STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535046	A. BUILDING _____ 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
F 000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 1/9/23 to 1/12/23. In addition, a review for compliance with the Omnibus COVID-19 Health Care Staff Vaccination requirements was conducted.	F 000		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 761		2/28/23

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

Electronically Signed | 02/03/2023

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F 761	Continued From page 1 Based on observation, staff interview and review of facility policies, the facility failed to ensure medications were kept secure for 1 of 3 medication carts. The findings were: 1. Observation of the medication cart used for Paintbrush Place on 1/9/23 at 6 PM showed the medication cart was located in the hall with one of the drawers open approximately three inches. There were no staff in the area. There was a resident ambulating with a walker in the hall near the cart. 2. An interview with the Director of Nursing (DON) on 1/12/23 at 9:29 AM revealed the expectation of the facility was the medication cart would not be unlocked unless the nurse was in the immediate vicinity. The drawer being left open was not an acceptable condition. 3. Review of the facility policy titled "Medication Management - Storage & Security" dated 11/28/22 showed "Medication carts must be locked or stored in a manner that prevents unauthorized access (i.e. directly supervised/monitored by authorized personnel with legal access to the medications) when not in use."	F 761	On 1/15/2023, Director of Nursing (DON) reviewed the need for medications to be secured at all times in medication carts with the nurse who was observed in Paintbrush Place during the survey process. Education of all nurses to be completed by DON and Staff Education Nurse by 2/14/2023, with education packet including the policy "Medication Management-Storage & Security". Audits of the medication cart on each of the 3 Sage Living neighborhoods will be performed on day and night shifts daily until 2/14/23, then change to 3 times weekly until 2/28/2023. Audits to be performed by DON, Staff Education Nurse and Sage Charge Nurses. If a medication cart is found unsecure, the auditor will educate the nurse at that time. Audit results will be reviewed by DON to determine the need to continue audits and the need for repeat education. DON will contact QAPI Committee members with audit results and recommendations to determine consensus with DON's findings. The DON will present the Plan of Correction results to the QAPI Committee at their next quarterly meeting in April 2023.	
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources	F 812		2/19/23

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F 812	Continued From page 2 approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of facility policies and the 2022 Food Code, the facility failed to ensure hand hygiene and gloving was done in accordance with accepted standards to minimize cross contamination during 1 of 1 observations of meal preparation in the kitchen. The findings were: 1. Observation in the kitchen on 1/11/23 from 3:45 PM until 4:22 PM showed cook #1 was preparing food for the evening meal. The cook wore the same pair of gloves for the duration of the observation (no hand hygiene or changing of gloves). During the observation, the cook was observed to touch potentially contaminated surfaces, such as a cardboard box, the handles of the refrigerator, the handles of the fryer baskets and handles to drawers with his gloved hands. Then the cook used his hands, with the same gloves on, to hold down cooked breaded chicken breasts while he cut them in half with a knife. He then used the same gloved hands to put	F 812	St. John's Health Manager of Food and Nutrition Services will be addressing the cited deficiency of an employee preparing food in a manner that did not ensure proper hand hygiene and gloving. On 1/12/2023, the manager spoke with the employee to review the 2022 Food Code and ensure understanding when to change gloves and perform hand hygiene while preparing food. The manager has given all employees who prepare food the 2022 Food Code and will review with them the proper process for changing gloves and performing hand hygiene while preparing food. All employees will be met with and sign off on this training by 2/17/2023. For this next 2 weeks (2/6/2023-2/19/2023), a food service leadership team member will be rounding and auditing staff for gloving and hand hygiene compliance with the 2022 Food	

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F 812	Continued From page 3 the chicken in pans on the steam table. 2. During an interview on 1/12/23 at 8:59 AM the dietary manager stated cook #1 was a newer employee. He stated staff were instructed to wash their hands frequently during meal preparation and they followed any state guidelines regarding gloves and hand hygiene. He confirmed cook #1 should have removed the gloves and performed hand hygiene after touching potentially contaminated surfaces. 3. Review of the facility's policy "Maintenance of Sanitation and Infection Control" (approved 10/1/2020) showed "...The manager is responsible for supervising sanitation, housecleaning procedures and personnel in such a manner to create and maintain an environment that is safe for the storage, preparation and serving of food and which meets the standards established by federal, state and local regulations...The Food Service department is inspected annually by the CMS to assure compliance with US FDA Food Code and federal OBRA regulations." 4. Review of the "2022 Food Code" by the U.S. Food and Drug Administration showed "2-301.14 When to Wash. Food employees shall clean their hands and exposed portions of their arms as specified under 2-301.12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and: ...(E) After handling soiled equipment or utensils; (F) During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; ...(H) Before	F 812	Code. If the internal audits reveal other employees not acting in accordance with the 2022 Food Code, they will take part in a 1:1 education and oversight training with another food prep employee. Auditing will continue until there are no observed infractions for 2 weeks. Gloving and hand hygiene will remain part of our ongoing EOC rounds throughout the year. Manager of Food and Nutrition Services or delegate will present education and auditing data to the QAPI Committee's next meeting in April 2023.	

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F 812	Continued From page 4 donning gloves to initiation a task that involves working with food; and (I) After engaging in other activities that contaminate the hands."	F 812		