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

PRINTED: 10/09/2013
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
	535046	A. BUILDING 01 B. WING	10/01/2013

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

(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 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 sprinklered, 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 47 residents.	K 000		
K 029 SS=E	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 observation and facility staff interview, the facility failed to ensure hazardous areas were not separated from use areas in 1 of 5 smoke compartments. The findings were:	K 029	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 palates that do not exceed 48 inches from the bottom of the door are permitted. The facility will ensure hazardous areas are separated from use areas in all smoke compartments. This will be accomplished by: A. The two unsealed pipe penetrations in the liquid oxygen storeroom will be sealed. The two cable penetrations in the telephone room will be sealed.	11-10-13

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

Pat Wilson RN MSN NHA Administrator 10/18/13

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.

Rec accepted w/ Patricia Webber, NHA, DN 10/23/13

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K 029	Continued From page 1 1. Observation of the liquid oxygen storeroom on 10/01/13 at 10:25 AM showed two unsealed pipe penetrations. The largest gap measure ⅛ inches across. At the time of the observation the facilities director could explain why the holes had not been noticed and repaired during the quarterly safety inspections. 2. Observation of the telephone room on 10/01/13 at 10:40 AM showed there were two unsealed cable penetrations. The largest gap measured 2 inches across. At the time of the observation the facilities director could explain why the holes had not been noticed and repaired during the quarterly safety inspections.	K 029	B. Maintenance employees will be in serviced by James Johnston, Director of Facilities on the separate hazardous areas from other spaces by smoke resistant partitions. C. Maintenance will inspect all hazardous areas quarterly and immediately following any repairs or remodeling to identify new unsealed or shrinking penetrations. D. Penetrations will be immediately repaired by the maintenance department. E. The results of these inspections will be reported at the quarterly Living Center Performance Improvement Committee by the NHA.	
K 062 SS=E	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 observation and facility staff interview, the facility failed to ensure sprinkler heads were maintained with the same activation point in 1 of 5 smoke compartments. The findings were: Observation on 10/01/13 between 11 AM and 11:30 AM showed the housekeeping room, basement HVAC storeroom and maintenance shop all had sprinkler heads with different activation points. Each room had standard response and quick response sprinkler heads. On 10/01/13 at 11:10 AM the facilities director	K 062	NFPA 101 Life Safety Code Standard Required automatic sprinkler systems are continuously maintained in reliable operation condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA13, NFPA 25, 9.7.5 The facility will ensure automatic sprinkler heads are maintained with the same activation point in all smoke compartments. This standard will be met by: A. The sprinkler heads in the housekeeping room, the basement HVAC storeroom, and the maintenance shop will all be equipped with the same activation points. B. James Johnston, Director of Facilities will contact the sprinkler contractor to clarify that all automatic sprinkler heads need to be the same within the compartment.	11-10-13

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K 062	Continued From page 2 reported the sprinkler system was inspected annually by a sprinkler contractor. He also reported the different activation point had not been reported on the last inspection report dated 8/19/13. Reference NFPA 101, 2000 Edition, 19.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 5-3.1.4 Temperature Ratings. 5-3.1.4.3 In case of occupancy change involving temperature change, the sprinklers shall be changed accordingly. 5-3.1.5.2 When existing light hazard systems are converted to use quick-response or residential sprinklers, all sprinklers in a compartmented space shall be changed.	K 062	C. The contractor will complete an inspection of the facility to ensure that all sprinkler heads are similar. D. The annual inspection of the fire system by the contractor will ensure that all sprinkler heads are similar. E. A report of this inspection will be reviewed at the quarterly Living Center Performance Improvement Committee meeting by the NHA.	
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on record review and facility staff interview, the facility failed to ensure 1 of 2 kitchen hood tests was conducted as needed. The findings were: Review of the kitchen hood exhaust vent duct cleaning records showed the system was last cleaned on 5/8/13. Further review showed the system was not cleaned on a semi-annual basis. The previous cleaning occurred on 5/7/12, more than six months before. On 10/01/13 at 1:05 PM the facility director could not explain why the system was not cleaned on a semi-annual basis.	K 069	NFPA 101 Life Safety Code Standard Cooking facilities are protected in accordance with 9.2.3 19.3.2.6, NFPA 96 The facility will ensure that all kitchen hood tests are conducted as needed. This will be accomplished by: A. The kitchen hood exhaust vent duct will be cleaned prior to 11/8/2013. B. James Johnston, Director of Facilities, will inform the contractor that the kitchen hoods need to be cleaned on a semi-annual basis. C. The contractor will complete kitchen hood tests on a semi-annual basis. D. A report of the kitchen hood test completed in November 2013 will be given to the NHA. This report will be presented at the quarterly Living Center Performance Improvement Committee. Ongoing reports of these inspections will be given to James Johnston, Director of Facilities.	11/8/13