

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/18/2014
NAME OF PROVIDER OR SUPPLIER ST JOHN'S NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
S7034	Life Safety - Miscellaneous Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the existing plumbing and mechanical systems in a manner that is in accordance with the WDH Chapter 3 Guidelines, in accordance with the original design, and in a safe and sanitary condition. The findings were: 1. a) Observation of the emergency eyewash located in the Mechanical Room on 6/18/14 at 10:00 AM revealed that tepid water was not provided to the eyewash via an ASSE 1071 mixing valve in compliance with ANSI Z358.1. Measurement of the supply water at the time of the observation indicated a temperature of 53°F. An interview with maintenance staff person #1 confirmed that the eyewash was not provided with a tempering valve in compliance with the requirements of ANSI Z358.1. (Reference 2006 IPC, Section 411) b) Observation of the faucet-mounted emergency eyewash located in the Kitchen on 6/18/14 at 10:15 AM revealed that the user was required to manually adjust both the hot and cold water valves to provide an acceptable tepid water temperature as a mixing valve in compliance with ANSI Z358.1 was not provided. Interview with maintenance staff person #1 at the time of the observation verified that the eyewash required the user to manually adjust both valves to provide tepid water. (Reference 2006 IPC, Section 411) 2. a) Observation of the 2-bay food preparation	S7034	The facility will comply with State Rule and Regulation as by maintaining the existing plumbing and mechanical systems in a manner that is in accordance with the SDH Chapter 3 Guidelines, in accordance with the original design, and in a safe and sanitary condition. This will be accomplished by the following: 1. The facility will ensure that the eyewash station in the mechanical room will be provided with tepid water. 2. The facility will install a tempering valve to provide tepid water to the eye wash station in compliance with ANSI Z358.1. 3. The facility will remove the eye wash station in the kitchen that requires the user to manually adjust both valves. This will be replaced with a portable eye wash station. <i>9/2/14/12:26pm</i> 4. The facility Director of Facilities, will ensure that these corrections have been completed according to standards. 5. A report will be submitted to the Living Center Performance Improvement Committee and to the SJMC Safety Committee. 6. All Repairs of Above will be Completed by Maintenance Staff <i>JS 9/2/14 1:26pm</i>	8.2.2014

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Patricia Weber RN MSN Administrator 7/11/2014

STATE FORM

RECEIVED

WY Dept of Health

JUL 15 2014

Healthcare Licensing
and Surveys

Plan of Correction (POC) Accepted by phone Conversation with Pat Weber (Administrator) on 9/12/14 @ 1:29 pm *JS*

Pat Weber 9/12/14

If continuation sheet 1 of 4

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/18/2014
NAME OF PROVIDER OR SUPPLIER ST JOHN'S NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
S7034	Continued From page 1 sink located in the Kitchen on 6/18/14 at 10:06 AM revealed that the fixture was provided with a hose connection, but that no means of backflow prevention was provided. Interview with maintenance staff person #1 at the time of the observation confirmed that the fixture was not provided with a means of backflow prevention. (Reference 2006 IPC, Section 608.13) b) Observation of the dish washing sink located in the Kitchen on 6/18/14 at 10:10 AM revealed that the fixture was provided with a hose connection, but that no means of backflow prevention was provided. Interview with maintenance staff person #1 at the time of the observation confirmed that the fixture was not provided with a means of backflow prevention. (Reference 2006 IPC, Section 608.13) 3. Observation of the beverage dispenser located in the East Dining Room on 6/18/14 revealed that the clear plastic equipment drain hose was routed to below the cabinetry and discharged to a sump pump. The equipment hose was terminated by placing the hose inside of a ninety-degree elbow which did not provide an air gap. It could not be established that the clear plastic sump pump discharge tubing and fittings that were routed within the wall; routed up to above the ceiling; crossed over the adjacent space; dropped within the wall to a cabinet containing a sink; and terminated by inserting the piping into the tailpiece of the sink on the fixture side of the trap were in compliance with the requirements of IPC Chapter 7. Additional observation could not establish that the beverage dispenser supply connection was protected against backflow by a backflow preventer conforming to ASSE 1022 or by an air gap. Interview with maintenance staff person #1 at the	S7034	The facility will ensure that the sink fixture in the kitchen that has a hose connection will have backflow protection. The facility will ensure that backflow protection is provided for the dish washing sink in the Kitchen. This will be accomplished by the following: 1. The maintenance staff will install inline backflow preventers to the sink fixture in the kitchen. 2. The maintenance staff will install in line backflow preventers to the dish washing sink in the kitchen. 3. The Maintenance supervisor, will monitor plumbing to ensure that back flow preventers are installed appropriately. 4. This will be reported at the Living Center Performance Improvement Committee meeting and at the SJMC Safety Committee meeting. The beverage dispenser in the east dining room of the Living Center will have an air gap inside the equipment hose that terminates inside a 90 degree elbow. The facility will have documentation that the beverage dispenser does have a back flow preventer. This will be accomplished by the following: 1. The maintenance staff will provide an air gap in the plumbing for the beverage dispenser. 2. The facility will obtain documentation that the beverage dispenser does have a back flow preventer.	8.2.2014

