STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535046	A. BUILDING **02** B. WING _____	**10/21/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S HEALTH SAGE LIVING	**625 EAST BROADWAY, BUILDING B** **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 21, 2021. Based on the findings, it was determined that the facility was in compliance with all requirements. .	E 000		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on October 21, 2021. 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 2012 Edition of the Life Safety Code, New Health Care, of the National Fire Protection Association. The facility was a fully sprinklered, two story building with a basement of Type II (222) construction with plan approval in 2019. The long term care facility was separated from a hospital rehabilitation unit via 2-hour rated construction, which was located in the eastern portion of the first level. The building was equipped with an automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 57 certified Medicare and Medicaid beds with a census of 42 residents. .	K 000		
K 222 SS=E	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the	K 222		12/15/21

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

Electronically Signed | 11/11/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535046	A. BUILDING **02** B. WING _____	**10/21/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S HEALTH SAGE LIVING	**625 EAST BROADWAY, BUILDING B** **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 222	Continued From page 1 use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.	K 222		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535046	A. BUILDING **02** B. WING _____	**10/21/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S HEALTH SAGE LIVING	**625 EAST BROADWAY, BUILDING B** **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 222	Continued From page 2 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide delayed-egress locking arrangements at a means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to provide proper delayed-egress systems could result in injury or death during an emergency. The deficiency affected one (1) of numerous means of egress from the facility. The findings were: Observation on 10/21/2021 at 11:02 AM in the south courtyard revealed an exit gate that provided egress from the courtyard towards the main entrance of the building. Attempts to egress through the gate revealed that the gate was provided with a delayed-egress system that released approximately 15 seconds upon applying pressure to the push bar. Further observation revealed that signage reading "PUSH UNTIL ALARM SOUNDS - DOOR CAN BE OPENED IN 15 SECONDS" was not provided at	K 222	St. John's Health has ordered a sign stating "PUSH UNTIL ALARM SOUNDS - DOOR CAN BE OPENED IN 15 SECONDS" from our signage vendor. Upon arrival, the sign will be installed on the gate egress, no later than 12/15/2021. The plan to monitor this solution will include regular visual verifications to ensure the sign remains in place. The Director of Facilities will be responsible for ensuring the Plan of Correction is completed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535046	A. BUILDING **02** B. WING _____	**10/21/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S HEALTH SAGE LIVING	**625 EAST BROADWAY, BUILDING B** **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 222	Continued From page 3 the gate. Interview with the Director of Facilities at the time of the observation acknowledged the deficiency. Interview with the Director of Facilities at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 18.2.2.2.4; 7.2.1.6.1.1 .	K 222		
K 351 SS=E	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 NEW Buildings are to be protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state and local regulations prohibit sprinklers. Listed quick-response or listed residential sprinklers are used throughout smoke compartments with patient sleeping rooms. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed six square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 18.3.5.1, 18.3.5.4, 18.3.5.5, 18.3.5.6, 9.7, 9.7.1.1(1), 18.3.5.10 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the	K 351	In lieu of adding a sprinkler system to the	11/11/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535046	A. BUILDING **02** B. WING _____	**10/21/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S HEALTH SAGE LIVING	**625 EAST BROADWAY, BUILDING B** **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 351	Continued From page 4 facility failed to provide sprinkler systems in accordance with the 2012 NFPA 101, Life Safety Code, and NFPA 13, Standard for the Installation of Sprinkler Systems. Failure to provide sprinkler systems as required could result in injury or death during an emergency. The deficiency affected one (1) of numerous canopies and porte-cocheers about the facility. The findings were: Observation on 10/21/2021 at 11:17 AM at the porte-cochere covering the front entrance at the south side of the building revealed that the facilities shuttle bus was parked directly underneath the porte-cochere. Further observation revealed that the porte-cochere exceeded 2 feet in width, and was constructed of non-combustible materials and fire retardant-treated wood, but that sprinklers were not provided to accommodate the storage of combustibles. Interview with the Director of Facilities at the time of the observation acknowledged the deficiency. Interview with the Director of Facilities at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 18.3.5.1; 9.7.1.1 2010 NFPA 13, Section 8.15.7.5 .	K 351	porte-cochere, St. John's Health has informed employees who operate the bus to no longer park it under the porte-cochere as of 11/11/21. A separate parking spot has been allocated on the open-air lot adjacent to the building. The plan to monitor this solution will include regular visual verifications to ensure the bus is not parked in this spot, staff communication, and providing a separate space for the bus to be parked. The Director of Facilities will be responsible for ensuring this Plan of Correction is completed.	
