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	04/05/2017

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 A Life Safety Code survey was conducted by the Healthcare Licensing and Surveys on April 5, 2017 Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2012 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 is 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 25 residents.	K 000		
K 133 SS=D	NFPA 101 Multiple Occupancies - Construction Type Multiple Occupancies - Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows: * The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1 * The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters. 18.1.3.5, 19.1.3.5, 8.2.1.3	K 133		6/4/17

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

[signature] RN CNO 4/28/17

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.

ACCEPTED PER TELEPHONE CALL WITH JOHN ADLESICH CEO ON 5-5-17.

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 _____	04/05/2017

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 133	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain corridor doors in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Observation on 04/05/2017 at 8:36 AM located at the two hour separation from the nursing home to the hospital kitchen corridor revealed the fire wall doors would not latch when tested. Failure to provide fire doors as required increases the risk of death or injury due to fire. Interview with the Facility Maintenance Manager at the time of observation indicated awareness of the requirement. REF: 2012 NFPA 101 Section 19.3.6.3.5	K 133	K133 This requirement will be met as evidenced by: The corridor doors were adjusted and are working properly. QA: Maintenance will do random checks monthly to ensure corridor doors are in proper working order with reports quarterly to Quality Assurance Performance Improvement meeting.	6/4/17
K 211 SS=D	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain means of egress in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Observation on 04/05/2017 at 8:41 AM in the patio facing east revealed a gate with a releasing device that did not have an obvious method of operation. Further observation revealed this gate was the only discharge to the public way from the	K 211	K211 This requirement will be met as evidenced by: 1. The gate in question was removed. Maintenance to look for a gate to replace with an obvious method of release but will still provide protection/safety for residents using the patio.	

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 _____	04/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNIE BLUEJACKET MEMORIAL NURSING HOME	385 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 211	Continued From page 2 area. Failure to provide obvious methods of releasing a gate as required increases the risk to death or injury due to fire. Interview with the Facility Maintenance Manager at the time of observation indicated they were unaware of the requirement. REF: 2012 NFPA Sections 19.2.1; 7.2.1.5.10	K 211	QA: If/when an acceptable gate is in place maintenance will do random checks monthly to ensure the gate has an obvious method of release and report to Quality Assurance Performance Improvement meeting.	6/9/17
K 293 SS=D	NFPA 101 Exit Signage Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain exit signage in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Observation on 04/05/2017 at 9:12 AM at the exit adjacent to room 205 revealed conflicting exit signs. Further observation revealed the exit access had the proper exit sign above the exit door, but then had a paper sign attached to the exit door that stated "This Is Not An Exit." Failure to provide exit signs as required increases the risk of death or injury due to fire. Interview with the Facility Maintenance Manager at the time of observation indicated awareness of the requirement, but stated the paper sign was placed there to keep a particular resident inside the facility.	K 293	K293 This requirement will be met as evidenced by: The paper sign was removed from the area. QA: Maintenance will monitor all exit signs monthly to ensure that they are the proper exit sign in place and will report to Quality Assurance Performance Improvement meeting.	

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 _____	04/05/2017

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 293	Continued From page 3 REF: 2012 NFPA 101 Sections 19.2.10; 7.10	K 293		
K 343 SS=D	NFPA 101 Fire Alarm System - Notification Fire Alarm - Notification 2012 EXISTING Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1) This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain fire alarm notification in accordance with the 2012 NFPA 101, Life Safety Code and the 2010 NFPA 72, National Fire Alarm and Signaling Code. The findings were: Document review on 04/05/2017 at 4:05 PM revealed that the facility was unable to verify that each strobe and horn had passed visual and audible inspection on an annual basis. Failure to provide annual testing for fire alarm components as required increases the risk of death or injury due to fire. Interview with the Facility Maintenance Manager at the time of observation indicated they were unaware of the requirement.	K 343	K343 This requirement will be met as evidenced by: Maintenance will verify by documentation that the strobe and horn fire alarm components have passed both visible and audible inspection annually. QA: Maintenance will do monthly random checks on audible and visible operating condition of the strobe and horn fire alarm components and report to Quality Assurance Performance Improvement meeting.	6/4/17
	REF: 2012 NFPA 101 Sections 19.3.4.4; 9.6.3 2010 NFPA 72 Section 14.4.2.2			
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing	K 353		

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 01 - MAIN BUILDING 01 B. WING	04/05/2017

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 353	Continued From page 4 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the sprinkler system in accordance with the 2012 NFPA 101, Life Safety Code and the 2011 NFPA 25, Standard for the Inspection, Testing and Maintenance of Water Based Fire Protection Systems. The findings were: Observation on 04/05/2017 at 10:14 AM in the sprinkler water tank room revealed rags covering two upright sprinkler heads. Sprinkler heads shall be free of foreign material to insure proper operation. Failure to provide a sprinkler system as required increases the risk of death or injury due to fire. Interview with the Facility Maintenance Manager at the time of observation indicated they were aware of the requirement.	K 353	K353 This requirement will be met as evidenced by: The rags covering the sprinkler heads were removed. QA: Maintenance will do monthly random checks on sprinkler heads to ensure are free from foreign material and report quarterly at Quality Assurance Performance Improvement meeting.	6/4/17

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 _____	04/05/2017

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 353	Continued From page 5 REF: 2012 NFPA Section 9.7.5 2011 NFPA Section 5.2.1.1.1	K 353		
K 511 SS=D	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain electrical equipment in accordance with the 2012 NFPA 101, Life Safety Code and the 2011 NFPA 70, National Electrical Code. The findings were: Observation on 04/05/2017 at 9:20 AM in the bathroom in room 201 revealed that the outlet was not of the GFCI type. In bathrooms receptacles shall have GFCI protection to prevent a potential shock hazard to residents and staff. Interview with the Facility Maintenance Manager at the time of observation indicated an awareness of the requirement. REF: 2012 NFPA 101 Section 9.1.2 2011 NFPA 70 Section 210-8(a)(1)	K 511	K 511 This requirement will be met as evidenced by; A GFCI outlet was installed in room 201. QA: Maintenance to check all room initially to ensure proper outlets in bathrooms and then do monthly random checks and report to Quality Assurance Performance Improvement meeting.	6/4/17
K 916 SS=D	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System	K 916		

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 _____	04/05/2017

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 916	Continued From page 6 Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with the 2012 NFPA 99, Health Care Facilities Code. The findings were: Observation on 04/05/2017 at 8:47 AM at the emergency generator annunciator panel located adjacent to the main dining room, revealed that several bulbs failed to illuminate when tested. Failure to provide maintenance to essential electrical power components as required increases the risk of death or injury due to fire. Interview with the Facility Maintenance Manager at the time of observation indicated they were aware of the requirement. REF: 2012 NFPA 99 Section 6.4.1.1.17.4 (4)	K 916	K 916 This requirement will be met as evidenced by: Bulbs have been ordered for the emergency generator annunciator panel located by the main dining room and will be installed once they arrive. QA: Maintenance will do random monthly checks to ensure bulbs are all in working order and report to Quality Assurance Performance Improvement meeting.	6/4/17