PRINTED: 08/08/2011
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	560048	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/27/2011

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 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. The facility was a fully sprinklered single story building with a basement of Type V (111) construction built in 1990. The building was equipped with a supervised automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 60 certified medicare and medicaid beds.	K 000		
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure smoke barriers were maintained as a continuous membrane in 1 of 6 smoke compartments. The findings were: Observation on 7/27/11 at 12:48 PM revealed two 12 inch x 30 inch ceiling attic access panels in the kitchen's dry goods pantry were ajar. Each panel created a one inch gap. At the time of the observation, the plant operations manager verified the panels needed to be reseated.	K 012	NFPA 101 LIFE SAFETY CODE STANDARD The facility must ensure smoke barriers are maintained as a continuous membrane in smoke compartments. This will be accomplished by: A. The two ceiling attic access panels in the kitchen's dry good pantry have been reseated to make a continuous smoke barrier. B. The dietary manager will be instructed on the need to have a continuous membrane in smoke compartments and to watch ceiling tiles in her department that need adjustment. C. All maintenance employees will receive education from James Johnston on how to inspect smoke barriers for any penetrations or breaks in the continuous membrane.	9-1-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Patricia Wilson RN MSN/NHA
TITLE: Administrator
(X6) DATE: 8/15/11

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.

AUG 15 2011

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: GOVR21 Facility ID: WY0031 If continuation sheet Page 1 of 2

Approved without changes. Notified Facility 8/22/11 @ 8 AM.

Office of Healthcare Licensing and Surveys

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	560046	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/27/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S NURSING HOME	625 EAST BROADWAY JACKSON, WY 83001

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K 012	Continued From page 1 Reference: NFPA 101, Life Safety Code, 2000 edition. 19.1.6.4 Each exterior wall of frame construction and all interior stud partitions shall be firestopped to cut off all concealed draft openings, both horizontal and vertical, between any cellar or basement and the first floor. Such firestopping shall consist of wood not less than 2 in. (5 cm) (nominal) thick or shall be of noncombustible material. 19.3.6.2.2* Corridor walls and ceilings shall form a barrier to limit the transfer of smoke.	K 012	D. The maintenance staff will round to inspect all smoke barriers quarterly and make adjustments immediately to ensure a continuous membrane in smoke compartments. E. The dietary manager will round routinely and inspect for any breaks in the smoke compartment and make adjustments immediately. F. The results of these inspections will be reported at the quarterly LC PI committee meeting by the NHA.	
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by:	K 018	NFPA 101 LIFE SAFETY Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. The facility will ensure that corridor doors are resistant to the passage of smoke. This will be accomplished by: A. The double corridor doors lead into the study from the entry hallway now shut completely in their frames. B. The storage room door next to the staff lounge now closes completely in its frame. C. The maintenance staff will be instructed by James Johnston to ensure that corridor doors close securely and are resistant to the passage of smoke.	9-1-11

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K 018	Continued From page 2 Based on observation and staff interview, the facility failed to ensure three corridor doors were resistant to the passage of smoke in 2 of 6 smoke compartments. The findings were: Observation on 7/27/11 between 11:48 AM and 1:03 PM revealed the double corridor doors leading into the study from the entry hallway did not closed completely in their frames with three separate attempts. A self-closure device was attached to the doors. In addition, the storage room door next to the staff lounge also did not close completely in its frame with three separate attempts. A self-closure device was also attached to the door. Interview with the plant operations manager at the time of the observations confirmed the findings. Reference: NFPA 101, Life Safety Code, 2000 edition Section 19.3.6.3 Corridor Doors. 19.3.6.3.1* Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1 3/4-in. (4.4-cm) thick, solid-bonded core wood or of construction that resists fire for not less than 20 minutes and shall be constructed to resist the passage of smoke. Compliance with NFPA 80, Standard for Fire Doors and Fire Windows, shall not be required. Clearance between the bottom of the door and the floor covering not exceeding 1 in. (2.5 cm) shall be permitted for corridor doors. Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials. Exception No. 2: In smoke compartments	K 018	D. The maintenance staff will round quarterly to ensure the corridor doors close and are resistant to the passage of smoke. E. The maintenance staff will report the results of their routine rounding to James Johnston. F. The completion of these inspections will be reported by the NHA at the LC quarterly PI committee meetings.	

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K 018	Continued From page 3 protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, the door construction requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke. A.19.3.6.3.1, Gasketing of doors should not be necessary to achieve resistance to the passage of smoke if the door is relatively tight-fitting	K 018		
K 147 SS=D	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 compliance with the National Electric Code in 2 of 6 smoke compartments. The findings were: a. Observation on 7/25/11 at 5:48 PM, on 7/26/11 at 10:22 AM and on 7/27/11 at 12:11 PM, revealed three transport carts in front of, and blocking, access to two electrical panels in the kitchen. b. Observation on 7/27/11 at 12:48 PM in the laundry room revealed an electrical outlet beneath a sink was not GFI protected. In addition, two surge protectors sitting on top of a clean laundry cabinet were plugged into each other. Plugged into the surge protector was an air fan. Interview with the plant operations manager on 7/27/11 at the time of the observation confirmed the findings. Reference: NFPA 70, National Electrical Code,	K 147	NFPA 101 LIFE SAFETY CODE STANDARD. Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code.9.1.2. The facility will ensure compliance with the National Electric Code. This will be accomplished by: A. The transport carts are no longer blocking the electrical panels in the kitchen. B. The electrical outlet beneath the sink is now GFI protected. C. The two surge protectors on top of the clean laundry cabinet have been removed. D. James Johnston will educate the maintenance staff about the National Electric code specifically including: the need for sufficient access and working space be maintained about all electrical equipment; that all receptacles and fixed equipment within the area of a wet location shall have a ground fault circuit interrupter	9-1-11

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K 147	Continued From page 4 1999 Edition. 110-26. Spaces About Electrical Equipment. Sufficient access and working space shall be provided and maintained about all electrical equipment to permit ready and safe operation and maintenance of such equipment ... (a) Working Space. Working space for equipment operating at 600 volts, nominal, or less to ground and likely to require examination, adjustment, servicing, or maintenance while energized shall comply with the dimensions of (1), (2), and (3) or as required or permitted elsewhere in this Code. (1) Depth of Working Space. The depth of the working space in the direction of access to live parts shall not be less than indicated in table 110-26(a). Table 110-26(a) Nominal Voltage Minimum Clear Distance (ft) To Ground _____. 0/150 3 ft. (b) Clear Space. Working space required by this section shall not be used for storage. 517-20. Wet Locations. (a) All receptacles and fixed equipment with in the area of the wet location shall have ground-fault circuit-interrupter protection. 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure.	K 147	protection; and that flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. E. As part of their routine rounding, the maintenance staff will ensure that there is sufficient access and working space around all electrical equipment panels; that all electrical equipment within an area of a wet location has a proper ground fault circuit; and that flexible cords and cables are not used as a substitute for fixed wiring. F. The dietary manager will round to ensure that that the electrical panels in the kitchen are not blocked by the transport carts. G. The completion of these inspections will be reported by the NHA at the LC quarterly PI committee meetings.	