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 _____	04/05/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S NURSING HOME	625 E BROADWAY JACKSON, WY 83001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 Surveyor #: 18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building- Type III (211) single story building with a complete automatic supervised wet sprinkler system with a dry branch in the attic and a fire alarm system. K6: Date of Plan Approval 1990 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=60;SNF/NF=60 K9: The facility meets the Life Safety Code standards based on acceptance of a plan of corrections "NFPA" National Fire Protection Association	K 000	ACCEPTANCE OF THIS POC WITH MARTHA ROHRER, NHA, ON 05/09/06 @ 3:20 PM.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Martha Rohrer
TITLE: Administrator
(X6) DATE: 05/01/06

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.

MAY 02 2006

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 _____	04/05/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S NURSING HOME	625 E BROADWAY JACKSON, WY 83001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 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. This STANDARD is not met as evidenced by: Based on observations, the facility failed to protect the corridor system in accordance with NFPA 101 Section 19.3.6.3. The findings were: 1. On 04/05/06, the following corridor doors had gaps between the top edge of the doors and the door frames which were greater than the allowed 1/8 th of an inch. a. At 9:00 AM, resident room #432 b. At 11:12 AM, resident room #409 2. On 04/05/06 at 10:05 AM, the corridor door to the staff locker room was equipped with a latch bolt which would not insert into the strike plate of the door frame.	K 018	This facility will ensure the provision of corridor doors that have no impediment to closure and that there is resistance to the passage of smoke. This will be accomplished by: 1 1.a) The maintenance staff will place smoke seal around the top edges and sides of the corridor door # 432 and will shimmey the corridor door #409. 4/19/06 b) The maintenance staff adjusted the latch bolt closure on the door to the staff locker room so that it will insert into the strike plate of the door frame. 4/19/06 2. The maintenance staff will inspect corridor doors so that there is no impediment to closing and that there is resistance to the passage of smoke. Maintenance staff will do periodic inspections of all doors in the facility. 3. The maintenance staff will repair all corridors so that there is no impediment to closing and there is resistance to smoke. 4. The maintenance supervisor will inspect all corridor doors so that there is no impediment to closing and there is resistance to smoke.	

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 _____	04/05/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S NURSING HOME	625 E BROADWAY JACKSON, WY 83001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 027 SS=E	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 protect 6 of 10 smoke barrier doors in accordance with NFPA 101 Section 19.3.7.3 and 8.3.4.1. The findings were: 1. On 04/05/06 the following double barrier doors were equipped with latching devices which were not able to latch the doors into the door frames: a. At 10:42 AM, the north hall smoke barrier doors b. At 11:09 AM, the west hall smoke barrier doors c. At 12:41 PM, the hospital link fire barrier doors	K 027	This facility will insure that door openings in smoke barriers have at least a 20 minute fire protection rating as are at least 1 3/4 inch thick solid bonded wood core This will be accomplished by: 1. The maintenance staff will adjust the latching devices of the following door frames: a. North and west smoke barrier doors b. Hospital link fire barrier doors such that the doors latch into the door frames 2. The maintenance staff will inspect smoke barrier doors to insure that the latching devices latch securely into the door frames. Maintenance staff will do periodic inspections of these doors. In addition, smoke barrier doors are also inspected after fire drills. 3. The maintenance staff will repair/adjust all smoke barrier doors to insure that the latching devices latch securely into the door frames. 4. The maintenance supervisor will inspect all smoke barrier doors to insure that the latching devices latch securely into the door frames.	4/19/06

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 _____	04/05/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S NURSING HOME	625 E BROADWAY JACKSON, WY 83001

