| 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**<br>B. WING _____ | **10/09/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ST JOHN'S NURSING HOME** | **625 EAST BROADWAY**<br>**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<br><br>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on October 9, 2019.<br><br>Requirements for Long Term Nursing Homes Sections 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.<br><br>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 41 residents.<br>. | K 000 | | |
| K 211 SS=D | Means of Egress - General<br>CFR(s): NFPA 101<br><br>Means of Egress - General<br>Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11.<br>18.2.1, 19.2.1, 7.1.10.1<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to maintain exits in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain exits as required could delay egress from the building during an emergency resulting | K 211 | The door jamb associated with the deficient door was adjusted on 10/10/2019 so that the door will not bind on the jamb. Upon further inspection, it appears that the head jamb has settled. | 10/10/19 |

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

Electronically Signed — 10/30/2019

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.

| 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 _____ | **10/09/2019** |

| 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 211 | Continued From page 1<br>in injury or death. The deficiency affected one (1) of five (5) smoke compartments. The findings were:<br><br>Observation on 10/09/2019 at 9:30 AM at the west solarium exit revealed an exterior door that when tested required more than 30 pounds of force to set the door in motion.<br><br>Interview with the facility maintenance staff at the time of observation acknowledged the door exceeded 30 pounds of force to open, and indicated awareness of the requirement.<br><br>Interview with the facility administrator at the time of exit acknowledged the deficiency.<br><br>REF: 2012 NFPA 101, Sections: 19.2.2.2.1; 7.2.1.4.5<br>. | K 211 | We will monitor the doors in and around adjacent construction area frequently as we feel this may have contributed to the binding. | |
| K 521 SS=E | HVAC<br>CFR(s): NFPA 101<br><br>HVAC<br>Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications.<br>18.5.2.1, 19.5.2.1, 9.2<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on document review and staff interview, the facility failed to maintain HVAC systems in accordance with the 2012 NFPA 101, Life Safety | K 521 | The fire dampers in the Living Center are scheduled to begin inspection on 11/6/19 with completion by 11/8/19. The Living | 11/8/19 |

| 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 _____ | **10/09/2019** |

| 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 521 | Continued From page 2<br>Code and the 2010 NFPA 80, Standard for Fire Doors and Other Opening Protectives. Failure to provide HVAC systems as required could result in fire and smoke spread resulting in injury or death. The deficiency affected five (5) of five (5) smoke compartments. The findings were:<br><br>Document review on 10/09/2019 at 10:25 AM revealed the facility could not verify that the fire dampers had been tested during the previous 48 months. Interview with the facility maintenance staff revealed that the fire dampers were last tested on May 16, 2014.<br><br>Interview with the facility maintenance staff at the time of observation acknowledged the deficiency, and indicated they were unaware of the four (4) year requirement.<br><br>Interview with the facility administrator at the time of exit acknowledged the deficiency.<br><br>REF: 2012 NFPA 101, Sections: 19.5.2.1, 9.2.1<br>2010 NFPA 80, Section: 19.4.1.1 | K 521 | Center will be moving to a new building before the next scheduled four year inspection interval. The four year inspection interval will be transferred to the new building upon completion and the one year inspection is established. | |
| K 753 SS=D | Combustible Decorations<br>CFR(s): NFPA 101<br><br>Combustible Decorations<br>Combustible decorations shall be prohibited unless one of the following is met:<br>o Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product.<br>o Decorations meet NFPA 701.<br>o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289.<br>o Decorations, such as photographs, paintings | K 753 | | 10/11/19 |

| 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 _____ | **10/09/2019** |

| 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 753 | Continued From page 3<br>and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4).<br>o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present.<br>19.7.5.6<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to maintain combustible decoration in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain combustible decorations as required could allow fire spread resulting in injury or death. The deficiency affected one (1) of five (5) smoke compartments. The findings were:<br><br>Observation on 10/09/2019 at 9:10 AM in room 413 revealed combustible decorations covering more than 50 percent of a resident's sleeping room wall.<br><br>Interview with the facility maintenance staff at the time of observation acknowledged the deficiency, and indicated awareness of the requirement.<br><br>Interview with the facility administrator at the time of exit acknowledged the deficiency.<br><br>REF: 2012 NFPA 101, Section: 19.7.5.6(d) | K 753 | The combustible material that was noted in room 413 has been removed and a space has been outlined that is less than 50% of the total wall. Resident decorations will be kept in that predetermined space. In addition, all resident rooms were audited for compliance. Monitoring of combustible decorations will continue in conjunction with our life safety audits. | |

| 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 _____ | 10/09/2019 |

| 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 |
|---|---|---|---|---|
| E 000 | Initial Comments<br><br>An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on October 9, 2019.<br><br>Based upon the findings of the survey team, it was determined the facility was in compliance with all requirements. | E 000 | | |

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

Electronically Signed | 10/22/2019

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.