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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535046	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/21/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S NURSING HOME	P O BOX 428 JACKSON, WY 83001

4/25/07

(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 011 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observations the facility failed to seal a penetration in 1 of 1 fire barrier wall. The finding was: Observation on 3/20/07 at 4:10 PM revealed the 2-hour vertical fire barrier wall in the boiler room had an unsealed pipe penetration.	K 011	The facility will ensure wall pipe penetrations are Sealed to comply with minimum 2 hour fire Resistant ratings. This will be accomplished by: 1. The Maintenance staff placed a fabricated metal panel at the penetration and added fire sealant around the pipe to completely eliminate the penetration. (3M Fire Barrier Sealant CP 25WB) 2. The Maintenance staff will seal penetrations for all future repairs immediately upon completion of the work. 3. The Maintenance Manager will inspect job sites to ensure penetrations are sealed as soon as possible when the job is completed and signed off on the maintenance order.	4/7/07
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	This facility will ensure that corridor doors latch properly and that there is appropriate resistance to smoke passage. This will be accomplished by: 1. Maintenance staff adjusted the latch bolt closure on the door to the staff lounge so that the latch inserts into the strike plate correctly. 2. Facility construction staff placed a smoke seal along the vertical edge on one of each of the set of double doors from the corridor to the living room. 3. The Maintenance staff will inspect corridor doors each month during monthly fire inspections. (Inspections include automatic fire doors, extinguishers, exit signs). POC ACCEPTED W/ PAT WORDS. WAS OK 4/25/07 NEW TITLE PER CONVERSATION W/ SIGNATURE.	3/27/07 4/3/07

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

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APR 18 2007
Wyoming Dept of Health
Licensing and Surveys

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K 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations the facility failed to protect 2 of 68 corridor doors. The findings were: 1. Observation on 3/20/07 at 2:12 PM revealed the corridor door to the staff lounge did not latch into the door frame. 2. Observation on 3/20/07 at 3:32 PM revealed the double corridor doors to the living room had a gap between the doors which would not resist the passage of smoke.	K 018		
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observations the facility failed to seal penetrations in 1 of 3 vertical smoke barrier walls. The finding was: Observation on 3/20/07 at 3:45 PM revealed the west vertical smoke barrier wall in the attic had one unsealed conduit penetration.	K 025	This facility will ensure that there are no smoke penetrations above the ceiling. This will be accomplished by: 1. Maintenance staff has sealed the one unsealed conduit penetration in the west vertical wall in the attic. (3M Fire Barrier Sealant). 2. Maintenance staff will inspect the attic area to insure there are no other penetrations missed during intermittent construction projects. The inspection will be completed by April 30, 2007.	5/23/07

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K 027 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain 2 of 8 smoke barrier doors. The finding was: Observation on 3/20/07 at 2:47 PM revealed the double smoke barrier corridor doors to the service corridor had a gap between the doors which would not resist the passage of smoke. NFPA 101 Section 8.3.4.1 states "Doors in smoke barriers shall close the opening leaving only the minimum clearance necessary for proper operation and shall be without undercuts, louvers, or grilles."	K 027	This facility will ensure that the smoke resistant barrier on the set of corridor doors is in place without gaps. This will be accomplished by: 1. The maintenance staff replaced the existing astragal which had been damaged by equipment being moved through the doors. 2. Maintenance staff has ordered a heavier brush style astragal which will replace the current style to provide a more durable, longer lasting seal.	5/23/07
K 052 SS=F	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	K 052	This facility will ensure that the annunciator panel batteries are tested semi-annually in accordance with NFPA 72. Following the survey, we determined that we do currently perform the tests semi-annually as required. However, the documentation being transferred to the "Testing Results Binder" included only the annual test and not the second semi-annual test results. 1. The Maintenance staff have revised the documentation procedures to include transferring both test results to the 5 Year Test Results Binder.	4/4/07

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K 052	Continued From page 3 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to test 1 of 8 fire alarm system components. The findings were: 1. Review of the fire alarm system testing records revealed the annunciator panel's battery load voltage test had not been performed in the last 6 months. The last test was performed on May 3, 2006. NFPA 72 Table 7-3.2 (6,c,3) reports "Fire Alarm Systems, Sealed Lead-Acid Batteries shall have a load voltage test on a semiannual basis." 2. Interview with Support Services Director on 3/20/07 at 5:30 PM revealed there were no other records to review.	K 052		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5	K 056		