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 Doors protecting corridor openings shall be constructed to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have	K 363		12/15/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535046	A. BUILDING **02** B. WING _____	**10/21/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S HEALTH SAGE LIVING	**625 EAST BROADWAY, BUILDING B** **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 363	Continued From page 5 self-latching and positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 18.3.6.3.6 are permitted. 18.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatic closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide corridor doors in accordance with the 2012 NFPA 101, Life Safety Code. Failure to provide corridor doors as required could result in injury or death during an emergency. The deficiency affected six (6) of numerous corridors throughout the facility. The findings were: Observation on 10/21/2021 starting at 10:42 AM at salon 2030 revealed that the room's corridor door was not provided with a positive latching device. It was observed that the door was constructed of glass, and would resist the passage of smoke, but that the magnetic latching and access system was not fully operational. This condition was also observed at both the single	K 363	St. John's Health's General Contractor for Sage Living, and a direct Subcontractor for SJH have coordinated the purchase and installation of maglocks for the doors in question. These maglocks are on an emergency power circuit to maintain positive latching even during a normal power outage. The installations are per the 2006 Life Safety Code, and include a motion detector, and push button release for safe egress. These maglocks have been procured, and are in the process of being installed. The installations will be completed no later than 12/15/21. The plan to monitor this solution will include regular preventive inspections to ensure the latching hardware functions	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535046	A. BUILDING **02** B. WING _____	**10/21/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S HEALTH SAGE LIVING	**625 EAST BROADWAY, BUILDING B** **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 363	Continued From page 6 and double doors of music arts 2035, multipurpose 2250, therapy gym 2150, and multipurpose 1150. Interview with the Director of Facilities at the time of each observation acknowledged each deficiency. Interview with the Director of Facilities at the time of exit acknowledged each deficiency. REF: 2012 NFPA 101, Section 18.3.6.3.5 .	K 363	appropriately. The Director of Facilities will be responsible for ensuring this Plan of Correction is completed.	
K 379 SS=E	Smoke Barrier Door Glazing CFR(s): NFPA 101 Smoke Barrier Door Glazing 2012 NEW Windows in smoke barrier doors shall be installed in each cross corridor swinging or horizontal-sliding door protected by fire-rated glazing or by wired glass panels in approved frames. 18.3.7.9 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide smoke barrier cross-corridor doors in accordance with the 2012 NFPA 101, Life Safety Code. Failure to provide cross-corridor doors as required could result in injury or death during an emergency. The deficiency affected all cross-corridor doors located within smoke barriers at seven (7) smoke compartments throughout the facility. The findings were: Observation on 10/21/2021 starting at 10:56 AM	K 379	St. John's Health's General Contractor for Sage Living has coordinated the ordering and installation of new smoke compartment doors with the required vision panels. These doors are a long lead-time item. The ship date for the doors is now at 11/19/21. They will be installed as soon as they arrive and no later than 12/15/21. The plan to monitor this solution will include annual inspections of the doors to ensure they are compliant with NFPA 80,	12/15/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535046	A. BUILDING **02** B. WING _____	**10/21/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S HEALTH SAGE LIVING	**625 EAST BROADWAY, BUILDING B** **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 379	Continued From page 7 at the smoke barrier cross-corridor doors located at the easternmost smoke compartment of the second level revealed that vision panels were not provided. Further observation of the swinging cross-corridor doors at each smoke compartment throughout the facility identified the same condition. Interview with the Director of Facilities at the time of each observation acknowledged each deficiency. Interview with the Director of Facilities at the time of exit acknowledged each deficiency. REF: 2012 NFPA 101, Section 18.3.7.9	K 379	and Life Safety Code. The Director of Facilities will be responsible for ensuring this Plan of Correction is completed.	