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

PRINTED: 01/25/2005
FORM APPROVED
OMB NO. 0938-0391

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	01/13/2005

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

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K 000	INITIAL COMMENTS Surveyor #: 18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building- Type III (211) K6: Date of Plan Approval 1990 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=60;SNF/NF=60 K9: The facility meets the Life Safety Code standards based on acceptance of a plan of corrections "NFPA" National Fire Protection Association	K 000		
K 011 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation and staff interview on 1/12/05 between 3:30 PM and 4 PM, the facility failed to provide fire rated assemblies for conduit trays penetrating the hospital fire barrier in accordance with NFPA 101 Section 8.2.3.2.4.2. Findings were: 1. Two 8 inch conduit trays were noted to	K 011	This facility will ensure that there is a fire barrier having at least two hour fire resistance rating constructed of materials as required for the addition. This will be accomplished by: 1. The maintenance staff will install fire barrier pillows inside the two 8 inch conduit trays that penetrate the two hour fire wall that separates the hospital from the Living Center. such that the clear space around the cables in each tray is taken up. 2. The maintenance staff will inspect for the integrity of a fire barrier	2/11/05

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

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.

ADDITIONS & RECEPTIONS OF THIS POC WITH MARCIE ROBBINS, NHA, ON 2/16/05 @ 1130 AM VIA TELECONFERENCE.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: M2C021 Facility ID: WY

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K 011	Continued From page 1 originate in the telephone room and penetrate the hospital fire barrier in the vicinity of the central plant. Maintenance staff verified the annular space between the wires and the tray was not filled with a material capable of maintaining the fire rating of the fire barrier.	K 011	in the telephone room. 3. The maintenance staff will repair all penetrations/ spaces of fire barriers. 4. The support services manager will monitor all inspections of the integrity of fire barriers.	
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, 4.6.6, 4.6.7, 4.6.9, 4.6.10 This STANDARD is not met as evidenced by: Based on observation and staff interview on 1/12/ 05 between 3 PM and 3:30 PM, the facility failed to maintain the construction integrity of smoke compartment barriers in accordance with NFPA 101 Section 19.1.6.4 and 3.3.185. Findings are: 1. The telephone room had two 8 inch electrical trays that did not have a continuous membrane to form a barrier to limit the transfer of smoke to the adjacent electrical room. Maintenance staff verified the two trays were not equipped with a smoke resistant membrane/ barrier.	K 012	This facility will ensure that there is a fire barrier having at least a two hour fire resistance rating constructed of materials as required for the addition. This will be accomplished by: 1. The maintenance staff will install fire barrier pillows inside the two 8 inch conduit trays that originate in the telephone room such that the clear space around the cables in each tray is taken up 2. The maintenance staff will inspect for the integrity of a fire barrier in the tele- phone room. 3. The maintenance staff will repair all penetrations/ spaces of fire barriers. 4. The support services manager will monitor all	2/11/05
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 sold-bonded core wood, capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is	K 018	contd.	

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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, 4.6.6, 4.6.7, 4.6.9, 4.6.10 This STANDARD is not met as evidenced by: Based on observation and staff interview on 1/12/05 between 3 PM and 3:30 PM, the facility failed to maintain the construction integrity of smoke compartment barriers in accordance with NFPA 101 Section 19.1.6.4 and 3.3.185. Findings are: 1. The telephone room had two 8 inch electrical trays that did not have a continuous membrane to form a barrier to limit the transfer of smoke to the adjacent electrical room. Maintenance staff verified the two trays were not equipped with a smoke resistant membrane/ barrier.	K 012		
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 sold-bonded core wood, capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is	K 018	This facility will ensure the provision of corridor doors that have no impediment to closure and that there is resistance to the passage of smoke. This will be accomplished by: 1. The maintenance staff will place smoke seal around the top edges and sides of the corridor	

