DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	686018	A. BUILDING _____ B. WING _____	10/27/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNIE BLUEJACKET MEMORIAL NURSING HOME	300 SOUTH US HWY 20 BASIN, WY 82410

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F 167 SS=B	483.10(g)(1) EXAMINATION OF SURVEY RESULTS A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to post the most recent Life Safety Code (LSC) survey results conducted by the State surveyor. The findings were: Observation on 10/24/05 at 5:15 PM and then again on 10/27/05 at 8:00 AM revealed the facility posted for public review a binder labeled State Survey results. However, the binder only contained the health survey results conducted on 6/5/05. The LSC survey results conducted one month earlier on 4/5/05 were not included in the binder. Interview with the facility administrator on 10/27/05 at 9:30 AM revealed the binder should contain both the Health and LSC survey results. The administrator stated that she was unaware the LSC results were not posted.	F 167	This facility will ensure the resident right to survey results Copy of facility Life Safety Administrator will periodically check survey display for inclusion of Health Survey and Life Safety Survey results. Department Managers will be inserviced regarding need to display Health & Life Safety survey results and need to periodically check to ensure results are available. Monitored through QA by quarterly reporting by Social Services.	11/30/05
F 332 SS=E	483.25(m)(1) MEDICATION ERRORS The facility must ensure that it is free of medication error rates of five percent or greater.	F 332	This facility will ensure that it is free of medication error rates of five percent or greater.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lisa Cook — TITLE: Administrator — (X6) DATE: 11-18-05

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.

Approved c revisions on pgs 4 & 6 per T.C. c Jackie Claudson, Administrator on 12/6/05 at 3:30P

FORM CMS-2567(02-99) Previous Versions Obsolete — Event ID: VCS811 — Facility ID: WY4002 — If continuation sheet Page 1 of 7

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BONNIE BLUEJACKET MEMORIAL NURSING HOME	935 SOUTH US HWY 20 BASIN, WY 82410

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F 332	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to maintain a medication error rate below five percent (%). Observation revealed 5 non-significant medication errors (involving residents #2, #19, #24 and #32) out of 44 opportunities for error, which resulted in an error rate of 11.36 %. The findings were: 1. Observation on 10/25/05 at 7:55 AM showed registered nurse (RN) #20 prepared and administered medications, including Zaroxolyn and Lasix (diuretics), to resident #19, who was eating breakfast. Reconciliation of the medications with the August 2005 Recapitulation (Recap) of Orders showed Zaroxolyn was ordered before meals. Review of the medication administration record (MAR) showed it was scheduled at 8:30 AM. Interview with the RN on 10/25/05 at 10:16 AM revealed the physician did want the Zaroxolyn given before the Lasix. The RN stated she should have gone by the scheduled time and not the highlighted color on the MAR which was the same as the 8 AM medications. 2. Observation on 10/25/05 at 9:27 AM showed licensed practical nurse (LPN) #10 handed a bottle of Fluniolide nasal spray to resident #32. The resident correctly administered one spray of the medication in each nostril, for a total of two sprays. The LPN then set up a nebulizer Albuterol inhalation treatment which the resident started at 9:30 AM. Reconciliation of the medications with the August 2005 Recap of Orders showed the order for Fluniolide nasal spray was for only one	F 332	1) RN #20 will be individually inserviced regarding need to follow the MAR with close attention paid to medication administration times, 2) LPN #10 will be individually inserviced regarding need to read and follow the MAR paying close attention to medication dosage and route. 3) RN #25 will be individually inserviced regarding need to read and follow the MAR paying close attention to medication dosage. 4) RN #20 will be individually inserviced regarding need to identify individual residents ability to self-administer meds. All nurses will be observed for appropriate medication administration and immediately inserviced if problem noted All LN's will be inserviced regarding need to read and follow MAR All LN staff will be inserviced regarding appropriate medication administration including 5 R's. All LN staff will be inserviced regarding appropriate procedure for recapitulation of orders. LN Staff will be inserviced regarding appropriate self-administration of	11/30/05

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	560019	A. BUILDING _____ B. WING _____	10/27/2005

