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 _____	02/08/2024

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 2/5/24 through 2/8/24. The following common abbreviations are used throughout this document: CDC: Centers for Disease Control and Prevention DON: Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza	F 883		3/5/24

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

Electronically Signed | 02/29/2024

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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F 883	Continued From page 1 immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and review of facility policies and CDC immunization recommendations, the facility failed to ensure residents were offered pneumococcal immunizations based on CDC recommendations for 2 of 5 sample residents (#2, #21) reviewed for	F 883	On 2/23/24, Director of Nursing (DON), received document from Wyoming State Survey team's office with the resident Sample List. DON identified the 2 residents who were part of the deficiency (#2 and #21). Both residents were	

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F 883	Continued From page 2 immunizations. The findings were: 1. Review of the medical record showed resident #2 was 88 years old. Further review showed the resident received the following pneumococcal vaccines: pneumococcal 23 polyvalent on 10/18/06 and pneumococcal 13 valent conjugate on 9/24/15. There lacked evidence the resident was offered a pneumococcal immunization since the last administration in 2015. 2. Review of the medical record showed resident #21 was 92 years old. Further review showed the resident received the following pneumococcal vaccines: Pneumovax 23 on 9/28/12 and Prevnar 13 on 2/25/15. There lacked evidence the resident was offered a pneumococcal immunization since the last administration in 2015. 3. During an interview on 2/8/24 at 9:57 AM the DON stated the facility followed CDC recommendations for immunizations and confirmed there was no evidence residents #2 or #21 were offered pneumococcal immunizations in accordance with CDC recommendations. 4. Review of the facility's policy "Influenza & Pneumococcal Immunization," approved 9/22/21, showed "...Eligible residents and patients will be offered the opportunity to receive the vaccines as per CDC guidelines and "...The Sage Living will follow the CDC standard for pneumococcal vaccination of adults which includes both the pneumococcal conjugate vaccine (Prevnar-13, PCV13) and the pneumococcal polysaccharide vaccine (Pneumovax 23, PPSV23)." 5. Review of "Adult Immunization Schedule by	F 883	overdue to receive their PCV20. Consents were obtained, and the residents were vaccinated with PCV20--one resident on 2/26/24 and the other on 2/27/24. On 2/26/24, one of Sage Living's Minimum Data Set (MDS)/Care Coordinators created a document with all current residents and their status for obtaining pneumococcal vaccines (referencing "Adult Immunization Schedule by Age" by CDC at https://www.cdc/gov/vaccines/schedules/hcp/adult.html, Sage Living's influenza and pneumococcal reference per our policy, "Influenza & Pneumococcal Immunization", approved 9/22/21). Nursing leadership (DON, MDS/Care Coordinator, Sage Living Nurse Practitioner) have started obtaining consents and will be administering the needed pneumococcal vaccines per CDC guidelines. The DON will be responsible for auditing this process weekly, ensuring that current residents become up to date and that all new residents are assessed and brought up to date, per aforementioned CDC guidelines for pneumococcal immunization. The DON will report this plan of correction and audit results at the next Quality Assurance/Performance Performance meeting, scheduled in April 2024.	

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F 883	Continued From page 3 Age" by CDC located at https://www.cdc.gov/vaccines/schedules/hcp/adult.html (accessed 2/8/24) showed individuals 65 years or older who previously received both PCV13 and PPSV23, and the PPSV23 was received at age 65 years or older, should receive one dose of PCV20 at least 5 years after the pneumococcal vaccine dose.	F 883		