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K 018	Continued From page 2 no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.3 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities as of March 13, 2006. This STANDARD is not met as evidenced by: Based on observations and staff interview on 1/12/05 between 12 PM and 3 PM, the facility failed to protect 3 of 68 corridor door openings in accordance with NFPA 101 Section 19.3.6.3. Findings were; 1. Rooms #401, #406, and #429 each had gaps between the top edges of the in corridor doors and door frames, which were greater than 1/8 th of an inch. Maintenance staff verified the doors were not smoke resistant.	K 018	doors #401, #406, #429 such that the door openings are protected and are resistant to the passage of smoke. 2/1/05 2. The maintenance staff will inspect corridor doors so that there is no impediment to closing andathat there is resistance to the passage of smoke. Maintenance staff will do periodic inspections of all doors in the facility. 3. The maintenance staff will repair all corridors so that there is no impediment to closing and there is resistance to smoke. 4. The maintenance supervisor will inspect all corridor doors so that there is no impediment to closing and there is resistance to smoke.	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 029	This facility will ensure the provision of proper enclosure of hazardous areas. This will be accomplished by: 1(a) The door to the Pyxis store room has been replaced. The door now has a positive latching device 1/27/05 b. The wooden wedge found in the kitchen store room door door has been removed. 1/12/05 2(a) The Living Center DON will inspect the Pyxis storeroom door to determine	

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K 029	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations and staff interview on 1/12/05 between 1 PM and 3 PM, the facility failed to provide 2 of 5 hazardous areas with proper separation in accordance with NFPA 101 Section 19.3.2.1. The findings were: 1. The Pixus store room had combustible storage on the shelves and the corridor door was equipped with a roller latch instead of the required positive latching device. 2. The kitchen store room door was equipped with a required self-closing device, but was impeded by a wooden wedge. 3. Maintenance staff verified the hazardous rooms did not have the required containment.	K 029	that the positive latching device is engaged. b. The catering supervisor will inspect the kitchen store room door to determine that the door is properly closed and no impediment to this is in place.3(a) The Living Center DON will ensure that the Pyxis store room door is properly closed so that at least one (1) hour fire resistance rating is provided. b. The catering supervisor will ensure that the kitchen store room door is properly closed so that at least one (1) hour fire resistance rating is provided. Contd attached	
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review, observations, and staff interview on 1/12/05 between 4:23 PM and 4:41 PM, the facility staff were unfamiliar with the emergency actions required under varied fire	K 050	This facility will ensure that the facility staff are familiar with all of the emergency actions required under varied fire conditions. 1(a) Living Center staff have been re-instructed of the need to "clear all corridors of any obstructions" (specifically, the proper placement of medication carts) during a fire response. This was initially done at the Jan 25, 2005 LC staff meeting. 2(a) Living Center staff will receive department specific training in fire safety at orientation (time of hire) and at the	

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K 050	Continued From page 4 conditions in accordance with NFPA 101 Section 19.7.1.2. Findings were: 1. During the fire drill, three carts were left in the corridor by the nurses station. Review of the Living Centers safety manual revealed the nursing staff are to "...clear all corridors of any obstructions...". Maintenance staff verified the obstruction in the coonidor caused by the carts.	K 050	annual re-orientation. b) During a fire drill/ response the Team I nurse (this individual acts as the fire response coordinator) will ensure that all c corridors are clear of any obstructions. c) An annual mandatory fire in-service training is presented by (cont.)	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25 , 9.7.5 This STANDARD is not met as evidenced by: Based on observations and staff interview on 1/12 /05 between 2 PM and 3 PM, the facility failed to maintain the installed sprinkler system in accordance with NFPA 13 Section 5-6.5.3. Findings were: 1. Storage items in the storage closet located in the vicinity of the nurses' station and storage items located in the kitchen housekeping closet were within 18-inches of the sprinkler heads. Maintenance staff verified the storage was not maintained in accordance with NFPA 13 section 5 -6.5.3.	K 062	This facility will ensure the provision of the maintenance of the facility's installed sprinkler system. This will be accomplished by: 1(a) The top shelf of the metal west facing storage unit in the "secretary's" closet has been removed. There is an 18" mark on the left and back wall of the storage closet to serve as a visual guide when storing items. b) The items in the kitchen housekeeping closet are stored so that they are NOT within 18 inches of the sprinkler heads. There are 18" marks on the back wall to the left right and underneath the sprinkler head to serve as a visual (contd)	
K 135 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Flammable and combustible liquids are used from and stored in approved containers in accordance with NFPA 30, Flammable and	K 135	This facility will request a waiver from the center for Medicare and Medicaid services to allow the placement of alcohol based	

