STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535019	A. BUILDING 01 - MAIN BUILDING 01 B. WING	08/06/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNIE BLUEJACKET MEMORIAL NURSING HOME	388 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 with plan approval in 1973. The building was equipped with a supervised automatic wet sprinkler and fire alarm system. Four resident rooms are located in the attached critical access hospital which is of Type II (111) with plan approval in 1956. The attached buildings were equipped with a common supervised automatic wet sprinkler system and had a common addressable fire alarm system.	K 000		
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure smoke barriers were maintained as a continuous membrane in 1 of 2 smoke compartments. The findings were: Observation on 8/6/13 between 1:00 PM and 5:10 PM revealed the following penetrations in the ceiling tile: 1. An approximate 2 " piece was missing from the corner of a ceiling tile in the soiled linen closet.	K 012	This facility will ensure smoke barriers are maintained as a continuous membrane. A. 1. 2" piece of missing ceiling tile in soiled linen closet will be replaced by maintenance. 2. The gap surrounding the sprinkler support bar in bathroom in resident room #110 will be sealed by maintenance. 3. Gaps around TV and phone cables in rooms 101, 102, 105, 106, 108, 110, 111, 112, and 206 will be sealed by maintenance. B. All resident rooms will have TV and phone cable insertions checked for gaps by maintenance staff and all gaps identified will be sealed by maintenance staff immediately upon identification.	

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

Jackie Clawson — ADMINISTRATOR — 8/26/13

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.

POC ACCEPTED W/ JACKIE CLAWSON, ADMINISTRATOR ON 8/29/13.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNIE BLUEJACKET MEMORIAL NURSING HOME	388 SOUTH US HWY 20 BASIN, WY 82410

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K 012	Continued From page 1 2. A gap surrounded the sprinkler support bar in the bathroom of resident room 110. 3. Small gaps (and number of more than one) were noted around TV and phone cables entering the room through the ceiling tile of resident rooms: 101, 102, 105(3), 106(2), 108, 110, 111, 112(2) and 206(2). 3. Maintenance staff manager confirmed the observations and stated resident families are frequently changing the location of the phone and TV cables without maintenance notification. Reference: NFPA 101, Life Safety Code, 2000 edition. 19.3.6.2.2* Corridor walls and ceilings shall form a barrier to limit the transfer of smoke.	K 012	C. Maintenance Supervisor will inservice all maintenance and nursing staff that anytime a TV or phone cable penetration is made, the area must be sealed to ensure smoke barrier integrity. D. Monitored by Maintenance Supervisor through quarterly Quality Assurance reporting.	9/30/13
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 corridor doors are resistant to the passage of smoke. A. Corridor doors to the kitchenette and resident rooms #201 and #204 will be adjusted by maintenance staff to ensure properly closure of doors with no more than 5 foot pounds of pressure applied. B. Maintenance Staff will check all corridor doors for appropriate closure. Any corridor door identified to require greater than 5 foot pounds of pressure to close door to ensure passage of smoke will be adjusted immediately by maintenance staff. C. Maintenance Supervisor will inservice maintenance staff to ensure an understanding of the need to maintain a maximum of 5 foot pounds of pressure for all corridor doors to ensure smoke	

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K 018	Continued From page 2 This STANDARD is not met as evidenced by: Based upon observation and staff interview, the facility failed to ensure three corridor doors were resistant to the passage of smoke in 1 of 2 smoke compartments. The findings were: Observation on 8/6/13 between 1:00 PM and 5:10 PM revealed the corridor doors to the kitchenette and resident rooms #201 and #204 did not close completely in their frames unless force in excess of 5 foot pounds of pressure was applied. The maintenance staff verified these findings at the times of the observations. Reference: NFPA 101, Life Safety Code, 2000 edition, Section 19.3.6.3.2. (Existing) 19.3.6.3.2 Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5lbf is applied at the latch edge of the door.	K 018	passage resistance. D. Maintenance Supervisor will do quarterly checks of all corridor door for appropriate closure and report results quarterly to Quality Assurance Committee.	9/30/13