5/19/06

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 029 SS=D	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 observations, the facility failed to separate 2 of 8 hazardous areas from other spaces by smoke-resistant doors in accordance with NFPA 101 Section 19.3.2.1. The findings were: 1. On 04/05/06 at 12:31 PM, the boiler room corridor door was equipped with a self-closing device which did not automatically close with the activation of the fire alarm system. The doors self-closing device was equipped with a hold open arm which allowed the door to be held in the open position when fully opened. 2. On 04/05/06 at 3:12 PM, the kitchen store room door was impeded from closing by a string attached to the door knob bumper/stop.	K 029	This facility will ensure the provision of proper enclosure of hazardous areas. This will be accomplished by: 1. a) The self closing device on the boiler room corridor room was removed. It was replaced with a self-closing device that is a "no hold" open model. 4/17/06 b) The string attached to door knob bumper/stop on the kitchen store room door has been removed. A sign has been placed on the door to this effect (See attachment 1.) 4/18/06 2. a) The maintenance super-visor will inspect the boiler room door to determine that the door is not being "held open". b) The catering supervisor will inspect the kitchen store room doors to determine that it is properly closed and no string is attached. 3. a) The maintenance supervisor will ensure that the boiler room door is properly closed so that this hazardous area is separate from other spaces. b) The catering supervisor will ensure that the kitchen store room door is properly closed so that this hazardous area is separate from other spaces. 4. The SJMC Environmental Rounds Committee will (See attach)	

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 _____	04/05/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S NURSING HOME	625 E BROADWAY JACKSON, WY 83001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 056 SS=E	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 This STANDARD is not met as evidenced by: Based on observations and blue print review, the facility was not fully sprinkled as required by NFPA 101 Section 19.3.5.1, NFPA 13 Section 5-1.1, and 5-13.8.1. The findings were: 1. On 04/05/06, the following exterior roofs were not constructed of non-combustible or limited combustible material, were wider than 4 feet, and did not have sprinkler coverage. Observation and blue print review revealed the roofs were constructed of pine rafters and plywood sheathing: a. At 11:00 AM, the roof outside of the north solarium b. At 11:17 AM, the roof outside of the west solarium c. At 11:24 AM, the roof over the front entrance	K 056	This facility will request a waiver from the Wyoming Department of Health Office of Health Quality Planning and Program evaluation in order to achieve compliance with K056. This will result in the building being fully sprinkled as required by NFPA 101 Section 19.3.5.1, NFPA 13 Section 5-1.1, and 5-13.8.1 See attached letter of request. PLANS SUBMITTAL 7/15/06 PLAN APPROVAL 8/15/06 INSPECTION REQUEST 10/15/06 FINAL PROJECT APPROVAL 11/1/06	05/01/06

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 _____	04/05/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S NURSING HOME	625 E BROADWAY JACKSON, WY 83001

5/9/06

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 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 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the installed sprinkler system in accordance with NFPA 13 Section 5-6.5.3 and Table 5-6.5.1.2 respectively. The findings were: 1. On 04/05/06, the following locations had storage closer than the allowed 18 inches below the installed sprinkler head deflector: a. At 9:41 AM, the shelf in the beauty shop closet b. At 10:24 AM, the shelf in the Pixus room 2. On 04/05/06 at 1:37 AM, one of four sprinkler heads in the environmental services supply room was obstructed by the permanently installed fluorescent light fixture. The light was four inches below the bottom of the sprinkler's deflector and not the minimum distance of 2 feet from the sprinkler. The light was 8 inches from the sprinkler.	K 062 II	This facility will ensure the provision of the maintenance of the facility's installed sprinkler system. This will be accomplished by: 1. a) The top shelf in the beauty shop closet was removed. 4/18/06 b. The top shelf in the Pyxis room (east side) was removed. 4/18/06 2. The Living Center NHA will inspect the beauty shop closet and the storage shelving in the Pyxis room to determine that items are not stored on the top shelves. 3. The Living Center NHA will ensure that items are not stored on the top shelves of the beauty shop closet and the storage shelves in the Pyxis room 4. The SJMC Environmental Rounds Committee will inspect all areas to ensure the maintenance of the installed sprinkler system. This facility will ensure the provision of the maintenance of the facility's installed sprinkler system. This will be accomplished by: 1. The fluorescent light fixture which obstructed one of the sprinkler heads was moved and repositioned so that the light is the minimum distance of 2 ft from the sprinkler. 4/27/06	

