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

PRINTED: 10/25/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535046	A. BUILDING 01 - MAIN BUILDING 01 B. WING	10/12/2017

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 Nursing Homes Section 42 CFR 483.70 (a) except as otherwise provided in the section, the Facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing Health Care of the National Fire Protection Association. The facility was a fully sprinklered, one story building of Type V (111) construction built in 1990. The building was equipped with a supervised automatic wet and dry sprinkler system with an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 46 residents.	K000		
K 293 SS=E	NFPA 101 Exit Signage Exit Signage **2012 EXISTING** Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2 .10.1 (Indicate NIA in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain exit signs in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Observation on 10/12/2017 at 7:45 AM outside room 416 revealed that the exit signs were obstructed by the hallway lintels, and were not visible. Failure to maintain exit signs as required could result in injury or death during an emergency Interview with the Facility	K293	Exit Signage -The corrective action shall be to place new signs at the points determined to need additional signage in accordance with 2012, NFPA 101, Sections 7.10 and 19.2.10.1. -Other residents having the potential to be affected by the signage issue will be able to see the new signs that will be installed. -The installation of the new signage will be permanent. -Monitoring the corrective actions will be to add these signs to the existing exit sign inventory and the monthly inspection list. This inspection report is presented in the Safety Committee meeting, in which the quality department has representation. -The plan will be completed by 24 November 2017.	11-24-2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Malenda Hoelscher — TITLE: Exec Director - LNHA — (X6) DATE: 11.1.17

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.

RECEIVED
NOV 01 2017
Healthcare Licensing and Surveys

POC ACCEPTED WITH MODIFICATION OF COMPLIANCE DATE.
POC ACCEPTED VIA PHONE CALL WITH ADMINISTRATOR MALINDA HOELSCHER. 11-08-2017

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K 293	Continued From page 1 Maintenance Manager at the time of observation indicated he was aware of the requirement. REF: 2012 NFPA 101 Sections: 19.2.10;7.10.1.2	K293		
K 321 SS=D	NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This STANDARD is not met as evidenced by: Based on observation and staff interview, the	K 321	Hazardous Areas – Enclosure -The corrective action shall be to install a spring loaded latch that will secure the leaf portion of this door into place in accordance with 2012, NFPA 101, Sections 19.3.2.1 and 7.2.1.8. -This door is in the laundry facility, no residents will be directly affected by this door hardware addition. The EVS managers will be informed of the addition of this hardware. -Anytime a door installation of this kind it will be checked for proper hardware and installation. -Monitoring the corrective actions will be accomplished by the reviewing the annual fire door inspection report. This door is included on the fire door inventory. The findings of this report are shared with the quality department at the Safety Committee meeting. -This plan will be completed by 24 November 2017.	11-24-2017

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K 321	Continued From page 2 facility failed to maintain hazardous area enclosure in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Observation on 10/12/2017 at 8:36 AM in the basement outside the laundry room revealed that the side wing door leading from the laundry room into the corridor lacked a positive latch and self closing device, which allowed the door to swing open if not locked into place. Further observation revealed this compromised the self closing door mechanism of the primary wing as the side wing could be in the open position. Failure to maintain hazardous area enclosures as required could result in injury or death during an emergency. Interview with the Facility Maintenance Manager at the time of observation indicated he was aware of the requirement. REF: 2012 NFPA 101 Sections: 19 .3.2.1; 7.2.1.8	K 321		
K 753 SS=D	NFPA 101 Combustible Decorations Combustible Decorations Combustible decorations shall be prohibited unless one of the following is met: * Flame retardant or treated with approved fire-retardant coating that Is listed and labeled for product. * Decorations meet NFPA 701. * Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. * Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7 .5.6 or 19.7.5.6. * The decorations in existing occupancies are in such limited quantities that a hazard of fire is not present.	K753	Combustible Decorations -The corrective action will be to remove at least 70% of the combustible decorations on the resident's door to comply with 2012, NFPA 101, Section 19.7.5.6 (c). -Identifying other residents having the potential to be affected by having too many decorations will be done on an individual basis. -Monitoring the corrective actions will be identified by adding the inspection of doors to the room preventative maintenance procedure form. -Monitoring the corrective actions will be to communicate and document any deficiencies to the Director of the Living Center, or their representative, when an issue with the decorations on the door has been determined to exist. If a deficiency is found it also will be documented on the preventive maintenance procedure and corrected. -This plan will be completed by 24 November - 2017	11-24-2017

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K 753	Continued From page 3 18.7 .5.6, 19.7.5.6 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain combustible decorations in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Observation on 10/12/2017 at 7:45 AM outside patient sleeping room 413 revealed that the resident's door was covered by combustible decorations which exceeded more than 30 percent of the surface area of the door. Failure to maintain combustible materials as required could result in fire spread resulting in injury or death during an emergency. Interview with the Facility Maintenance Manager at the time of observation revealed that he suspected the decorations exceeded the permitted area for decorations, but was unaware of the specific requirement. REF: 2012 NFPA 101 Section: 19.7.5 .6 (c)	K753		