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 _____	**01/12/2023**

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 01/12/2023. Based on the findings of the survey, it was determined that the facility was in compliance with all requirements in accordance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 01/12/2023. Requirements for Long Term Care Facilities Section 42 CFR 483.90 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 43 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90	K 000		
K 363 SS=D	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	K 363		3/31/23

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

Electronically Signed | 02/03/2023

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.

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K 363	Continued From page 1 flammable or combustible materials have 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 contribute to smoke or fire migration, which may result in injury or death during an emergency. The deficiency could impact all staff, residents, and visitors in the affected area. The findings were: Observation on 01/12/2023 starting at 9:56 AM at resident room 2202 revealed that the door would not positively latch when closed. It was observed that the door consists of a large leaf, along with a smaller leaf that is intended to lock in position when closed. The smaller leaf contains the strike	K 363	St. John's Health in-house Construction team will be performing repairs to install a latching bolt on the smaller (1 foot) leaf of all resident doors. These bolts will allow for proper positive latching of the smaller leaf, and therefore the larger leaf into it, as well. The installations will be per the 2012 NFPA 101 Life Safety Code and are anticipated to be ordered, and hopefully received/installed by 3/31/2023. The Director of Facilities and designees will be responsible for ongoing monitoring of this issue via EOC rounding.	

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K 363	Continued From page 2 plate latching of the larger leaf. When operated, it was observed that the smaller leaf would not lock into place, which allowed the assembly to be pushed open. As a result the corridor door was not provided with a means to positively latch. Interview with the facility administrator at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Section 18.3.6.3.5	K 363		
K 374 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 NEW Doors in smoke barriers have at least a 20 minute fire protection rating or are at least 1-3/4 inch thick solid bonded core wood. Required clear widths are provided per 18.3.7.6(4) and (5). Nonrated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal-sliding doors comply with 7.2.1.14. Swinging doors shall be arranged so that each door swings in an opposite direction. Doors shall be self-closing and rabbets, bevels, or astragals are required at the meeting edges. Positive latching is not required. 18.3.7.6, 18.3.7.7, 18.3.7.8 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain cross-corridor doors at	K 374	St. John's Health in-house Construction team has completed repairs to hardware	1/13/23

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K 374	Continued From page 3 smoke barriers in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain cross-corridor smoke barrier doors as required could contribute to smoke or fire migration, which may result in injury or death during an emergency. The deficiency could impact all staff, residents, and visitors in the affected area. The findings were: Observation on 01/12/2023 starting at 9:40 AM at the cross-corridor smoke barrier doors located at the second floor west wing revealed that, when dropped from the fully open position, the left leaf when facing west would not fully close. It was observed that the latching hardware may be interfering with the swing of the door, which allowed the door to remain open approximately half an inch. The same observation was made at the west wing cross-corridor smoke barrier doors at the first level. Interview with the facility administrator at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Section 18.3.7.8	K 374	and closers that were disallowing cross-corridor smoke barrier doors to fully close and latch properly. These repairs have been completed on the door indicated at second floor west wing. An inspection of all other cross-corridor doors and requisite repairs have also been completed with completion documentation shown on the attached work order #6017, closed out on 1/13/2023. The Director of Facilities and designees will be responsible for the ongoing monitoring of this issue via EOC rounding.	