See continuation sheet

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 _____	04/05/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S NURSING HOME	625 E BROADWAY JACKSON, WY 83001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain and test 1 of 12 portable fire extinguisher in accordance with NFPA 10 Table 5-2. The finding was. 1. On 04/05/06 at 3:19 PM, the K-type portable fire extinguisher in the kitchen was manufactured in 1999 and it had not received a five year hydrostatic test as required by the Code.	K 064	This facility will ensure that portable fire extinguishers are provided in accordance with NFPA 10. This will be accomplished by: 1. The K type portable fire extinguisher in the kitchen received a 5 year hydrostatic test on 4/17/06 by Morey's Fire Protection. 2. The maintenance staff will inspect fire extinguishers on a monthly basis to determine that the proper inspections have been completed. 3. The maintenance supervisor will ensure that all fire extinguishers are inspected in accordance with NFPA Table 5-2. Continued on attachment	
K 075 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5 This STANDARD is not met as evidenced by:	K 075	This facility will ensure that soiled linen or trash collection receptacles do not exceed 32gal (121 L) in capacity. This will be accomplished by: 1. The 32 gallon trash receptacle in the east hall bathroom was replaced with a 4 gallon trash receptacle. 2. The Living Center NHA will inspect the east hall bathroom so that the amount of soiled linen and trash collection receptacles are in accordance with NPFA 101 Section 19.7.5. 3. The Living Center NHA	

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 _____	04/05/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S NURSING HOME	625 E BROADWAY JACKSON, WY 83001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 075	Continued From page 7 Based on observations, the facility failed to limit the amount of soiled linen and trash collection receptacles in non-hazardous areas in accordance with NFPA 101 Section 19.7.5.5. The finding was: 1. On 04/05/06 at 10:10 AM, the east hall bathroom stored a 32 gallon soiled linen receptacle and a 32 gallon trash receptacle within 64 square feet of each other.	K 075	will ensure that the amount of soiled linen and trash collection receptacles are in accordance with NPFA 101 Section 19.7.5.5. 4. The SJMC Environmental Rounds committee will inspect the east hall bathroom to ensure that the amount of soiled linen and trash collection receptacles are in accordance with NPFA 101 Section 19.7.5.5	
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 provide an electrical system installed in accordance with NFPA 70 Section 400-8. The finding was: 1. On 04/05/06 at 12:25 PM, the telephone room had temporary flexible wiring replacing permanent fixed wiring. The telephone room had three surge protectors attached to the building surface.	K 147	This facility will ensure provision of an electrical system installed in accordance with NPFA 70 Section 400-8. This will be accomplished by: 1. The three surge protectors attached to the building surface in the telephone room were removed. 2. The maintenance staff will inspect the telephone room for compliance with NFPA 70 Section 400-8. 3. The maintenance supervisor will ensure that the electrical system in the telephone room is in compliance with NFPA 70 Section 400-8. 4. The SJMC Environmental Rounds committee will inspect the telephone room for compliance with NFPA 70 Section 400-8	4/21/06

K029 continued

Inspect these areas so that these hazardous areas are separate from other spaces and there is a provision of at least one (1) hour fire resistance rating.

K064 continued

4. The SJMC Environmental Rounds committee will inspect all fire extinguishers to ensure compliance with NFPA Table 5-2.

K062 II

2. The maintenance staff will inspect the sprinkler system in the environmental services supply room so that it is in accordance with NFPA 13 Section 5-6.5.3 and Table ~~506 5.1.2~~ 5-6.5.1.2

3. The maintenance supervisor will ensure that the sprinkler system in the environmental services supply room so that it is in accordance with NFPA 13 Section 5-6.5.3 and Table ~~506 5.1.2~~ 5-6.5.1.2

4. The St. John's Medical Center Environmental Rounds Committee will inspect the sprinkler system in the environmental services supply room so that it is in accordance with NFPA 13 Section 5-6.5.3 and Table ~~506 5.1.2~~ 5-6.5.1.2