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 _____	**02/07/2024**

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
E 000	Initial Comments An emergency preparedness survey was conducted by Healthcare Licensing and Surveys on 02/07/2024. 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 02/07/2024. 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 46 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90	K 000		
K 321 SS=E	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure 2012 New Hazardous areas are protected in accordance	K 321		2/29/24

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

Electronically Signed | 02/29/2024

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K 321	Continued From page 1 with 18.3.2.1. The areas shall be enclosed with a 1-hour fire-rated barrier, with a 3/4-hour fire-rated door without windows (in accordance with 8.7.1.1). Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8. Hazardous areas are protected by a sprinkler system in accordance with 9.7, 18.3.2.1, and 8.4. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 18.3.2.1, 7.2.1.8, 8.4, 8.7, 9.7 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 and less than 100 square feet) g. Combustible Storage Rooms/Spaces (over 100 square feet) h. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain hazardous areas in accordance with 2012 NFPA 101, Life Safety Code. Failure to maintain hazardous areas as required could result in injury or death due to fire spread. The deficiency affected multiple hazardous areas in the facility. The findings were: Observation on 02/07/2024 at 11:28 AM, revealed that when dropped with no initial motion, the door	K 321	St. John's Health in-house Construction team removed tape causing the door to room 2272 to fail to appropriately latch. The team has also completed replacement to the door hardware to not allow it to be opened without a key, but rather make the doors self-closing, and latching, with a passage set. This will limit the risk of staff from utilizing tape over the strike by allowing for quicker access. All other doors relevant to this deficiency have also been inspected with similar	

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K 321	Continued From page 2 to room 2272 failed to latch and close. This was due to tape being placed over the latching hardware, not allowing the door to close and latch as designed. This deficiency was repeated at multiple hazardous areas in the facility. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the director of facilities at the time of exit acknowledged the deficiency. Ref: 2012 NFPA 101, Sections 19.3.2.1 and 19.3.2.1.3.	K 321	corrective measures taken for any deficient doors. The installations will be per the 2012 NFPA 101 Life Safety Code and are complete. The Director of Facilities, and designees will be responsible for ongoing monitoring of this issue via EOC rounding.	
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to protect gas-fired equipment in accordance with the 2012 NBFPA 101, Life Safety Code, and the 2012 NFPA 54, National Fuel Gas Code. Failure to maintain gas-fired equipment could lead to system damage and failure,	K 511	St. John's Health in-house Maintenance team has re-latched appliance restraints for all gas-fired cooking appliances, and trained kitchen staff and leadership to never remove these restraints. The Director of Facilities, and designees will	2/29/24

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K 511	Continued From page 3 resulting in injuries to staff or residents. The deficiency affected the kitchen staff, and all staff working within. The findings were: Observation on 02/07/2024 at 10:46 AM in the kitchen revealed gas-fired cooking appliances. Further observation revealed that the appliances were on casters, and were provided with the required restraint to protect the flexible gas piping when the appliances are moved for service or cleaning. However, the restraint was not attached to the appliance. Interview with the executive director, director of facilities, and maintenance staff at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the director of facilities at the time of exit acknowledged the deficiency.	K 511	be responsible for ongoing monitoring of this issue via EOC rounding.	