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

PRINTED: 07/01/2014
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
	565046	A. BUILDING _____ B. WING _____	06/18/2014

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
F 000	INITIAL COMMENTS The following common abbreviations are used throughout this document: CNA - Certified Nursing Assistant DON - Director of Nursing MDS - Minimum Data Set RD - Registered Dietitian Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review and staff interview, the facility failed to provide necessary services to maintain good personal hygiene for 1 of 2 sample residents (#37) observed for incontinence care. The findings were: Review of the 2/24/14 quarterly MDS assessment for resident #37 revealed s/he was frequently incontinent of urine, and required extensive assistance with transfers and toilet use. Observation on 6/16/14 at 5 PM showed the resident was transferred from a recliner in his/her room to the toilet by CNA #1 and CNA #3. The	F 312	The facility will provide necessary services to maintain good personal hygiene for residents. This will be accomplished by: 1. Resident #37 will be fully cleansed wherever the resident's skin is wet following an incontinent episode. 2. All residents who are incontinent will receive thorough cleansing of all skin areas following incontinent episodes. 3. The staff development nurse will review with nursing staff how properly clean residents following an incontinent episode. 4. The Staff Development Nurse and the Infection Prevention Nurse will audit nursing staff providing care to residents who are incontinent to ensure thorough cleaning.	

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

Patricia Weber MSN RHA Administrator 7/11/2014

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. Dept of Health

POC accepted. Message left for Pat Weber, RHA on 7/18/14 @ 1:45pm. Janice Cali, OTR/L

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: JJ3S11 Facility ID: WY0031 If continuation sheet Page 1 of 4

Healthcare Licensing and Surveys

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F 312	Continued From page 1 resident's pants were visibly wet across the lap, with the wetness extending down the front of the thighs, and across the buttocks, with the wetness extending down the back of the thighs. Following toilet use, the CNAs cleansed the resident's genital and peri-anal areas, but failed to cleanse the resident's skin in all of the areas where the resident had been wet before dressing the resident in clean clothing. During interview on 6/19/14 at 3:50 PM, DON #2 stated facility CNAs were trained to clean the entire area, wherever a resident was wet, not just the "peri-area," and confirmed the aides should have cleaned the resident thoroughly.	F 312	5. The nurses will observe staff providing care to residents following incontinence and give immediate feedback to care providers. 6. This will also be reviewed at the Living Center staff meeting in July. 7. The results of the observations will be reported at the Living Center quarterly Performance Improvement Committee.	8.2.2014
F 363 SS=D	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation, review of menus, and staff interview, the facility failed to ensure the planned menu for pureed diets was followed during 1 of 2 meals observed. The findings were: Review of the planned menu provided by the RD showed residents with a pureed diet order were supposed to receive pureed Turkey Divan and winter squash for dinner on 6/17/14. However, observation of trayline service on 6/17/14 at 5:40 PM revealed the residents with pureed diets did	F 363	The facility will ensure that the Living Center menus meet nutritional needs of all residents in accordance with the recommended dietary allowances of the Food and Nutrition Research Council, National Academy of Sciences, be prepared in advance and be followed. This will be accomplished by the following: 1. Residents #24 and #46 will receive meals that are similar in nutritional content, appearance, and taste to the other resident's meals as possible. 2. All residents on mechanically altered diets will receive meals that are similar in nutritional content, appearance, and taste to the other resident's meals as possible. 3. Food service manager and cook designee will review 4 week cycle menu tallies to assure that menu items	

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F 363	Continued From page 2	F 363	are correctly tallied on the cook's prep sheet and that the menus are prepared as tallied. 4. The Food Service Manager will in-service the cooks and diet aides on how to puree meal items for optimal appearance and taste. 5. The Food Service Manager and/or Assistant manager will observe the preparation of mechanically altered meals to ensure that meals are prepared as tallied and that the meals are acceptable in taste and appearance. If any inaccuracies are noted, immediate feedback will be given to the cooks or aide. 6. The Food Service Manager and/or RD will observe resident meals to ensure that mechanically altered meals are appropriate four meals a week for 3 months. This will be reported at the Living Center quarterly Performance Improvement Committee meetings and reviewed at the dietary departmental meetings. After 3 months with no major issues recorded, the puree meals will be monitored at four meals per month. 7. The RD will continue to review and if necessary, to adjust the production sheets for the menus weekly to assure that mechanically altered menu items are accurate.	8.2.2014

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F 363	Continued From page 2 not receive pureed Turkey Divan. Instead, dietary aide #1 used commercially-packaged plain pureed turkey, and put turkey gravy on top when serving residents #24 and #46. Interview with the dietary aide at the time confirmed the gravy was not the Divan sauce, but was turkey gravy. During an interview on 6/18/14 at 2:10 PM the RD confirmed the Turkey Divan should have been pureed, and staff should not have used the commercially-packaged pureed turkey.	F 363		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure staff wore hair restraints during trayline service for 2 of 3 meals observed. The findings were: Observation on 6/17/14 from 7:46 AM until 8 AM in the central dining room showed CNA #1 behind the steam table dishing food onto plates. The CNA did not have a hair restraint on. Observation on 6/18/14 at 8:35 AM revealed CNA #2 behind the steam table, dishing food onto plates. The CNA was not wearing a hair restraint. During an	F 371	The facility will ensure that staff wear hair restraints during tray line service. This will be accomplished by: 1. The CNA's working the steam table will wear hair restraints. 2. The Nursing Home Administrator will in service staff who serve food from the hot cart that hair restraints are needed. 3. Hair restraints will be readily available next to the hot cart. 4. The nurses, resident care assistant and the restorative aides will monitor staff members who are serving food from the hot cart to ensure that hair restraints are worn. If a server is not wearing a hair restraint, immediate feedback will be given. 5. The observations will be reported at the quarterly Living Center Performance Improvement Committee Meeting by the NHA.	8.2.2014

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F 371	Continued From page 3 Interview on 6/18/14 at 2:10 PM the RD stated dietary staff wore hair restraints, but she didn't think hair restraints had been discussed for CNAs. She acknowledged the CNAs who were working behind the steam table were different than hostesses or waitresses, who would be excluded from the hair restraint requirement. According to the Food Code 2013, U.S. Public Health Service, 2-402.11 (A) Except as provided in ¶ (B) of this section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles. (B) This section does not apply to food employees such as counter staff who only serve beverages and wrapped or packaged foods, hostesses, and wait staff if they present a minimal risk of contaminating exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles.	F 371		