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K 056	Continued From page 4 This STANDARD is not met as evidenced by: Based on observations the facility's sprinkler system had 2 of 358 wet sprinkler heads obstructed. The findings were: Observation on 3/20/07 between 2 PM and 5 PM revealed the following sprinkler heads were obstructed: a. 1 of 1 sprinkler head in the physical therapy restroom was obstructed by the florescent light. The light was 4 inches away and 2 inches below the sprinkler deflector. b. 2 of 6 sprinkler heads in the basement environmental services office were obstructed by a beam. The beam was 6 inches away and 3 inches below the sprinkler deflector. NFPA 13 Section 5-6.5.2.1 states "Continuous or noncontinuous obstructions less than or equal to 18 inches below the sprinkler deflector that prevent the pattern from fully developing shall comply with this section. Regardless of the rules of this section, solid continuous obstructions shall meet the requirements of 5-6.5.1.2." "Table 5-6.5.1.2 Positioning of Sprinklers to Avoid Obstructions to Discharge: Distance from Sprinkler to Side of Obstruction (A): (A) Less than 1 foot. Maximum Allowable Distance of Deflector Above Bottom of Obstruction (B): (B) 0 inches."	K 056	This facility will ensure that requirements for the facility's sprinkler system are met. This will be accomplished by: 1. a. The sprinkler head in the physical therapy rest room has been repositioned to eliminate any obstruction by the nearby florescent light. 1.b. The 2 sprinkler heads in the Environmental Services office have been relocated away from the beam. (One was dropped below the level of the fixture. The second was removed and replaced at the end of a new line routed away from the beam). The relocation of the 3 sprinkler heads was completed by a certified fire sprinkler contractor familiar with our facility. 2. The SJMC Environmental Rounds Committee will inspect all areas to ensure the integrity of our sprinkler system. Rounds are conducted monthly.	4/5/07 4/5/07
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are 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	K 062		

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K 062	Continued From page 5 This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain 2 of 358 wet sprinklers heads. The findings were: Observation on 3/20/07 between 3 PM and 4:30 PM revealed the following areas had items stored closer than the allowed 18 inches below the sprinkler deflector: a. 1 of 1 sprinkler head in the activities store room was obstructed by a shelf. b. 1 of 15 sprinkler head in the basement store room was obstructed by boxes. NFPA 13 Section 5-6.5.3 states "...obstructions that interrupt the water discharge in a horizontal plane more than 18 in. below the sprinkler deflector in a manner to limit the distribution from reaching the protected hazard shall comply with this section."	K 062	This facility will ensure that items are not stored or obstructing sprinkler heads by: 1. The facility construction staff removed the top shelf of a storage unit in the activity store room. 2. Maintenance staff relocated a modular shelf and boxes placed in a manner which obstructed a sprinkler head in the basement storage area. 3. The SJMC Environmental Rounds Committee will inspect all areas for stored items which may be placed within 18" of the sprinkler heads. Environmental rounds are conducted monthly	4/3/07 3/22/07
K 063 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have an adequate and reliable water supply which provides continuous and automatic pressure. 9.7.1.1, NFPA 13 This STANDARD is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to provide adequate water supply for 1 of 1 automatic sprinkler system. The findings were: 1. Review of the sprinkler testing records	K 063	We concur with the surveyor that pursuant to NFPA 13 & 25, we must supply and document adequate water and pressure for the fire sprinkler system. Upon further research, we believe that our tests do ensure adequate supply and pressure. However, the pressure calculation noted on the risers does not represent a static minimum requirement. As a result of our review of the applicable NFPA and an explanation from our fire system contractor, we have included Attachment A as our understanding of the system design and our testing.	3/29/07

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K 063	Continued From page 6 revealed the main drain residual water pressure for the fire sprinkler system was 85 pounds per square inch (PSI) on February 14, 2007. The hydraulic calculation attached to the sprinkler riser showed the system required a minimum of 436 gallons per minute (GPM) at 89.4 (PSI). The residual water pressure was less than the posted minimum required water pressure. NFPA 13 Section 9-1.2 states "Water supplies shall be capable of providing the required flow and pressure for the required duration as specified in chapter 7. " "7-1.1 Water demand requirements shall be determined from the occupancy hazard fire control approach of Section 7-2." 2. Interview with Support Services Director on 3/20/07 at 5:30 PM revealed there were no other records to review.	K 063		
K 147 SS=D	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 observations the facility failed to prohibit the use of extension cords as a replacement of fixed electrical receptacles in 1 of 68 rooms. The finding was: Observation on 3/20/07 at 2:19 PM revealed resident room #427 had the television plugged into an extension cord. NFPA 70 Section 400-8 states " Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a	K 147	This facility will ensure that extension cords are not used as a substitute for fixed wiring. To comply with NFPA 70: 1. Maintenance staff removed the extension cord in room #427. The television was then plugged directly into a fixed receptacle. 2. Maintenance staff will include additional discussion concerning the use of extension cords with discussion related to damaged electrical cords in all departmental annual fire inservices. 3. The SJMC Environmental Rounds Committee will inspect for prohibited extension cords during monthly rounds.	3/21/07

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K 147	Continued From page 7 structure"	K 147		