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Office of Healthcare Licensing and Surveys

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

PRINTED: 07/07/2009
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 - MAIN BUILDING 01 B. WING _____	06/23/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S NURSING HOME	P O BOX 428 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 (NFPA). 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 a zoned fire alarm system.	K 000	POC ACCEPTED W/ PAT WILSON, NHA ON 7/20/09.	
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 1 fire barrier had a 2-hour fire resistant rating. The findings were: Observation on 6/23/09 at 10:55 AM showed the fire barrier wall in the boiler room had an unsealed 3/4-inch circular penetration in the cinder block wall. At the time of observation a maintenance engineer reported the facility did not have a scheduled preventive maintenance program to inspect the fire barrier. He further reported that the wall was inspected quarterly	K 011	The facility will ensure that the fire barrier is continuous from the floor to the ceiling. This will be accomplished by: 1. Maintenance staff will seal the ¾ inch circular penetration in the fire barrier wall in the boiler room cinder block wall with 3M Fire Barrier Sealant (CP25 WP+). 2. All maintenance workers will receive education from Robert Bush on how to inspect fire barriers for any penetrations. 3. The maintenance staff will inspect all equipment rooms quarterly and immediately following any repairs or remodeling to identify new unsealed or shrinking penetrations. 4. Any penetrations in the fire barrier will be immediately repaired. 5. A quarterly PM inspection report of fire barriers including findings and actions will be submitted to the Maintenance Director and to the NHA. 6. Results of these inspections will be reported at the quarterly LC PI committee meeting.	6-24-09 7-15-09 ongoing

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

Patricia Wilson RN MSN NHA Administrator 7-13-09

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.

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K 011	Continued From page 1 during regular safety rounds. He was unable to account for the penetration in the cinder block wall and stated no new projects had occurred in the said area.	K 011		
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure 2 of 4 smoke barrier walls were smoke resistant. The findings were: 1. Observation on 6/23/09 at 1:25 PM showed one unsealed penetration in the north smoke barrier. The gap was 1/2-inch larger than the 2-inch pipe that passed through the wall. 2. Observation on 6/23/09 at 1:35 PM showed two unsealed penetrations in the south smoke barrier wall. The gaps were 1/2-inch larger than each of the 1-1/2 inch pipes that passed through the wall. 3. Interview on 6/23/09 at 1:25 PM with a maintenance engineer revealed the facility did not have a scheduled preventive maintenance	K 025	The facility will ensure that smoke barrier walls are smoke resistant. This will be accomplished by: 1. A. The maintenance staff will seal ½ inch gap around the 2 inch pipe passing through the north smoke barrier. 6-24-09 B. The maintenance staff will seal the ½ inch gaps around each of the 1 ½ inch pipes passing through the south smoke barrier wall. 6-24-09 2. All maintenance workers will receive education from Robert Bush on how to inspect smoke barriers for any penetrations. 7-15-09 3. The maintenance staff will inspect all smoke barrier walls quarterly and immediately following any repairs or remodeling to identify new unsealed or shrinking penetrations. 4. Any penetrations in the fire barrier will be immediately repaired. 5. A quarterly inspection report of smoke barriers including findings and actions will be submitted to the Maintenance Director and to the NHA. ongoing 6. Results of these inspections will be reported at the quarterly LC PI committee meeting by the NHA.	

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K 025	Continued From page 2 program to ensure smoke barriers were inspected for penetrations.	K 025		
K 029 SS=D	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 staff interview the facility failed to ensure hazardous areas were separated from use areas in 1 of 6 smoke compartments. The findings were: Observation on 6/23/09 at 10:20 AM showed the loading dock had two unsealed 1 inch circular wall penetrations in a cinder block wall. The maintenance director reported the holes were created during a construction project involving the liquid oxygen room in April 2009. He stated he had been aware of the holes and knew they needed to be sealed.	K 029	The facility will ensure that hazardous areas are separated from use areas within smoke compartments by smoke resistant partitions. This will be accomplished by: 1. The two unsealed 1 inch circular wall penetrations in the cinder block wall will be sealed by the maintenance staff using 3M Fire Barrier Sealant (CP 25 WB+). 6-24-09 2. The maintenance staff will inspect all equipment and electrical rooms quarterly and immediately following any repairs or remodeling to identify new unsealed or shrinking penetrations in smoke barriers of hazardous areas. ongoing 3. Any penetrations in the fire barrier will be immediately repaired. 4. A quarterly inspection report of smoke barriers including findings and actions will be submitted to the Maintenance Director and to the NHA. 5. Results of these inspections will be reported at the quarterly LC PI committee meeting by the NHA	
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.	K 050		

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K 050	Continued From page 3 Responsibility for planning and conducting drills is assigned only to competent persons who are 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 conduct fire drills on 1 of 2 shifts. The findings were: Review of the fire drill records documented the second shift occurred between 7 PM and 7 AM. Further review showed a drill had not occurred on the second shift during the third quarter of 2008. Interview with the maintenance director on 6/23/09 at 2:15 PM revealed he was unaware a drill had not been conducted on the aforementioned shift. He stated the drill was probably missed because of a scheduling error.	K 050	The facility will conduct one fire drill per shift per quarter. The fire drills will occur at varying times and conditions on both shifts. This will be accomplished by: 1. Maintenance will schedule one fire drill per shift per quarter. Drills will vary by time and day of the week. 2. A quarterly report of the fire drills along with an evaluation of the effectiveness of the drill will be submitted to the Maintenance Director and the NHA quarterly. 3. The time, date and results of the fire drills will be reported at the quarterly LC PI committee meeting by the NHA.	8-1-09
K 147 SS=E	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 permanent electrical wiring was not replaced with temporary flexible wiring in 2 of 6 smoke compartments. The findings were: 1. Observation on 6/23/09 at 8:50 AM revealed the computer in the director of nurses (DON) office was plugged into a surge protector, which	K 147	see page # 5	

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K 147	Continued From page 4 was, itself, plugged into another surge protector. Interview with the the DON at the time of observation revealed the computer had been supplied with power in this manner for at least two years. At the time of this observation a maintenance engineer reported electrical equipment in offices was not routinely inspected. 2. Observation on 6/23/09 at 9:40 AM showed the juice machine in the central dining room was plugged into a homemade four-plex electrical adapter with flexible cord. At the time of observation the administrator stated the adapter had been supplied the vendor and that the vendor's equipment was not routinely inspected. 3. Observation on 6/23/09 at 10:16 AM showed the telephone in the information technology (IT) office was plugged into a surge protector, which was, itself, plugged into an uninterrupted power supply (UPS) electrical adapter.	K 147	The facility will ensure permanent electrical wiring is not replaced with temporary flexible wiring within smoke compartments. This will be accomplished by: 1. A. One surge protector was removed from the DON computer wiring. The computer is plugged into one surge protector which is plugged directly into the wall outlet. B. The four-plex outlet in the dining room will be replaced with a wall electrical receptacle. C. Maintenance will add two additional duplex electrical receptacles in the IT office. 2. The Maintenance Director will inservice the maintenance staff that flexible temporary electrical wiring needs to be replaced with permanent wiring. 3. 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. 4. An inspection report of electrical wiring including findings and actions will be submitted to the Maintenance Director and to the NHA. 5. Results of these inspections will be reported at the quarterly LC PI committee meeting by the NHA.	6-04-09 7-10-09 7-10-09 ongoing