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WY Dept of Health
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Healthcare Licensing and Surveys

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

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

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
F 000	INITIAL COMMENTS The following common abbreviations are used throughout this document: CAA- Care Area Assessment DON- Director of Nursing MDS- Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure a well-maintained and homelike interior in common areas and in 3 of 3 hallways. The findings were: Observations on 8/7/13 at 4:25 PM revealed the following concerns: a. The brown wooden baseboard was excessively gouged and scratched in the common/activity area near the main entrance on 3 of 4 walls. b. The brown wooden baseboard was excessively scratched and gouged in the 200 hall, and in the 100 and hospital wing halls, towards the common area. c. In the dining room, the South and East painted walls had numerous scratches and areas of missing paint.	F 253	This facility will ensure housekeeping and maintenance services necessary to maintain a sanitary, orderly and comfortable interior are provided. A. 1. The brown wooden baseboard in the common/activity area near the main entrance will by painted by maintenance staff. 2. The brown wooden baseboard in the 200 hall and in the 100 and hospital wing halls will be painted by maintenance. 3. Dining room walls will be painted by maintenance staff. 4. The heat vents in the dining room will be painted by maintenance staff. B. Maintenance staff will check all walls and baseboards throughout the facility for gouges and missing paint. Any surface identified with gouges or missing paint will have paint repairs done by maintenance staff.	

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

POC accepted. Call to Yvonne Bargan, DON on 9/4/13 @ ... Janelle Cody, ONRC

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F 253	Continued From page 1 d. The two painted heat vents in the dining room on the East wall, under the windows, were excessively scratched. During an interview on 8/8/13 at 8:40 AM, maintenance staff #1 stated the facility usually did the painting in the winter. He stated he was unsure when the baseboards and dining room were last painted, but "probably March." He stated there was not really a schedule, but things got added to the list as staff noticed them. He further stated he had noticed that the baseboards and dining room were "getting bad."	F 253	C. Maintenance Supervisor will inservice maintenance staff that all facility surfaces observed to have gouges or missing paint will be scheduled for painting immediately. D. Maintenance Supervisor will do quarterly observation of all facility walls and baseboards and report results quarterly to Quality Assurance Committee.	9/30/13
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions;	F 272	This facility will conduct, initially and periodically, a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A. Resident #17 will have comprehensive dental assessment done by Dietary Manager & Director of Nursing Service. Assessment will result in appropriate CAA documentation and appropriate inclusion of dental care needs added to the care plan for resident #17. B. All residents' will have a review of comprehensive assessments by DON & Dietary Manager. Any resident, identified as not having a comprehensive dental assessment completed, will have assessment done by DON & Dietary Manager. C. DON will inservice Dietary Manager regarding need to ensure every resident has a comprehensive dental evaluation done on admission, annually and upon any	

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F 272	Continued From page 2 Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure comprehensive assessments were completed in all needed areas for 1 of 9 sample residents (#17). The findings were: Review of the 8/1/13 annual MDS assessment for resident #17 revealed dental care triggered, requiring further assessment. However, review of the attached CAAs revealed no CAA for dental care. In addition, review of section V showed no location of assessment information was listed for the triggered area of dental care. During an interview on 8/7/13 at 3:50 PM DON #1 stated she had spoken to the dietary manager who stated she did not do an assessment because "It only triggered because the resident is edentulous."	F 272	significant change. D. DON will monitor comprehensive assessments for completion monthly and results will be reported to Quality Assurance committee quarterly.	9/30/13
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP	F 280	This facility will ensure that a written care plan is updated as appropriate to reflect residents' current care needs.	

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F 280	Continued From page 3 The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure the written care plan was updated to reflect the current status for 1 of 9 sample residents (#6). The findings were: Review of the current care plan dated 7/10/13 showed resident #6 had a Foley catheter. However, review of physician orders and nursing notes showed the catheter was discontinued on 7/29/13. Review of the bowel and bladder report for August 2013, through 8/6/13, showed the resident was incontinent of bladder every day. Further review of the care plan showed no	F 280	A. Resident #6 will have a comprehensive bowel and bladder assessment done by DON and appropriate care plan interventions documented. B. All residents will have a comprehensive bowel and bladder assessment review done by DON. Any resident identified to not have a comprehensive Bowel & Bladder assessment will have assessment done immediately. Comprehensive assessment will result in appropriate care plan interventions documented. C. Administrator will inservice DON's regarding the need to ensure each resident receive a comprehensive bowel and bladder assessment upon admission, annually, and or significant change of resident condition. DON's will use comprehensive bowel & bladder assessment review as inservice tool to increase DON awareness of need for comprehensive assessment completion and care plan update. D. Care Plan Team will do monthly comprehensive bowel & bladder assessment review and review care plan for appropriate intervention documentation. Results will be reported to Quality Assurance Committee quarterly. 9/30/13	9/30/13

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F 280	Continued From page 4 Interventions to address bladder incontinence since the catheter was discontinued. On 8/8/13 at 8:45 AM, DON #2 confirmed the care plan was not updated. She stated it was the responsibility of the nurses or the DONs to update the care plans.	F 280		
F 283 SS=D	483.20(l)(1)&(2) ANTICIPATE DISCHARGE: RECAP STAY/FINAL STATUS When the facility anticipates discharge a resident must have a discharge summary that includes a recapitulation of the resident's stay; and a final summary of the resident's status to include items in paragraph (b)(2) of this section, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or legal representative. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure a discharge summary including a recapitulation of stay was completed for 1 of 1 sample resident (#33) who was discharged to another facility. The findings were: Review of the closed medical record for resident #33 showed s/he was discharged on 7/1/13 with plans for admission to another long-term care facility. Review of the 7/1/13 discharge report showed the reason why the resident was being discharged, but failed to include a recapitulation of stay or a final summary of the resident's status. During an interview with DON #1 on 8/7/13 at 4:15 PM, she confirmed the discharge report did not address the requirements and did not recap	F 283	This facility will ensure a discharge summary, including a recapitulation of stay, is completed for any resident discharged to another facility. A. Resident #33 will have a recapitulation of stay completed by DON. Recapitulation will be provided to the resident receiving facility. B. Medical Records Clerk will identify any resident transferred to another facility from our facility over the last 6 months. Any resident transfer identified will have review done by Medical Records Clerk to determine completion of recapitulation of stay. Any transfer that does not have a recapitulation of stay document will be referred to the DON. DON will document a recapitulation of stay using patient record. C. DON will use identified transfers as inservice tool to ensure full understanding of need to provide recapitulation of stay to a facility receiving a resident transfer from our facility. D. Medical Records will monitor all resident transfers for inclusion of recapitulation of stay. Results will be reported to Quality Assurance Committee quarterly.	9/30/13

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F 283	Continued From page 5 the resident's stay.	F 283		