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 _____	C 05/08/2025

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

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F 000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 5/5/25 through 5/8/25. The following common abbreviations are used throughout this document: CDM: Certified Dietary Manager POA: Power of Attorney Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on facility incident review, staff interview, resident representative interview, and policy and procedure review, the facility failed to ensure residents were free from misappropriation or exploitation for 1 of 3 sample residents (#16) reviewed for allegations of misappropriation. The findings were: 1. Review of the facility incident report showed resident #16 reported on 1/22/25 s/he was missing four checks and $2,000 from his/her bank account. The resident's POA sent images of	F 602	5/31/2025 – F602 - Plan of Correction, Free from Misappropriation/Exploitation CFR(s):483.12 Q: What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? As a result of this finding, our HR department reviewed we completed all expected	5/31/25

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

Electronically Signed | 05/31/2025

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F 602	Continued From page 1 the cashed checks to the administrator. The checks had phone numbers written in the endorsement area, which the administrator checked against employee records. One of the phone numbers matched a hospital employee who sometimes worked in the facility. The administrator then contacted law enforcement who interviewed and arrested the employee. The hospital terminated the employee. The facility notified all residents and their representatives of the incident and employee's termination via a letter dated 1/24/25. Further review showed no evidence the missing money was returned to the resident. 2. Interview with the facility administrator on 5/7/25 at 3:33 PM confirmed resident #16 reported that s/he was missing some checks on 1/22/25. The administrator investigated the situation and determined that the phone number on some of the checks matched an employee. He revealed he contacted law enforcement and the employee was arrested. He revealed the employee was terminated at that time. The administrator advised resident #16 to keep his/her checkbook in the safe in the resident's room going forward. Interview with administrator on 5/8/25 at 10:07 AM revealed the facility's investigation did not identify any shortcomings on their part, and there was no process improvement plan put in place related to the incident. 3. Interview with resident #16's representative on 5/7/25 at 2:31 PM revealed s/he discovered four $500 checks that had been cashed from the resident's account that s/he did not recognize. S/he revealed s/he called the resident who then discovered that four checks were missing from his/her checkbook. S/he revealed the resident	F 602	steps in their onboarding, including a background check, which was completed. Background checks continue to be completed for all St. John's Health employees. Q: How will you identify other residents having the potential to be affected by the same deficient practice(s) and corrective actions taken? The administrator communicated the theft to all resident families to be transparent about what happened and to ensure that if any family had similar concerns, they could bring them to me at any time. They also shared that HR conducts a third-party background check on all employees who work here. Any time a resident has a missing item our process is to share any available information about the item(s), with the relevant neighborhood and our housekeeping staff. When a family brings information about a missing item, the administrator may also include it in reminder emails, print out pictures to put in the neighborhood and share that information with the housekeeping supervisor to make sure their staff is also aware. The administrator also communicated with families in an email about the event that they should encourage their loved ones to keep any	

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F 602	Continued From page 2 notified the facility administrator who contacted the police. The POA stated, "Luckily, I caught it quickly" and revealed the theft did not affect the resident's ability to get anything s/he needed. 4. Review of the facility policy titled "Residents free from abuse/neglect" provided by the facility administrator on 5/7/25 showed "...[Resident rights] include freedom from abuse and protection from misappropriation of property. If a resident has been mistreated, we will investigate promptly and report all suspected violations to the proper authorities" and "Each resident has access to a secure safe inside or connected to their bedroom..."	F 602	valuables in their personal safes. The keys to those safes are in our medication rooms and have an additional layer of security for staff to help keep a resident’s items safe and secure. Q: What measures will be put into place or what systemic changes will you make to ensure it does not recur? In addition to the communication already sent, we will continue to reinforce our practices of thorough onboarding and a background check for new St. John’s Health employees, reorientation for staff within Sage Living and the housekeeping staff that rotate through our community, and communicate Resident’s Rights to all new residents who move into our community. Our focus is always on our residents and upholding their Rights, because that is our culture at Sage Living. We will continue to reiterate a resident’s access to personal safes, and provide batteries if they wish to have a personal code as well they can use to access the safe without a key. Q: How will you monitor the corrective actions? We will continue to have comprehensive onboarding, that HR will complete background checks for all employees, and	