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/18/2014
NAME OF PROVIDER OR SUPPLIER ST JOHN'S NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
S7034	Continued From page 2 time confirmed the observation. (Reference 2006 IPC, Section 802 and Section 608.16.1) 4. Observation of the ice machine over the utility sink in the nourishment room on 6/18/14 at 9:36 AM revealed the machine 's drain hose was draining into the utility sink that has the potential to be used for culinary uses in lieu of the required approved waste receptor (an open hub drain, floor sink, waste sink, or standpipe). (Reference 2006 IPC, Section 802) REFERENCES Wyoming Department of Health Chapter (3) Construction Rules and Regulations for Healthcare Facilities Section (2)(a)Applicability These rules shall apply to and govern the construction, remodel, or expansion of healthcare facilities, on and after the effective date of these rules. Section (2)(c) Applicability The incorporation by reference of any external standard intended to be the incorporation of that standard as it is in effect on the effective date of these rules and regulations. International Plumbing Code, 2006 Edition 102.3 Maintenance All plumbing systems, materials and appurtenances, both existing and new, and all parts thereof, shall be maintained in proper operating condition in accordance with the original design in a safe and sanitary condition. All devices or safeguards required by this code shall be maintained in compliance with the code edition under which they were installed. The owner or the owner 's designated agent shall	S7034	2009/11/14 1:27p James Johnston Director of Facilities will ensure compliance conforming to ASSE 1022. Reference 2006 IPC, Section 802 and section 608.16.1. 4. Report of this compliance will be reported at the Living Center Performance Improvement Committee and at the SJMC Safety Committee meeting. The facility will maintain a one inch air gap between the ice machine drain hose and the utility sink in the Living Center Nourishment room. This will be accomplished by the following: 1. The maintenance staff will adjust the ice machine hose to maintain a one inch gap between the hose and the sink. Reference 2006 IPC, Section 802. 2. The maintenance supervisor will add to the ice machine PM that the staff ensure a one inch gap is maintained between the hose and the sink as part of the regularly scheduled PM of the ice machine. 3. A report of this compliance will be reported at the Living Center Performance Improvement Committee meeting and at the SJMC Safety Committee meeting.	8.2.2014

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/18/2014
NAME OF PROVIDER OR SUPPLIER ST JOHN'S NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
S7034	Continued From page 3 be responsible for maintenance of plumbing systems. To determine compliance with this provision, the code official shall have the authority to require any plumbing system to be reinspected. 102.4 Additions, alterations or repairs Additions, alterations, renovations or repairs to any plumbing system shall conform to that required for a new plumbing system without requiring the existing plumbing system to comply with all the requirements of this code. Additions, alterations or repairs shall not cause an existing system to become unsafe, insanitary or overloaded. Minor additions, alterations, renovations and repairs to existing plumbing systems shall be permitted in the same manner and arrangement as in the existing system, provided that such repairs or replacement are not hazardous and are approved.	S7034		