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F 332	Continued From page 2 spray, and the order for Albuterol was for two puffs from an inhaler. Further review showed "Discontinue all previous orders" printed at the top of the Recap of Orders sheet. Although the medications were administered according to previous orders, interview with the LPN and RN #20 on 10/26/05 at 10:20 AM confirmed the August 2005 Recap of Orders was the current order sheet. 3. Observation on 10/26/05 at 8:35 AM showed RN #26 administered chewable ASA (Aspirin) 81 milligrams (mg) to resident #2. Reconciliation of the medication with the August 2005 Recap of Orders revealed the order was for ASA 325 mg. Review of the MAR showed the dosage was for 325 mg of ASA. When questioned on 10/28/05 at 9:30 AM, the RN confirmed she gave an incorrect dose of ASA. 4. Observation on 10/26/05 at 8:07 AM showed registered nurse (RN) #20 administered medications to resident #24. The RN placed the cup full of medications on the dining room table, pulled the resident up to the table, and instructed the resident to take the medications. The RN then left the room. According to the self-administration of medication assessment completed by the facility on 9/13/05, the resident was not a good candidate for self-administration of medications. Interview with licensed practical nurse (LPN) #10, and review of the physician's orders, on 10/27/05 at 8:35 AM confirmed the resident was not to self-administer medications.	F 332	medication identification for a resident. Monitored through QA by quarterly reporting by DON	
F 371 SS=B	483.35(h)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and	F 371	This facility will store, prepare distribute and serve food under sanitary conditions.	

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F 371	Continued From page 3 serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure moldy food products were discarded, open food products were labeled and/or securely closed, and temperatures of the refrigerator, freezer and dish washing machines were taken and recorded. The findings were: 1. Observation on 10/24/05 at 6:20 PM of the small kitchen adjoining the dining room revealed the following concerns: A. Three baggies each containing approximately 8 to 10 slices of American cheese were undated. One of the baggies was identified as belonging to resident #20. Posted on the refrigerator door was a notice stating "Food in this refrigerator is for residents only - not staff. Please date and label (resident's name) all food put in refrigerator. Thank you, Activities." B. Two partially used sticks of margarine, still in the original covering, were on the refrigerator door shelf. Both were loosely wrapped. Margarine from the smaller stick was visible and was cracked and discolored. C. The bottom shelf of the refrigerator and the two shelves in the refrigerator door were smeared with dirt and dried on spilled fruit juice. D. Four cans of concentrated fruit juice were found in the freezer. The can of Acerola mixer Pina Colada stated on the top "best if used by 6/29/99." The can of Minute Maid orange juice stated on the top "best if used by 1/16/02." The orange tangerine juice Minute Maid can stated on the top "best if used by 1/10/02." The Dole orange pineapple juice can stated on the top "best if used by 2/10/06."	F 371	1) A) Three baggies of cheese will be removed from refrigerator and disposed of. B) Two sticks of margarine will be removed from refrigerator and thrown away. C) Bottom shelf of the refrigerator and two shelves in refrigerator will be cleaned. D) Four cans of concentrated fruit juice will be removed from refrigerator and thrown away. E) Refrigerator temperature will be taken and recorded. — daily F) Microwave oven exterior and interior will be cleaned. — after each use, 2) Dish washer temperatures will be recorded by dietary at each use. All resident food storage areas will be checked by Dietary Manager for appropriate storage, cleanliness, labeling and temperature control. — daily All nursing and dietary staff will be inserviced regarding appropriate placement and removal of food items in the kitchenette refrigerator to include resident name as appropriate and date placed in refrigerator. All items	11/30/05

