functional. The testing issue was only caused by the system being broken so having it back functioning will make future tests possible. Testing is already scheduled by the maintenance team and was being done but having a non-functional system did not allow compliance maintained as it would if the system stayed online continuously.	

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K 353	Continued From page 4 Ref: 2010 NFPA 13 13.2.5, 13.4.4.2.4, 13.4.4.2.1, 13.4.4.2.6; Table 5.1.1.2, Table 13.1.1.2	K 353		
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 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 properly utilize power strips could result in Patient Care Related Electrical Equipment (PCREE) working improperly, resulting in injury or death in the event of a	K 920	Patient monitoring and life safety equipment is vital to ensuring safe and quality care of residents. To ensure the equipment if functioning correctly it must have land power supplied without interruption. A power cord strip or surge protector will not allow this continuous use	2/22/24

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K 920	Continued From page 5 malfunction. The deficiency affected two (2) of multiple resident rooms and could potentially affect the residents of those rooms. The findings were: Observation on 01/24/2024 starting at 9:35 AM revealed power strips located in patient care areas while PCREE was present. Observation of resident rooms 202 and 207 revealed that oxygen concentrators were plugged directly into a power strip. Power strips shall not be located in the resident care area when PCREE is present. Interview with the maintenance manager at the time of observation acknowledge the deficiency, and indicated they were aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 99 10.2.3.6, CMS S&C: 14-46-LSC	K 920	as it could malfunction or trip due to some unforeseen fault and could cause loss of power to patient care equipment. Emergency equipment should never be connected to a power strip nor should a power strip be in the patient care area. If loss of power were to occur with life saving equipment connected it could cause a serious situation for not only that resident, but also for employees having to confront problems that are unforeseen with not equipment to aid in diagnosis. The power strips have been moved to the correct side of the room and in one instance they were removed from the room entirely to mitigate further use of them at this time. Having power strips incorrectly utilized, and not understanding the term "patient care area" is on ongoing problem. The amount of electronic devices allowed and available for use is continuing to grow in number. The maintenance manager does an initial training for facilities equipment servicing and observation, to make new employees aware of the building faculties. It has been added to the training that the instructor will go over both the patient care area definition, but also where power strips are allowed and where not allowed. Also, family members of the residents will be given training as to appropriate use of power strip. A weekly audit of power strips will be done. Moving forward precautions and training will be done for all employees, residents, and family members to be aware of the requirements.	