PRINTED: 07/27/2010
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
	535046	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/13/2010

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 this 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 (NFPA). The facility was a fully sprinkled 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 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 observation, policy review and staff interview the nursing staff were not familiar with emergency procedures on 1 of 3 shifts. The findings were: Observation of a fire drill on 7/13/10 at 11:50 AM showed two medication carts were left in the	K 050	The facility will ensure that 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. The will be accomplished by: 1. A fire inservice for staff members during the month of August. 2. Maintenance will conduct unannounced fire drills one per shift per quarter. 3. A quarterly report of the fire drills along with an evaluation of the effectiveness of the drill will be submitted to the NHA quarterly. This report will be included at the quarterly LC PI committee meetings. 4. On July 21, 2010 smoke was detected in the front administrative offices from a burnt out motor in the ceiling. The LC staff pulled the fire alarm and responded according to the LC fire plan. The staff cleared the fire zone; cleared all hallways including the med carts; reassured residents; and waited for further instructions from the fire department. The NHA observed that the communications operator, the cardio pulmonary staff, and the maintenance staff all responded according to the fire plan. The fire department did arrive and evaluated the situation. The facility did not need to be evacuated. All staff responded correctly and the fire plan was implemented as written.	8-27-10

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

Paul Weber RN NHA — Administrator — 8-6-10

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.

FAC ACCEPTED W/ PAT WEBER, NHA, QP

RECEIVED
Wyoming Dept of Health

8/11/10

AUG 06 2010

Office of Healthcare Licensing and Surveys

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K 050	Continued From page 1 corridor near the activity room throughout the drill. Review of the Living Center Fire Plan showed procedure 2 (c) stated "Close all doors in the department and clear all egress corridors of obstructions." At the time of the observation the administrator reported corridors were expected to be cleared of all obstructions during a fire drill. She could not explain why the carts had not been removed from the corridor.	K 050		
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 observation and staff interview the facility failed to ensure sprinklers were maintained as required in 1 of 6 smoke compartments. The findings were: Observation of the sprinkler system on 7/13/10 at 9:58 AM showed the sprinkler head in the information technology storeroom was 30 inches below the ceiling. At the time of the observation the maintenance supervisor reported the lay in ceiling tiles had been removed 6 months earlier. He was aware of the 12-inch maximum distance below ceilings. He could not explain why the sprinkler head had not been raised to within 12 inches of the ceiling after the ceiling tiles were removed.	K 062	The facility is required to have automatic sprinkler systems that are continuously maintained in reliable operating condition and are inspected and tested periodically. This will be accomplished by: 1. The sprinkler head in the information technology storeroom was raised to within 12 inches of the ceiling on July 27, 2010. 2. The maintenance director will instruct the maintenance workers that sprinklers need to be within 12 inches of the ceiling and be positioned to allow adequate unobstructed spray. 3. The safety officer will instruct the safety committee that sprinklers need to be within 12 inches of the ceiling and be positioned to allow adequate unobstructed spray. 4. The safety committee will observe sprinkler integrity on monthly safety rounds. 5. Results of the safety rounds will be reported quarterly at SJMC Safety committee meetings.	8-27-10
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance	K 147		

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K 147	Continued From page 2 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 temporary wiring did not replace permanent fixed wiring in 1 of 6 smoke compartments. The findings were: Observation of the electrical system on 7/13/10 between 9 AM and 10 AM showed the computer in the purchasing office and a computer in the information technology office used temporary electrical wiring. Per observation, it was revealed the computers were plugged into surge protectors which were, themselves, plugged into multi-outlet battery backup uninterrupted power sources. At 9:10 AM the maintenance supervisor reported he was aware chaining multi-plug adapters was prohibited. He further reported that the electrical system was only inspected annually.	K 147	The facility will ensure that electrical wiring and equipment is in accordance with NFPA 70. The facility will ensure that temporary wiring will not replace permanent fixing wiring. This will be accomplished by: 1. On July 15, 2010 the electrical system for the computer in the purchasing office and the computer in the information technology office were plugged into the correct outlet. The temporary wiring was eliminated. 2. The maintenance supervisor has rewritten the electrical preventive maintenance plan to include inspections for piggy backing units into the power strips. The electrical systems will be inspected twice a year. 3. The results of the electrical inspections will be reported to the LC PI committee.	8-27-10