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F 602	Continued From page 3	F 602	all employees will complete their annual reorientation to be able to work in our department. Once the incident was discovered, and we did an internal review to ensure we followed our process of completing a background check and orientation for this employee, we found no additional changes were warranted at this time. We will continue to reiterate a resident's access to personal safes, and provide batteries if they wish to have a personal code as well they can use to access the safe without a key. Q: Include dates when corrective actions will be completed. We investigated immediately after the incident was discovered and the employee was terminated. The internal checks related to this incident were completed immediately after the investigation on 1/26/2025. These corrective actions were revisited with HR and confirmed that we continue to perform background checks on all St. John's Health hires prior by 5/31. All residents still have individual safes available for all residents. This POC will be reviewed in our next QAPI meeting in July, 2025.	
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)	F 812		6/1/25

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F 812	Continued From page 4 §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources 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, review of the dishwasher manufacturer's instructions, and facility policy and procedure review, the facility failed to monitor and record the internal temperature of foods and failed to ensure a sanitary environment in 1 of 1 kitchen. The census was 47. The findings were: 1. Regarding recording food temperatures in the food preparation area: a. Observation on 5/7/25 starting at 9:51 AM showed cook #1 took the temperature of mashed potatoes, and did not log the temperature before he placed the food into the holding cart. He then removed the mixed vegetables and split pea soup he had previously cooked out of the holding oven, covered with plastic wrap and foil, labeled with the date, and placed them into the holding cart to be taken to the dining rooms without obtaining the	F 812	5/31/2025 – F812 - Plan of Correction, Food Procurement, Store/Prepare/Serve-Sanitary CFR(s):483.60(i)(1)(2) 483.60(i) Food safety requirements. There were issues related to failing to 1) record food temperatures in the food preparation area, and 2) record the temperature of the dishwasher. The actions taken will be distinguished with the “1)” and “2)” to start the paragraph of the work done for this POC. Q: What corrective actions will be accomplished for those residents found to	

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F 812	Continued From page 5 temperature of the food prior to lunch service. b. Interview on 5/7/25 at 10:21 AM with cook #1 revealed he checked the temperature of each dish after he cooked it, but he did not keep a temperature log, and stated "we should do that but we don't." Further interview revealed he expected the temperatures of the meats to be from 165 to 167 degrees Fahrenheit (F), and vegetables from 152 to 154 degrees F. c. Interview on 5/7/25 at 10:49 with the CDM confirmed he did not require the staff to keep a log of food temperatures because he was unsure if it would be accurate. Further interview revealed he would "do what you want us to do." d. Review of the 12/20/2023 facility policy titled "Food Preparation" provided by the facility administration on 5/8/25 showed "...K. Metal-stem, numerically scaled indicating thermometers, accurate to +2 degrees F are provided and used to ensure proper temperatures of potentially hazardous foods." e. According to Food Code 2022, U.S. Public Health Service "... Records must be maintained to verify that the critical limits required for food safety are being met. Records provide a check for both the operator and the regulator in determining that monitoring and corrective actions have taken place..." 2. Regarding temperature logs of the dishwasher: a. Observation on 5/7/25 starting at 9:54 AM showed the facility used a Hobart AM 15 chemical sanitizing dish machine. Review of the dishwashing machine's manufacturer's instructions showed the minimum temperature of the wash and rinse water was 120 degrees F, with a recommended temperature of 140 degrees F. b. Interview on 5/7/25 at 10:36 AM with cook	F 812	have been affected by the deficient practice? 1) & 2) Fortunately, there were no residents found to be impacted or harmed by these deficiencies. 1) To ensure this deficiency does not continue, the manager of the food service department began the process of educating their staff to make sure they are both checking the food is at the appropriate temperature and logging the checked temperatures in accordance with our policy. 2) To ensure the deficiency does not continue, the manager of the food service department began educating their staff to ensure each dishwasher knows how to read the sanitation levels of the dishwasher and the temperatures, and log those checks appropriately. Q: What measures will be put into place or what systemic changes will you make to ensure it does not recur? 1) All food prep staff are being educated on always checking the necessary food temperatures, and then documenting those temperatures in a log we keep to verify food safety standards are being maintained. a. It was noted by our surveyor that the staff they observed, were cooking and	

