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

PRINTED: 09/28/2010
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
	536019	A. BUILDING 01 - MAIN BUILDING 01 B. WING	09/16/2010

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

(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
K 000	INITIAL COMMENTS Requirements for the Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association. The facility was a single story building of Type V(000) construction built in 1973. The building was equipped with a supervised automatic wet sprinkler system and fire alarm system. The South Bighorn Hospital is adjacent to the nursing home with a 2 hour fire rated barrier and two 1 ¾ hour fire rated doors. The hospital is a Type II (111) building without a sprinkler system. The four hospital rooms closest to the 2 hour fire barrier are nursing home resident rooms.	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	**This facility will ensure there is no impediment to the closing of the corridor doors.** Step 1. Decorative hangings on corridor door #108 and corridor door #205 will have decorative hangings removed by maintenance. Step 2. Safety staff will do walk-through of facility to ensure no other decorative hangings are on corridor doors. If any decorative hangings are found, they will be removed immediately by Safety staff. Step 3. Safety Officer will inservice all staff that decorative hangings on corridor door handles create a safety hazard by impeding door closure and will inservice staff to be aware and remove any decorative hangings immediately.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 10/7/10

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.

RECEIVED
Wyoming Department of Health
OCT 07 2010
Office of Healthcare Licensing and Surveys

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K 018	Continued From page 1 This STANDARD is not met as evidenced by: Based upon observation and staff interview the facility failed to ensure corridor doors did not have impediments to closing in 1 of 2 smoke compartments. The findings were: Observation on 9/15/10 at 10:10 AM revealed decorations hanging on the doors to two resident rooms creating an impediment to closing. Corridor door #108 had a decoration hanging on the door handle and corridor door #205 had a decoration hanging on the back of the door. Interview with the facility maintenance manager at the time of the observation confirmed the above findings.	K 018	Step 4. Monitored by Safety Officer through quarterly QA reporting.	10/25/10
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 3 of 7 fire alarm system	K 052	**This facility will ensure the fire alarm system is tested and complies with applicable requirements of NFPA 70 and 72.** Step 1. Facility fire dampers will be immediately inspected. The facility annunciator panel semi-annual battery load voltage test will be performed immediately by maintenance staff. Step 2. All facility fire suppression systems will be reviewed by Safety Officer and systems noted to have incomplete testing will have inspection done immediately by Maintenance staff.	

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K 052	Continued From page 2 components were tested during the previous year. The findings were: Review of facility fire alarm records on 09/15/10 at 9:48 AM revealed the fire suppression system had two of two fire dampers that were not inspected during the previous year. Records revealed the last inspection was conducted 9/12/08. In addition, the annunciator panel semi-annual battery load voltage test was not performed within the previous year. Interview with the maintenance manager at the time of record review confirmed the above findings.	K 052	Step 3. Safety Officer will inservice Maintenance Staff regarding appropriate fire suppression testing and all fire suppression testing will be added to inspection logs by Safety Officer. Step 4. Safety Officer will review inspection logs quarterly and report to Quality Assurance Committee.	10/25/10