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 _____	04/28/2020

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 A COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys on 4/22/20 through 4/28/20. The following common abbreviations are used throughout this document: CMS: Centers for Medicare and Medicaid Services CNA: Certified Nurse Aide DON: Director of Nursing PPE: Personal Protective Equipment Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual	F 880		4/28/20

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

Electronically Signed | 05/12/2020

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F 880	Continued From page 1	F 880		

arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and

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F 880	Continued From page 2 transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, activity posting review, staff interview, policy and procedure review, and CMS guidance, the facility failed to ensure acceptable infection prevention measures to ensure resident safety during a COVID-19 pandemic. The census was 27. The findings were: Review of the policy and procedure dated 3/3/20 and titled "Infection Control, Airborne/Droplet Isolation" showed residents were isolated and kept 6 feet or more from other residents if they had upper respiratory issues. Interviews conducted on 4/22/20 from 10:50 AM through 12:15 PM with restorative aide #1, housekeepers #1 and #2, CNAs #1 and #2, and the activity director revealed each had received education which included hand hygiene, use of PPE, and social distancing of 6 feet apart for all residents whether or not the resident had signs or symptoms of an upper respiratory infection. The following concerns were identified: 1. Concerns related to communal activities: a. Observation on 4/22/20 at 11:15 AM in the activity area at the front of the facility showed the activity director was performing nail care for one resident with five additional residents in the area in recliners and wheelchairs. The activity director was wearing a cloth mask (non-medical mask) and gloves. Interview with the DON via phone on	F 880	Plan of Correction, Focused Infection Control Survey 5/12/2020 F-880- Infection Control Communal Activities: The facility was not meeting CMS guidance in regards to communal activities. Effective 4/25/2020, all activities will meet CMS guidance for appropriate social distancing. This will be facilitated by the placement of seating and visual cues indicating appropriate social distancing of a minimum of six feet. Larger meeting spaces and smaller group sizes will facilitate meeting this guidance. Only covid-19 negative residents will be allowed to participate in activities and will be required to wear a mask during said activity. Those who refuse will not be allowed to participate in communal activities. Further measures have been taken such as emphasizing 1:1 activity such as nail care, reviewing correspondence (mail) and telecommunication with loved ones. The activities director has been educated on using surgical respiratory protection while providing nail care. Also, the restorative aide has placed a higher emphasis on individual exercise programs.	

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F 880	Continued From page 3 4/28/20 at 11 AM showed she was not sure why the activity director did not take the resident to his/her room for nail care. She stated in the past nail care had been an activity, however, during the pandemic it would be best practice to perform nail care individually in a private setting such as a resident's room. b. Interview with the activity director on 4/22/20 at 12:15 PM showed the facility had continued communal activities, which would include bingo at 2 PM. She stated there would be at least 6 residents in attendance, and she would place them at different tables to maintain 6 or more feet of distance. Review of the activity calendar for April 2020 showed the following activities for 4/22/20: "Coffee and news at 6:30 AM, Church and TV at 8:30 AM, Nail care at 10:30 AM, Bingo at 2 PM, and Refreshments at 3 PM." Activities on other days included karaoke, bowling, discussion group, baking, and exercise. c. Interview on 4/27/20 at 10:17 AM, via phone, with the DON revealed the facility had revised communal activities (since the onsite survey on 4/22/20) to ensure a distance of 6 feet was maintained between residents. In addition, the activities director had been educated on the importance of wearing a surgical mask when completing personal cares, such as nail care, due to the proximity to the residents. 2. Concerns related to communal dining: a. Observation on 4/22/20 from 11:45 AM until 12:50 PM of the noon meal in the dining area showed a maximum of 24 residents at one time were in the room (the census was 27). There was an average of 3 residents per table with 5 residents seated at a large round table. The residents appeared to be less than 6 feet apart. At 12:40 PM resident #1 was observed	F 880	Effective 4/25/2020 the Director of Nursing and facility Administrator began random observations to ensure continued compliance with social distancing guidance. Just-in-time corrections and education will be provided in the event social distancing guidelines are not being met. The DON will include these as standing topics on the agenda for mandatory monthly staff meetings including updates and modifications to processes due to changes in CDC/CMS requirements. Updates to CDC/CMS requirements will be forwarded to staff as they go into effect. Communal Dining: The facility was not in compliance with CMS guidance on eliminating communal dining and resident education on social distancing. Effective 4/25/2020 changes were implemented to meet communal dining guidance. These include: the reduction in number of residents in the dining room at meal times, changes in the placement of dining tables to meet spacing requirements, reduction in the number of residents at each dining table and independent residents taking meals in their individual rooms. A seating chart was created to assist staff in complying with distancing guidance. Staff were also educated on the importance of reminding residents about maintaining social distancing at all times. Only covid-19 negative residents will be allowed in the dining room and communal areas. On 4/28/2020 the Director of Nursing	

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F 880	Continued From page 4 independently leaving the dining room and then stopped and shook hands with resident #2, who was still seated and eating. Staff in attendance during the meal made no effort to encourage social distancing of the two residents. b. Interview with the administrator and the DON on 4/22/20 at 1:50 PM revealed the facility had not considered discontinuing communal dining because they each considered the choking risk to residents to be a larger risk than Covid-19. Further, they felt the low census and the visitation restrictions to be adequate precautions. The administrator stated approximately one-third of the residents had texture changes and other swallowing issues that placed the residents at risk for choking. They each had an expectation of staff encouraging social distancing of 6 feet or more between residents, however the size of the dining room made that a challenge. 3. According to the 3/13/20 CMS Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (Covid-19) in Nursing Homes (revised) under "Additional Guidance", "1. Cancel communal dining and all group activities, such as internal and external group activities...3. Remind residents to practice social distancing and perform frequent hand hygiene."	F 880	communicated to staff emphasizing the need to educate and remind residents of the reasoning and importance of social distancing, hand hygiene and other infection control measures. The DON will include these as standing topics on the agenda for mandatory monthly staff meetings including updates and modifications to processes due to changes in CDC/CMS requirements. Updates to CDC/CMS requirements will be forwarded to staff as they go into effect. Effective 4/25/2020 the Director of Nursing and facility Administrator began random observations to ensure continued compliance with social distancing guidance. Just-in-time corrections and education will be provided in the event social distancing guidelines are not being met.	