

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  535046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/08/2025
NAME OF PROVIDER OR SUPPLIER  St John's Health Sage Living		STREET ADDRESS, CITY, STATE, ZIP CODE  625 East Broadway, Building B Jackson, WY 83001	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>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:</p> <ol style="list-style-type: none"> <li>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 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.</li> <li>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.</li> <li>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 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.</li> <li>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 .</li> </ol>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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:</p> <p>1. Regarding recording food temperatures in the food preparation area:</p> <p>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 temperature of the food prior to lunch service.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 .</p> <p>2. Regarding temperature logs of the dishwasher:</p> <p>a. Observation on 5/7/25 starting at 9:54 AM showed the facility used a [NAME] 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.</p> <p>b. Interview on 5/7/25 at 10:36 AM with cook #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.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>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.</p> <p>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 ware.</p> <p>f. According to the FDA 20220 Food Code showed 4-703.11 Hot Water and Chemical,</p> <p>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 71&amp;ordm;C (160&amp;ordm;F), it is important to understand the factors affecting the decreased surface temperature. A comparison should be made between the machine manufacturer's operating</p> <p>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 &amp;sect;&amp;sect; 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.</p>		