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K 135	Continued From page 5 Combustible Liquids Code, and NFPA 45, Standard on Fire Protection for Laboratories Using Chemicals. Storage cabinets for flammable and combustible liquids are constructed in accordance with NFPA 30, Flammable and Combustible Liquids Code, NFPA 99. 4.3, 10.7.2.1. This STANDARD is not met as evidenced by: Based on observations and staff interview on 1/12/05 between 12 PM and 4 PM, the facility failed to restrict flammable liquids from egress corridors in accordance with NFPA 101 Section 8.4.3.2. The finding was; 1. Alcohol based hand rub dispensers were attached to the walls in all corridors linked to resident sleeping rooms. Maintenance staff verified the locations of the dispensers.	K 135	hand hygiene product, Avaguard dispensers in all of the Living Center corridors. See attached letter of request.	
K 154 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 This STANDARD is not met as evidenced by: Based on record review and staff interview on 1/	K 154		

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K 154	Continued From page 6 1/2/05 between 3:30 PM and 4 PM, the facility failed to provide a fire watch policy for the loss of water to the automatic sprinkler system for 4 hours in a 24 hour period in accordance with NFPA 101 Section 9.7.6.1. Findings were: 1. Review of facility fire policies revealed the facility did not have a fire watch policy in place for the loss of water to the automatic sprinkler system for 4 hours in a 24 hour period. Maintenance staff verified the facility did not have a fire watch policy in place.	K 154	This facility will ensure that a fire watch policy will be in place for the loss of water to the automatic sprinkler system for 4 hours in a 24 hour period. This will be accomplished by: 1. A policy for a fire watch "OA-26) impairment of the fire sprinkler system contingency plan has been written. 1/28/05 2. This policy will be submitted for approval at the February 24, 2005 SJMC Safety Committee meeting. All SJMC employees will be informed of this policy and how to access it via the "Command Central" e-mail. In addition, it will be reviewed with LC staff at the Feb 22, 2005 staff meeting. 3. The support services manager will observe/record/ ensure fire watch procedure compliance 4. The SJMC Safety Committee will monitor documentation of fire watches.	

JA 2/16/05

K029 continued

4. The Environmental Rounds Committee (headed by Living Center Administrator) will inspec areas so as to ensure the provision of at least one (1) hour fire resistance rating.

K050 continued

2c. the maintenance department. d. A "mock" fire drill will be held on February 21,2005 for day/evening shift and on February 22, 2005 for the night shift.

3. The support services managers will observe all fire drills for compliance with the fire plan.

4. The SJMC Safety Committee will monitor documentation of fire drills and oversee the fire s training of all employees.

K062 continued

1b. guide when storing items. Completion date: 1/26/05

2a. The Living Center DON will inspect the secretary's storage closet to determine that items are NOT stored within 18 inches of the sprinkler heads.

JA 2b. The catering supervisor will inspect the kitchen housekeeping closet to determine that items JA NOT stored within 18 inches of the sprinkler heads.

3a. The Living Center DON will ensure that items in the secretary's storage closet are JA NOT stored witl 18 inches of the sprinkler heads.

3b. The catering supervisor will inspect the kitchen housekeeping closet to determine that items a JA NOT stored within 18 inches of the sprinkler heads.

4. The SJMC environmental rounds committee (headed by the Living Center Administrator) wil inspect all areas to ensure the maintenance of the installed sprinkler system.