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 _____	08/10/2011

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
	INITIAL COMMENTS	K 000		
	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 2000 edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association (NFPA). The facility was a fully sprinkled single story building of Type V (000) construction with plan approval in 1973. Four resident rooms are located in the attached critical access hospital (CAH) which is of type II (111) with plan approval in 1956. Both buildings were equipped with supervised automatic wet sprinkler systems and had a common addressable fire alarm system. The facility had a capacity of 37 certified Medicare and Medicaid beds with a census of 32 residents.			
K 011 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure 2 of 4 fire barrier double doors fully latched into the frame. The findings were:	K 011	This facility will ensure that all fire barrier double doors fully latch into the door frame. 1. Lab/x-ray fire barrier double doors will be adjusted by maintenance staff to ensure doors appropriately latch into the door frame. 2. Maintenance staff will check fire barrier double doors. Any door identified as not latching to the frame appropriately will be adjusted by maintenance staff to achieve appropriate closure. 3. Maintenance staff will add fire barrier double door latching to their quarterly	9/9/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X8) DATE

9/1/11

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 W/ JENNIFER PADILLA, DON ON 9/08/11

RECEIVED
Wyoming Dept of Health
SEP 06 2011
Office of Healthcare Licensing and Surveys

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

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K 011	Continued From page 1 Observation of the lab/x-ray fire barrier double doors on 8/10/11 at 11:17 AM showed the self-closing device attached to the right hand door was not able to fully latch the door into the door frame, with three attempts. At the time of observation the maintenance assistant could not explain why the door had not been identified and adjusted during the quarterly inspections.	K 011	facility inspections. Any fire barrier double doors identified to not properly latch in the door frame will be immediately adjusted by maintenance staff to achieve appropriate closure. 4. Safety Officer will report fire barrier double door inspections to Quality Assurance Committee quarterly.	9/9/11
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure the smoke barrier wall was continuous from floor to ceiling. The findings were: Observation of the smoke barrier wall on 8/10/11 at 11:33 AM showed there was a 1/2 inch gap around an electrical conduit. At the time of observation the maintenance assistant could not explain why the hole had not been identified and repaired during the quarterly inspections.	K 025	This facility will ensure smoke barrier walls are maintained continuous from floor to ceiling. 1. Maintenance staff will seal smoke barrier wall with fire rated mortar to ensure continuous smoke barrier protection from floor to ceiling. 2. Maintenance staff will check all smoke barrier walls for continuous floor to ceiling protection. Any smoke barrier walls identified as not providing continuous floor to ceiling protection will immediately have fire rated mortar placed at the penetration site. 3. Maintenance staff will add smoke barrier wall penetrations to their quarterly facility inspection report. Any smoke barrier wall penetration identified will have immediate fire rated mortar placement to achieve smoke barrier protection. 4. Safety Officer will report results of smoke barrier wall penetrations to Quality Assurance Committee quarterly.	9/9/11
K 029	NFPA 101 LIFE SAFETY CODE STANDARD	K 029	This facility will ensure smoke	

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K 029	Continued From page 2 ...hour fire rated construction (with ¾ hour ...rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure hazardous areas were separated from use areas in 2 of 4 smoke compartments. The findings were: Observation on 8/10/11 between 10:30 AM and 11:30 AM showed both the boiler room and the haz-mat response room, had one unsealed pipe penetration. The largest gap was 1 inch by 2 inches. At the time of observation the maintenance assistant could not explain why the holes had not been identified and repaired during the quarterly inspections.	K 029	compartments separate hazardous areas from use areas. 1. The boiler room and hazmat response room will have unsealed pipe penetration sealed with fire rated mortar by maintenance staff. 2. Maintenance staff will check all hazardous and use areas for unsealed barrier penetrations. Any penetrations noted will be immediately filled by maintenance staff using fire rated mortar to ensure appropriate smoke barriers. 3. Maintenance staff will add hazardous areas and use areas to quarterly inspection. Any smoke barrier penetration identified will be immediately filled by maintenance staff with fire rated mortar to ensure smoke barrier protection. 4. Safety Officer will report smoke barrier penetration findings to Quality Assurance committee quarterly.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by:	K 147	This facility will ensure all electrical equipment in wet areas has ground fault circuit interruption protection. 1. Electrical outlets in the central sterilizing room will have ground fault protection receptacles placed by maintenance	9/9/11

...penetration...

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K 147	Continued From page 3 Based on observation and staff interview the facility failed to ensure electrical equipment in wet locations had ground fault circuit interruption (GFCI) protection in 1 of 4 smoke compartments. The findings were: Observation of the electrical system on 8/10/11 at 11:10 AM showed two electrical outlets in the central sterilizing room were located less than 48 inches from a sink and did not have GFCI protection. At the time of observation the maintenance assistant confirmed he was aware outlets located less than 72 inches from a sink require GFCI protection. He could not explain why the outlets had not been identified during the quarterly facility inspections and replaced. Reference: NFPA 101, 2000 edition 19.5.1, 9.1.2, NFPA 70, 1999 edition; 517-20. Wet Locations. (a) All receptacles and fixed equipment within the area of the wet location shall have ground-fault circuit-interrupter protection....	K 147	staff. 2. Maintenance staff will check all electrical outlets to ensure they are located no less than 72 inches from a water source. Any outlets identified to be less than 72 inches from a water source will have a GFCI receptacle placed. 3. Maintenance staff will add electrical outlets observation to quarterly facility inspection program. Any electrical outlet identified on inspection to be less than 72 inches from a water source will have GFCI receptacle placed to ensure electrical hazard safety. 4. Safety Officer will report electrical outlet findings to Quality Assurance Committee quarterly.	