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F 812	Continued From page 6 #1 revealed the staff did not keep a temperature log of the dishwasher or check sanitizer level in the dishwasher or 3-compartment sink, and he stated "we should do that." Further interview revealed the temperature of the dish machine should be at least 120 degrees F. c. Interview on 5/7/25 at 10:49 AM with the CDM revealed that the dishwasher chemically sanitized the dishes, and the staff did not need to monitor it, because Ecolab monitored the equipment and dishwasher sanitizer levels once a month and made any adjustments needed. Further interview revealed he would "do what you want us to do." d. Interview on 5/8/25 at 10:15 AM with the CDM revealed he was unable to locate the records from Ecolab due to failed communication with them after an employee quit and changed the email without letting the dietary manager know of the change. e. Review of the 8/9/23 facility policy titled "Warewashing" provided by the administrator on 5/8/25 showed "...C. The dish machine temperature and the sanitizer levels will be monitored to assure they maintain the correct temperature and levels. The dish machine shall maintain a temperature of 120 degrees and the sanitizer approximately 50 ppm. ...G. The dish washers will record the sanitizer levels at least daily to assure accuracy. These records will be kept on file for a minimum of three years. H. Any noted discrepancies are to be brought to the attention of the Food Service Manager or charge person immediately. I. The dish machine will be inspected monthly to assure proper function. These inspection forms will also be kept on file for three years. ...J. In the advent of any mal functioning [sic], proper steps will be taken to assure the adequacy of sanitation of service	F 812	preparing the food to the correct temperatures, and checking the temperatures, but were not documenting it. 2) The manager of the food service department began educating staff on how to check and document that the dishwasher is operating correctly and maintaining the necessary temperature. They have created a log to capture these checks, and to be able to audit that these temperature checks are being done every shift. a. Also, during the survey it was found the company that services our dishwasher, Ecolabs, had not been sending some of the additional maintenance documentation for the dishwasher to the correct email address. The manager of the food service department reached out to Ecolabs and this issue has been corrected. Q: How will you monitor the corrective actions? 1) The manager of the food service department or their designated supervisor will conduct audits on the food temperature logs. This will be done with each staff member when being trained on the process, and then at least weekly until the manager or their designee have been able to audit and confirm all food prep staff have been temping the food and	

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F 812	Continued From page 7 ware." f. According to the FDA 20220 Food Code showed "4-703.11 Hot Water and Chemical, Efficacious sanitization depends on warewashing being conducted within certain parameters. Time is a parameter applicable to both chemical and hot water sanitization. The time hot water or chemicals contact utensils or food-contact surfaces must be sufficient to destroy pathogens that may remain on surfaces after cleaning. Other parameters, such as rinse pressure, temperature, and chemical concentration are used in combination with time to achieve sanitization. When surface temperatures of utensils passing through warewashing machines using hot water for sanitizing do not reach the required 71ºC (160ºF), it is important to understand the factors affecting the decreased surface temperature. A comparison should be made between the machine manufacturer's operating instructions and the machine's actual wash and rinse temperatures and final rinse pressure. The actual temperatures and rinse pressure should be consistent with the machine manufacturer's operating instructions and within limits specified in §§ 4-501.112 and 4-501.113. If either the temperature or pressure of the final rinse spray is higher than the specified upper limit, spray droplets may disperse and begin to vaporize resulting in less heat delivery to utensil surfaces. Temperatures below the specified limit will not convey the needed heat to surfaces. Pressures below the specified limit will result in incomplete coverage of the heat-conveying sanitizing rinse across utensil surfaces.	F 812	documenting the prepared food temperatures correctly. After all food prep staff are confirmed to be logging the temperatures correctly, the manager or their designee will audit these logs at least quarterly on an ongoing basis. 2) The manager of the food service department or their designated supervisor will conduct audits on the dishwasher temperature and sanitation check logs. This will be done with each dishwasher staff member when being trained on the new process, and then at least weekly until the manager or their designee have been able to audit and confirm all dishwasher staff in Sage Living have been checking and logging dishwasher checks correctly. After all dishwasher staff are confirmed to be logging the checks correctly, the manager or their designee will audit these logs at least quarterly on an ongoing basis. Q: Include dates when corrective actions will be completed. The work for both the food temperature logs and the dishwasher logs began immediately after our survey was completed. The new practice and corrective action will be in effect and documented in the logs as of 6/1/2025. These logs and the audits being	

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F 812	Continued From page 8	F 812	performed by the food service manager will be reviewed by the administrator at the end of June, 2025, and reviewed in our next QAPI meeting in July, 2025, and in each QAPI meeting through the end of the year.	