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

PRINTED: 09/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	536046	A. BUILDING _____ B. WING 01 - MAIN BUILDING	08/28/2012

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

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K 000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association. The facility was a fully sprinkled single story building of Type V (111) construction built in 1990.The building was equipped with a supervised automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 51.	K 000		
K 011 SS=E	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 observation and staff interview, the facility failed to ensure 1 of 2 fire barrier doors was maintained. The findings were: Observation of the service corridor 1-hour fire barrier double doors on 8/28/12 at 11:22 AM showed the spacer clips were missing from the lower rods on both doors. Further observation showed one of the doors was not able to fully	K 011	K011 Communicating openings occur only in corridors and are protected by approved self –closing fire doors. The facility will ensure that fire barrier doors are maintained. This will be accomplished by: A. The service corridor 1-hour fire barrier double door will have the spacer clips replaced and will be repaired to allow the doors to fully latch into the door frame. B. All 1 hour fire barrier doors will be inspected and put on a preventive maintenance schedule to ensure that the doors are in good repair and are functioning properly by latching into the door frame. C. The Facilities Director will inservice the maintenance staff on how to inspect the fire doors for proper functioning. D. Facilities Director will have the one hour barrier doors inspected on a quarterly basis as part of the routine preventive maintenance program. Any problems with	

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

Patricia Weber-RNMSN NHA Administrator 9/21/12

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.

FOC ACCEPTED W/ PATRICIA WEBER, NHA, DN 9/27/12.

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K 011	Continued From page 1 latch into the door frame, with three attempts. At the time of the observation the director of facilities reported fire barrier doors were not routinely inspected.	K 011	the doors will be repaired. E. The results of the quarterly fire barrier doors inspection will be reported by the NHA at the quarterly Living Center PI meetings.	
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure exit discharge pathways were unobstructed for 2 of 5 smoke compartments. The findings were: Observation of the courtyard on 8/28/12 at 10:15 AM showed all three pathways leading to the exterior gate were obstructed by a table and two benches. The facility failed to ensure the exit pathway was maintained at 48 inches wide. The narrowest point measured 34 inches wide. At the time of the observation the director of facilities could not explain why the pathways were not maintained at 48 inches wide. The obstructions were removed at the time of the observation.	K 038	K038 Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1 19.2.1. The facility will ensure that exit discharge pathways are unobstructed for all smoke compartments. This will be accomplished by: A. The three pathways leading to the exterior gate have been cleared to allow for a 48 inch egress pathway. B. Pat Weber NHA will inspect other egress pathways to ensure compliance with the 48 inch exit. C. The maintenance staff will be instructed by Jim Johnston, the Director of Facilities and the nursing staff will be instructed by Pat Weber RN NHA on the importance of maintaining a 48 inch egress pathway from all smoke compartments. C. The maintenance and nursing staff will round on a regular basis to ensure that a 48 inch egress pathway is maintained from all smoke compartments. Any deviation will be immediately corrected. D. The completion of these inspections will be reported at the quarterly Living Center PI Committee meeting by Pat Weber RN MSN NHA.	10/12/2012
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are	K 050	K050 Fire drills will be conducted at unexpected times under varying conditions, at least quarterly on each shift. The facility will ensure that fire drills are conducted appropriately each quarter. This will be accomplished by:	10/12/2012

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K 050	Continued From page 2 qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure active fire drills were held appropriately during 3 of the past 4 quarters. The findings were: Review of the fire drill records showed the facility failed to activate the fire alarm system during drills conducted between 6 AM and 9 PM. The fire drills held on 12/9/11 at 6:15 AM, 1/28/12 at 6:15 AM, and 5/27/12 at 7:40 PM were all silent drills. On 8/28/12 at 2:15 PM the director of facilities confirmed all night shift drills were silent, not just the drills between 9 PM and 6 AM.	K 050	A. Maintenance will conduct one fire drill per shift per quarter varying by time and day of the week. Silent drills will only be conducted between 9 pm and 6 am. B. All fire drills will be documented. C. Jim Johnston, Director of Facilities will instruct the person(s) responsible for conducting drills on how to provide effective leadership for effective and compliant fire drills and education. D. A report of the fire drills along with an evaluation of the effectiveness of the drill will be submitted quarterly to Jim Johnston, Director of Facilities and to Pat Weber RN NHA. E. The time, date and results of the fire drills will be reported at the quarterly Living Center PI Committee meeting by Pat Weber RN NHA.	10/12/2012
K 052 SS=D	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	K052 A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA70 National Electrical Code and NFPA 72. The facility will ensure the complete testing of all fire alarm system components. This will be accomplished by: A. A test of the annunciator panel battery load voltage will be conducted semi-annually. B. James Johnston, Director of Facilities will inservice the maintenance staff on the correct testing of all fire alarm system components. C. James Johnston, Director of Facilities will inform the third party testers (Simplex	

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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 ensure 1 of 10 fire alarm system components was tested. The findings were: Review of the fire alarm system testing records showed the last annual inspection occurred on 5/31/12. Further review showed the annunciator panel battery load voltage semi-annual test had not been performed six months prior to the last annual inspection. On 8/28/12 at 2:15 PM the director of facilities confirmed the test had not been performed. He could not explain why the test had not been included in the preventative maintenance system. Reference NFPA 101, 2000 Edition, 19.3.4.1, 9.6.1.4, NFPA 72, 1999 Edition; Table 7-3.2 Testing Frequencies. 6. Batteries-Fire alarm systems d. Sealed Lead-Acid Type 1. Charge Test,..... .annually (Replace batteries every 4 years.) 2. Discharge Test ... ...annually (30 minutes) 3. Load Voltage Test,.....semi-annually	K 052	Grinnel) of the semi-annual testing requirements of the battery load voltage. D. All testing will be documented. E. The maintenance staff will complete the testing of all fire alarm systems according to NFPA standards. F. Results of the fire alarm system testing and follow-up actions will be reported to Jim Johnston. G. This will be reported at the quarterly Living Center PI Committee meetings.	10/12/2012
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 observation and staff interview, the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 1 of 5 smoke compartments. The findings were:	K 147	K 147 Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code.9.1.2. The facility will ensure that temporary electrical wiring does not replace permanent fixed wiring in smoke compartments. This will be accomplished by: A. The extension cords in room #430 have been removed. B. Rounds will be completed to ensure that there all temporary wiring/extension cords have been removed.	

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K 147	Continued From page 4 Observation of resident room #430 on 8/28/12 at 10:56 AM showed the television set and lamp were each plugged into different extension cords. At the time of the observation the director of facilities could not explain why the extension cords had not been noticed and removed during the quarterly safety inspections. Reference NFPA 101, 2000 Edition, 19.5.1, 9.1.2, NFPA 70, 1999 Edition; 400-8. 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 structure (2) Where run through holes in walls ... (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces	K 147	C. The maintenance staff will be inserviced by Jim Johnston, the Director of Facilities and the nursing staff will be instructed by Pat Weber RN NHA that temporary electrical wiring cannot replace permanent fixed wiring within the facility. D. The maintenance staff will conduct regular inspections of non- clinical and clinical areas to ensure that permanent electrical wiring was not replaced with temporary flexible wiring. All wiring violations will be fixed when identified. E. An inspection report of electrical wiring including findings and actions will be submitted to Jim Johnston and Pat Weber. G. Results of these inspections will be reported at the quarterly Living Center PI Committee meeting by Pat Weber RN MSN NHA.	10/12/2012