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F 371	Continued From page 4 E. On the exterior of the refrigerator door was a temperature documentation sheet stating "Reminder - check the temperature every day." Three days were recorded on the temperature log: 9/1, 9/8 and 10/11. According to the "ServSafe Coursebook," third ed., copyright 2004, a major factor in foodborne-illness outbreaks is time-temperature problems. Disease-causing microorganisms grow and multiply at temperatures between 41 degrees F and 135 degrees F. Microorganisms need both time and temperature to grow and make food unsafe. F. The surface of the microwave oven exterior and interior including the ceiling and walls had accumulated dried food particles present. Interview with the Director of Housekeeping on 10/27/05 at 8:45 AM revealed housekeeping was responsible for cleaning the sink and floors and taking out the garbage in the kitchen. Nursing was responsible for cleaning the refrigerator/freezer, microwave and counter top. Activities was responsible for cleaning the oven and stove when used by the activity department. Interview with the facility administrator on 10/28/05 at 4:45 PM regarding the status of the kitchen revealed she was made aware of the surveyor looking at the kitchen earlier in the day and stated there were problems in the kitchen and stated the certified nurse aides were responsible for keeping the kitchen clean. 2. Observation of the main kitchen on 10/24/05 during the initial tour at 4:30 PM and then again on 10/28/05 at 11:25 AM revealed a posted temperature log for October 2005 in the dish room. Dish machine temperatures were only recorded on three days during the month (3, 11, and 21). On 10/3/05 only the morning	F 371	will be covered. All prepared food items must be discarded by the third day. Staff will be inserviced regarding need to check refrigerator temperature daily. Staff will be inserviced that kitchenette microwave is for resident use only and will be cleaned following every use. Dietary staff will be inserviced regarding need to check and record dish machine temperature three times per day following each meal. Temperature schedule will be posted. Kitchenette will be monitored through QA by quarterly reporting by Activities Director. Dish machine temperatures will be monitored through QA by quarterly reporting by Dietary Manager.	

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F 371	Continued From page 5 temperatures were recorded. On 10/11/05 only afternoon temperatures were documented. On 10/21/05 only the noon "wash" temperature was recorded.	F 371		
F 465 SS=B	483.70(h) OTHER ENVIRONMENTAL CONDITIONS The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure the facility was maintained in a safe and sanitary manner. The findings were: Observations during the initial tour on 10/24/05 at 5:30 PM and then again on 10/26/05 at 10:30 AM revealed a desk top fan sitting on top of a bookcase in the staff lounge. The fan grating and the four fan blades were encased in a thick (approximately quarter inch) covering of dirt and dust. Observation on the morning of 10/26/05 revealed sitting on the table directly in front of the fan was a box of cupcakes. Interview with staff revealed the wife of a resident brought the cupcakes in to the staff earlier that morning. Observation on 10/25/05 at 3:30 PM revealed 2 electrical outlets in the men's and women's public restrooms next to the facility entrance were not groued fault interrupt (GFI) outlets. Both outlets were directly over the water sink. According to the NFPA 70 National Electrical Code 1999 Edition, Article 210-Branch Circuits, Section 210-8 (a) and Article 517-Health Care Facilities, Section 517-20,	F 465	This facility will provide a safe, functional, sanitary and comfortable environment for residents, staff and public. 1) Desk top fan will be removed from staff lounge. Fan will be cleaned. 2) Electrical outlets in public restroom will be replaced with ground-fault circuit-interrupter outlets. 3) Cleaner will be put in closed cupboard and door will be closed between all baths and before staff leaves room. Safety Officer will do facility walk-through to observe for unclean fans, nonground-fault circuit-interupter outlets, and inappropriately placed chemicals. Staff will be inserviced about the need to observe environment and clean as necessary. Inservice maintenance staff about electrical safety hazards and the need to have ground-	11/30/05 monthly

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F 466	Continued From page 6 wet locations, all outlets within 6 feet of the outside edge of a wet bar sink are to have ground-fault circuit-interrupter protection. Observation on 10/26/05 at 9:00 AM revealed the door to the resident bathing room to be open and unoccupied. No facility staff were in the area. Several residents had just finished eating breakfast and were walking the halls. Sitting on the ledge next to the bath tub was an open plastic container of "Classic C whirlpool cleaner solution." The label stated "keep out of the reach of children." The label also listed the active ingredient to be ammonium chloride which according to the Columbia Encyclopedia, 6th edition, is harmful if swallowed and causes skin and eye irritation. The facility administrator was interviewed on 10/27/05 at 9:30 AM. When told of the unattended bathing room, the administrator stated this was "unacceptable."	F 466	fault circuit-interrupter outlets near any water source. Inservice CNA staff regarding appropriate storage and door closure in any room containing cleaning solutions. Monitored by QA through quarterly reporting by Safety Officer.	