

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

PRINTED: 11/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535046	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/31/2018
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) COMPLETION DATE	
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on October 30-31, 2018. 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. 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 44 residents.	K 000	The corrective action shall be to separate the portable oxygen tanks and combustible materials to be in accordance with 2012 NFPA 99, Section: 11.3.2.3(2). This was completed on October 31, 2018. In addition:		
K 923 SS=D	Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.	K 923	A) All residents and staff could be affected by fire if there were to be an incident in this location. Fire drills will be conducted to inform staff of proper procedures in a fire event. B) Measures applied to prevent this situation from reoccurring shall include 1) providing a designated space for portable oxygen tanks, 2) removing identified combustibles from equipment storage room, and 3) staff education regarding re: 2012 NFPA 99, Section: 11.3.2.3 (2).		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Malenda Hoelscher

Administrator

11-26-18

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: J8LH21

Facility ID: WY0031

If continuation sheet Page 1 of 3

TALKED TO Malenda Hoelscher, Administrator on 11/27/18 @ 8:05 AM and advised her of POC Acceptance. Will P. Ad
NOV 26 2018
Healthcare Licensing and Surveys

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

PRINTED: 11/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535046	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/31/2018
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) COMPLETION DATE	
K 923	Continued From page 1 Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to store oxygen tanks in accordance with the 2012 NFPA 99, Health Care Facilities. Failure to store oxygen tanks as required could result in injury or death during an emergency. The deficiency affected 1 of 9 storage rooms in the facility. The findings were: Observation on 10/31/2018 at 9:02 AM in the clean equipment room revealed that oxygen tanks were stored within 5 feet of combustibles. Further observation revealed that the tanks were stored within 39 inches of the combustible material. Interview with the facility maintenance manager at	K 923	C) Monitoring the equipment room that contains portable oxygen tanks will be added to the weekly engineering rounds for maintenance staff. A record of meeting the acceptable range will be generated, evaluated and presented to the Safety Committee, which the Quality department has representation. D) This Plan of Correction will be completed by December 7, 2018.		

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

PRINTED: 11/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535046	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/31/2018
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) COMPLETION DATE	
K 923	Continued From page 2 the time of observation acknowledged the tanks were within 5 feet of the combustible material, and indicated awareness of the requirement. Interview with the facility chief executive officer at the time of exit acknowledged the deficiency. REF: 2012 NFPA 99, Section: 11.3.2.3 (2)	K 923			

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

 PRINTED: 11/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/31/2018
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) COMPLETION DATE	
E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on October 30, 2018. 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

Malenda Hoelcher

TITLE

Administrator

(X6) DATE

11-26-18

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 required to continue program participation.