

Healthcare Licensing and Surveys

PRINTED: 10/25/2017
FORM APPROVED

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 10/12/2017
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
S 000	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11, effective 06/26/2000 Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000 A licensure survey was conducted by Healthcare Licensing and Surveys on 10/9/17 through 10/12/17.	S 000		
S2924	Ch 11 Sec 6 (a)(iv) Physical Environment (a) The building(s) of the Nursing Care Facility shall be constructed, arranged and maintained to ensure the health and welfare of all residents. (iv) Shower/bath and resident lavatories shall be set to provide water of a temperature not to exceed 110 degrees Fahrenheit. This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview, and review of facility graphs, the facility failed to ensure water temperatures were maintained at or below 110 degrees Fahrenheit (F). The findings were: 1. Observation on 10/10/17 beginning at 10:38 AM revealed the following concerns regarding water temperatures in resident areas: a. The sink in room 401 had a water temperature of 125.2 degrees F. b. The sink in room 406 had a water temperature of 114.1 degrees F. c. The sink in room 410 had a water temperature of 123.2 degrees F. d. The sink in room 420 had a water	S2924	S2924 Ch. 11 Sec. 6 (a)(iv) Physical Environment -The corrective action shall be to make adjustments to the equipment and controls that provide domestic hot water to the Living Center so that the temperature will not rise beyond *110 F, to comply with Rules and Regulations Program Administration of Nursing Care Facilities, Chapter 11, Section 6, effective 06/26/2000. -All residents and staff are affected by the domestic hot water temperatures, the domestic hot water is supplied to the entire Living Center via the same supply system and the adjustments will affect the entire Nursing Home facility. -Measures to ensure that the deficient practices will not reoccur will include monitoring the water supply temps constantly via the building controls system and adjusting the alarm set points to notify maintenance staff if the temperatures rise above 110 F. -Point of use monitoring at random locations throughout the Living Center will be added to our daily engineering rounds to insure that the automated systems and controls are functioning properly. A record of the temperatures will be generated, evaluated and presented to the Safety Committee, which the Quality department has representation. -These actions will be completed by 24 November 2017	11/24/17

Wyoming Dept of Health Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

Malinda Hoelscher

TITLE

Exec Director - LHA

(X6) DATE

11-1-17

STATE FORM

If continuation sheet 1 of 2

RECEIVED

NOV 01 2017

Healthcare Licensing and Surveys

POC accepted. DOC is 11/8/17. Call to Malinda Hoelscher on 11/9/17 @ 8:30 am.

LKS V11

Janell G

Healthcare Licensure and Surveys

PRINTED: 10/25/2017
FORM APPROVED

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 10/12/2017
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
S2924	Continued From page 1 temperature of 120.9 degrees F. e. The sink in room 422 had a water temperature of 120.4 degrees F. f. The sink in room 427 had a water temperature of 117.2 degrees F. g. The sink in room 430 had a water temperature of 113.4 degrees F. 2. During an interview on 10/11/17 at 1:46 PM the maintenance supervisor stated, "the temperature of the water changes with the demand of the water. We measure the temperature at the value and it starts at 140 degrees Fahrenheit and the temperature drops as it goes through the water lines." 3. On 10/11/17 at 2:23 PM the maintenance supervisor provided a graph of temperature readings from the computer sensor in the water line for the previous 24 hours. The graph showed water temperatures exceeded 110 degrees F. The maintenance supervisor stated the computer system was set up to alarm if the water temperature exceeded 120 degrees F. He acknowledged the water temperatures did exceed 110 degrees F at times and stated he did not routinely check the temperature of the water at the point of use (i.e. sink).	S2924		