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

PRINTED: 04/22/2016
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
	535019	A. BUILDING 01 - MAIN BUILDING 01 B. WING	04/12/2016

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 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 fully sprinklered, single story building of Type V (000) construction with plan approval in 1973. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 37 certified Medicare and Medicaid beds with a census of 32 residents.	K 000		
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2 This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to provide fire drills held at unexpected times and at least quarterly on each shift in 1 of 4 quarters. The findings were: Document review on 04/12/16 from 1:45 PM to 2:15 PM revealed that no record of a night shift	K 050	This requirement will be met as evidenced by: A.) Fire drills will be conducted monthly by the maintenance staff on both the day and evening shifts. B.) A monitoring tool will be developed in order to monitor compliance. C.) Monitoring tool will be completed monthly and report on quarterly at QI meeting.	5/29/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Margie Molitor
TITLE: Administrator
(X6) DATE: 5/10/16

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 via Phone Call with Administrator Margie Molitor on 5/11/16 @ 10:20 AM 34354

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K 050	Continued From page 1 fire drill was available for the last quarter of 2015. Interview with the Facility Maintenance Manager verified that a fire drill had not been conducted on the third shift during that quarter. Ref: 2000 NFPA 101, Section 19.7.1.2	K 050		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13 This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to provide documentation for the testing and maintenance of the automatic sprinkler system. The findings were: Document review on 04/12/16 from 1:45 PM to 2:15 PM of the automatic sprinkler system confirmed the lack of testing and maintenance of the supervisory signal devices. Interview with the Facility Maintenance Manager at the time of the document review acknowledged the devices were not being tested on a quarterly basis. Ref: 2000 NFPA 101, Sections 19.3.5.1 and 9.7.2.1 1999 NFPA 72, Section 7.3.2 (15)	K 056	This requirement will be met as evidenced by: A.) The professional who installed the system will instruct the Director of Maintenance on supervisory signal devices for the sprinkler system and how to test the system. This instruction will be completed on 5/6/16. B.) The system will be tested monthly by maintenance staff C.) Monitoring tool will be completed monthly and report on quarterly at QI meeting.	5/29/16

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K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the adequate storage amount of non-flammable medical gas per the requirements of S&C-07-10. The findings were: Observation on 04/12/16 at 1:10 PM of the west hallway revealed (16)E cylinders stored in a location open to the corridor. Interview with the Facility Maintenance Manager at the time of the observation verified that approximately 400 cubic feet of oxygen was stored in the location. The Facility Maintenance Manager also acknowledged the maximum requirement of 300 cubic feet set by S&C Letter 07-10. Ref: 01/12/2007 S&C-07-10	K 130	This requirement will be met as evidenced by: A.) Education on standard provided to all maintenance staff on 4/13/16. Education on standard provided to all nursing staff on 4/21/16. B.) While emptying trash daily, maintenance staff will visually check for compliance. Any variance will be corrected immediately. C.) Monitoring tool will be completed monthly and report on quarterly at QI meeting.	5/29/16
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to ensure maintenance and testing of the facility generator were being performed per the requirements of NFPA 110 for 1 of 1 generators. The findings were: Document review of the generator maintenance and testing records on 04/12/16 from 1:45 PM to 1:15 PM revealed there was no documentation available for the weekly inspections. Interview with the Facility Maintenance Manager at the time	K 144	This requirement will be met as evidenced by: A.)Generator testing will be completed weekly by maintenance staff and documented on the log in the generator room. B.) Monitoring tool will be completed monthly and report on quarterly at QI meeting.	5/29/16

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K 144	Continued From page 3 of the review confirmed that weekly inspections were not being documented. Ref: 2000 NFPA 101, Sections 19.5.1 and 9.1.3 1999 NFPA 110, Sections 6-3.4 and 6-4.1	K 144		