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AUG 14 2015
Healthcare Licensing and Surveys

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

PRINTED: 08/06/2015
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 ______ B. WING ______	07/23/2015

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 Nurse Aide DON - Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the facility was clean and well maintained in 3 of 3 resident hallways. The findings were: 1. Observation of the bathroom floor in room 419 on 7/23/15 at 9:40 AM showed an unsealed crack in the flooring that measured 16 inches in length resulting in an uncleanable surface. 2. Observation of the bathroom floor in room 432 on 7/23/15 at 9:42 AM showed an unsealed crack in the flooring that measured 8 inches in length resulting in an uncleanable surface. 3. Observation of the bathroom floor in room 401 on 7/23/15 at 9:45 AM showed an unsealed crack in the flooring that measured 12 inches in length resulting in an uncleanable surface.	F 253	The facility will provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This will be accomplished by: 1. The unsealed cracks in the bathroom floors of rooms 419, 432, 401, 407, 421, and 413 will be sealed to provide a cleanable surface. 2. Maintenance will round on all rooms to inspect floors for unsealed cracks and will seal floors where cracks are observed. 3. The Director of Facilities will ensure that all rooms are inspected at least twice a year for floor damage that requires repair or sealing. 4. A report of this correction will be reported to the Living Center Performance Improvement Committee at the next quarterly meeting in October 2015 by the NHA. and followed until resolution. - [illegible]	9-4-15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Patricia Weber RN, MSN
TITLE: Administrator
(X6) DATE: 8/14/15

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.

8/17/15 - The POC with agreed to change accepted between Pat Weber, Administrator and [illegible], Surveyor with a POC of 9/4/15 for all tags.

S 8/17/15 [illegible]

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F 253	Continued From page 1 4. Observation of the bathroom floor in room 407 on 7/23/15 at 9:46 AM showed an unsealed crack in the flooring that measured 12 inches in length resulting in an uncleanable surface. 5. Observation of the bathroom floor in room 421 on 7/23/15 at 9:47 AM showed an unsealed crack in the flooring that measured 24 inches in length resulting in an uncleanable surface. 6. Observation of the bathroom floor in room 413 on 7/23/15 at 9:48 AM showed an unsealed crack in the flooring that measured 24 inches in length resulting in an uncleanable surface. 7. Interview with the nursing home administrator on 7/23/15 at 9:40 AM revealed there was no formal written plan to replace or fix the floors in the resident bathrooms. 8. Interview with the maintenance director on 7/23/15 at 9:48 AM confirmed the cracks in the bathrooms could allow water in them and the facility would be unable to completely sanitize the surface.	F 253		
F 371 SS=F	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	F 371	The facility will procure food from sources approved or considered satisfactory by Federal, State or local authorities; and will store, prepare, distribute and serve food under sanitary conditions. The facility will ensure items are not available after expiration date; that machinery is clean and sanitary; and that the facility will ensure cleanable surfaces in food preparation areas. This will be accomplished by:	

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F 371	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure items did not remain available for use after expiration in 2 of 3 observed storage areas (spice rack, baker's area) of the kitchen. Further, the facility failed to ensure machinery was clean and sanitary in 1 of 2 areas (baker's area) used to cook food items. In addition, the facility failed to ensure cleanable surfaces in 3 of 4 food preparation areas. The findings were: 1. Observation of the baker's area on 7/20/15 at 7:32 PM showed there were muffins, bread, and nuts that were stored on a shelf and had no dates to determine when the items were prepared or when they should be taken out of use. Further observation at that time showed a cabinet that contained marshmallows, flax seed, and powdered sugar that did not have an expiration date on the storage packaging. The cabinet also contained, gel paste dated 7/03, "Kroger color cones" that were best if used by 7/16/13, and premium carnival sprinkles dated 10/11/12. 2. Observation of the spice rack on 7/20/15 at 7:40 PM showed a bottle of fennel seed was undated and a second bottle of fennel seed was dated 5/22/11. 3. Observation of the baker's area on 7/20/15 at 7:32 PM showed there were 3 ovens that had bowls and mixing utensils stored on top of them. Further observation showed all the items, including the tops of the ovens were dirty with grease and visible dust.	F 371	1. The muffins, bread, nuts, marshmallows, flax seed, powdered sugar, gel paste, carnival sprinkles, and fennel seed were all removed from the kitchen. 2. The Dietary Manager completed an inventory of the kitchen to ensure there were no expired items in the kitchen. 3. The Dietary Manager will complete quarterly rounds to check expiration dates. 4. The manufacturer does not print an expiration date on the spice bottles. A policy will be written stating that once a spice is open, staff will write the date on the outside of the bottle. Spices will be discarded after one year from the date written on the bottle. 5. The Dietary Manager has implemented a process that items prepared in the bakery will received a color coded sticker when they are wrapped. Each color represents a day of the week and times will be discarded after one week if they have not been used. 6. The bowls and mixing utensils above the oven have been removed and cleaned. The oven has been cleaned. 7. Deep cleaning of all equipment including the tops of the oven are cleaned on a weekly basis. This will be monitored by the Dietary Manager. 8. Cooking utensils will no longer be stored on top of equipment. Staff will take utensils directly to the dish are after use. The dishwashing staff will complete the cleaning of equipment daily.	

