

PRINTED: 04/20/2017
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/08/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BONNIE BLUEJACKET MEMORIAL NURSING I

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) COMPLETE DATE
S 000	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11, effective 06/26/2000 Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000 A licensure survey was conducted by Healthcare Licensing and Surveys on 4/3/17 through 4/6/17. The following common abbreviations are used throughout this document: ADLs: Activities of Daily Living CNA: Certified Nurse Aide DON: Director of Nursing MDS: Minimum Data Set RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S2924	Ch 11 Sec 6 (a)(iv) Physical Environment (a) The building(s) of the Nursing Care Facility shall be constructed, arranged and maintained to ensure the health and welfare of all residents. (iv) Shower/bath and resident lavatories shall be set to provide water of a temperature not to exceed 110 degrees Fahrenheit. This State Rule and Regulation is not met as evidenced by: S2924 Based on observation and staff interview the facility failed to ensure hot water temperatures in	S2924	S2924 This requirement will be met as evidenced by: The water temperature will be adjusted in the sink in restroom by shower, room 111, room 114, and room 110 in the 100 hall to read no more/less than 110 degrees.	6/4/17 per Yvonne, DON

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

YJXT11

If continuation sheet 1 of 2

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Accepted with changes on page 13
These changes were made per
Yvonne Barger, DON, Loretta Pless
DOC = 6/4/17
5/12/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/06/2017
NAME OF PROVIDER OR SUPPLIER BONNIE BLUEJACKET MEMORIAL NURSING I		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE	
S2924	Continued From page 1 resident bathrooms and showers did not exceed 110 degrees Fahrenheit (F) in 1 of 2 resident areas (100 hall). The findings were: 1. Observation of the 100 hall on 4/4/17 beginning at 3:03 PM; showed the following hot water temperatures: a. In the restroom by the shower room the sink hot water temperature measured 116.6 degrees F. b. In room #111 the sink hot water temperature measured 113.3 degrees F. c. In room #114 the sink hot water temperature measured 115.1 degrees F. d. In room #110 the sink hot water temperature measured 118.1 degrees F. 2. Interview on 4/6/17 at 8:25 AM with the maintenance supervisor verified that the water temperatures would need to be checked and addressed.	S2924	2. All rooms will have temperatures checked to ensure no more and no more/less than 110 degrees. QA: Maintenance will monitor water temperatures randomly in rooms every week and report quarterly at Quality Assurance Performance Improvement meeting		

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If continuation sheet 2 of 2

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