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F 371	Continued From page 3 4. Interview with the dietary manager on 7/22/15 at 4:45 PM confirmed the items were expired and should not have been available for use. Further interview confirmed the ovens and the items stored on top of them should have been cleaned. 5. Observation of the central dining room on 7/23/15 at 9:50 AM showed the countertop had a chip that measured 3 inches by 1/2 inch that exposed the underlying wood resulting in an uncleanable surface. Further observation at this time showed the top drawer had a damaged corner that measured 1 1/2 inches by 1/2 inch that exposed the underlying wood, resulting in an uncleanable surface. 6. Observation of the nourishment room on 7/23/15 at 9:53 AM showed the countertop had a chip that measured 4 1/2 inches by 1/2 inch on the corner that exposed the underlying wood, resulting in an uncleanable surface. 7. Observation of the kitchen on 7/20/15 at 7:32 AM showed the sink counter in the baker's area had a chip on the front that measured 16 inches by 1/2 inch that exposed the underlying wood, resulting in an uncleanable surface. Continued observation at that time showed the right backsplash had a chip that measured 6 inches by 1/2 inch that exposed the underlying wood, resulting in an uncleanable surface. 8. Interview with the maintenance director on 7/23/15 at 10:02 AM revealed the areas had not been previously identified, and the exposed wood could not be cleaned properly.	F 371	9. The Dietary Manager will conduct an in-service for all dietary staff on expiration of food items and the process to ensure that items are not available after the expiration date. The in-service will cover the dating, rotating, and disposal of outdated spices. In addition, the Dietary Manager will review the correct cleaning and storage of equipment. Staff will be in-serviced on the importance of identifying damage to cleanable surfaces and the importance or reporting these for repair. 10. Maintenance staff will round to identify countertops or other surfaces that need repairing in order to ensure cleanable surfaces. Surfaces will be repaired as needed. 11. Work orders have been submitted to repair the countertop and the top drawer in the central dining room and to repair the countertop in the nourishment room. 12. The sink and cabinet in the baker's area is being repaired and will be replaced with stainless steel shelving and a sink. 13. A report of these corrections will be reported to the Living Center Performance Improvement Committee at the next quarterly meeting in October 2015 by the NHA. and followed with audits. -M	9-4-15
F 441	483.65 INFECTION CONTROL, PREVENT	F 441		

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F 441 SS=D	Continued From page 4 SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441	The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. The facility will ensure that infection prevention practices are followed by staff for residents with a urinary catheter. This will be accomplished by: 1. Staff will be in-serviced on infection control practices for residents with urinary catheters. This in-service will include that the catheter bag must be positioned below the level of the resident's bladder. 2. The Staff Development nurse and/or her designee will complete three random audits a week for the next three weeks on correct care of a resident with a urinary catheter. 3. Residents who have urinary catheter bags will be observed by the RN staff to ensure that the catheter bag is not above the level of the resident bladder. Immediate in servicing and feedback to staff will occur if this is observed. 4. The facility is unable to complete observations on resident #46 as this resident is no longer in the facility. 5. A report of these corrections will be reported to the Living Center Performance Improvement Committee at the next quarterly meeting in October 2015 by the NHA. and followed until resolved.	9-4-15

8/19/15

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F 441	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and policy and procedure review the facility failed to ensure infection prevention practices were followed by staff for 1 of 3 sample residents (#46) with a urinary catheter. The findings were: 1. Observation of transfer for resident #46 on 7/21/15 at 2:56 PM showed CNA #1 and CNA #2 placed a sling behind the resident and then positioned the lift in front of the resident. The sling was then attached to the mechanical lift. CNA #1 lifted the resident's urinary drainage bag and secured it to the lift bar. Continued observation showed there was urine in the tubing of the urinary drainage bag. As the resident was raised with the mechanical lift, the urinary drainage bag was above the level of the resident's bladder. 2. Review of the facility policy entitled "Urinary Catheter-Associated Infection Prevention" with an approval date of 10/11/12 showed "...Purpose: To provide healthcare workers regimens and practices related to urinary catheters that may decrease the incidence of urinary tract infections...Procedure:...D. Maintenance of urinary catheter...4. Keep the drainage bag lower that [sic] patient's bladder at all times, including during transport..." 3. Interview with the DON on 7/23/15 at 5:33 PM revealed staff should keep the urinary drainage bag below the bladder and it should not be hung on the bar of the lift because it can cause the drainage bag to be raised above the level of the resident's bladder.	F 441		

8/18/15