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 _____	02/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNIE BLUEJACKET MEMORIAL NURSING HOME	388 SOUTH US HWY 20 BASIN, WY 82410

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F 000	INITIAL COMMENTS A recertification survey which included a COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys from 2/1/21 to 2/4/21. The following common abbreviations are used throughout this document: DON- Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the	F 623		3/5/21

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

Electronically Signed | 03/01/2021

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F 623	Continued From page 1	F 623		

resident is transferred or discharged.
(ii) Notice must be made as soon as practicable before transfer or discharge when-
(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;
(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:
(i) The reason for transfer or discharge;
(ii) The effective date of transfer or discharge;
(iii) The location to which the resident is transferred or discharged;
(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and

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F 623	Continued From page 2 telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to provide a written transfer notice to the resident and resident's representative for 2 of 2 residents (#3, #5) who were transferred to the hospital. The findings were:	F 623	F623 This requirement will be met as evidenced by: A.) All residents will be transferred to other facilities in compliance with the nursing home notice of transfer and discharge requirement to include the	

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F 623	Continued From page 3 1. Review of progress notes showed resident #3 was transferred to the emergency room on 1/23/21. Further review of progress notes showed the resident was admitted to the hospital for sepsis, and returned to the facility on 1/26/21. Review of the medical record showed no evidence the resident or resident's representative was provided written notice of the transfer. During an interview on 2/3/21 at 5:22 PM the interim DON confirmed there was not a written transfer notice issued. She stated the facility had a form developed and would put that in place. 2. Review of progress notes showed resident #5 went to the emergency room on 1/16/21 with low oxygen saturation levels, and returned to the facility on 1/17/21. Review of the medical record showed no evidence the resident or resident's representative was provided written notice of the transfer. During an interview on 2/3/21 at 5:22 PM the interim DON confirmed there was not a written transfer notice issued. She stated the facility had a form developed and would put that in place.	F 623	transfer notice given to the resident. Resident medical records for (#3, #5) will be reviewed and assessed. The Transfer Policy has been updated and transfer notices are in paper form in the nurse□s station. This process will be completed by March 5, 2021. B.) RN/LPN□s were educated on 2/18/21 on the process of transferring residents to other facilities in compliance with the Nursing Home notice of transfer and discharge requirement. C.) The Director of Nursing will include this on a discharge checklist to ensure that all transfers are given appropriate written notice when transferred out of the facility. The transfer policy will be reviewed annually for compliance as well as upon any changes to state or federal requirements. D.) The Director of Nursing will ensure compliance with all transfer/discharge notices given to residents. Will be utilizing the discharge checklist to monitor and will be reporting quarterly during QAPI for compliance with CMS.	
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if	F 625		2/18/21

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F 625	Continued From page 4 any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to provide written information on the bed-hold policy to the resident or resident's representative for 1 of 2 sample residents (#3) who were transferred to the hospital. The findings were: 1. Review of progress notes showed resident #3 was transferred to the emergency room on 1/23/21. Further review of progress notes showed the resident was admitted to the hospital for sepsis, and returned to the facility on 1/26/21. Review of the medical record showed no evidence the resident or resident's representative was provided written information on the bed-hold policy. During an interview on 2/3/21 at 5:22 PM the interim DON confirmed there was not evidence the bed-hold policy was provided.	F 625	F625 □ This requirement will be met as evidenced by: A.) All residents when transferred out of the facility will be presented with a notice of the Bed Hold. Medical Record for residents (#3) will be reviewed and assessed. The Notice of Bed Hold is in the EMR and needs to be signed by the resident or responsible party in a timely manner when leaving the facility. B.) RN/LPN□s will be educated on the process of giving notice of Bed Hold. C.) The Director of Nursing will include this on a discharge checklist to ensure that all Bed Hold notices are given RN/LPN□s were educated 2/18/21,on presenting each resident/responsible party with a Bed Hold Notice.	

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F 625	Continued From page 5	F 625	E.) The Bed Hold Notice will be reviewed annually for compliance as well as upon any changes to state or federal requirements. The Director of Nursing will ensure compliance with all Bed hold notices given to residents. Will be utilizing the discharge checklist to monitor and will be reporting quarterly during QAPI for compliance with CMS.	
F 661 SS=D	Discharge Summary CFR(s): 483.21(c)(2)(i)-(iv) §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). (iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up	F 661		3/5/21

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F 661	Continued From page 6 care and any post-discharge medical and non-medical services. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure a discharge summary including a recapitulation of stay was completed for 1 of 1 sample residents (#20) with an anticipated discharge. The findings were: 1. Review of progress notes showed resident #20 was discharged to home on 12/5/20. Review of the medical record showed no discharge summary with a recapitulation of stay. During an interview on 2/3/21 at 5:21 PM the interim DON confirmed the discharge was anticipated and stated she was not able to find a discharge summary with a recapitulation of stay.	F 661	F661- This requirement will be met as evidenced by: A.) Based on the review of medical record for 1 resident (#20), the facility failed to ensure a discharge summary including a recapitulation of stay was completed. All residents discharged out of the facility will have a completed discharge summary to include the recapitulation of stay before being discharged. B.) The Interdisciplinary Team (IDT)/Nursing will be educated on the process of completing a discharge summary including the recapitulation of a resident stay before discharge date. Education will be provided by the Director of Nursing at a nursing staff meeting. This was completed at a nursing meeting held on 2/18/2021. C.) The Director of Nursing (DON) will include a discharge summary to be included on a discharge checklist with the recapitulation to be completed by IDT, nursing, and the physician. This will be completed by 3/5/2021. F.) The DON will complete audits prior to resident discharge to ensure the discharge summary and the recapitulation of residents' stay is completed per regulation. If found incomplete further education will be provided to IDT/Nursing per CMS guidelines. The Director of Nursing will ensure compliance with the discharge summary and recapitulation	

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F 661	Continued From page 7	F 661	documentation. Will be utilizing the discharge checklist to monitor and will be reporting quarterly during QAPI for compliance with CMS.	
F 756 SS=E	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and	F 756		2/25/21

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F 756	Continued From page 8 maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and review of policies and procedures, the facility failed to ensure the drug regimen was reviewed at least once per month by a pharmacist for 6 of 8 sample residents (#1, #3, #4, #7, #13, #17). The findings were: 1. Review of pharmacy documentation in the medical records showed the following concerns: a. Resident #3 had a drug regimen review (DRR) on 10/27/20, 11/17/20, 12/8/20 and 2/1/21. There lacked a DRR in January 2021. b. Resident #17 had a DRR on 11/17/20, 12/8/20, and 2/1/21. There lacked a DRR in January 2021. c. Resident #13 had a DRR performed on 10/7/20, 10/30/20, 11/17/20, 12/8/20, and 2/2/2021. No DRR was documented as being performed during January 2021. d. Resident #4 had a DRR performed on 10/7/20, 10/27/20, 11/16/20, 12/8/20, and 2/1/2021. No DRR was documented as being performed during January 2021. e. Resident #7 had a DRR performed on 10/7/20, 10/29/20, 11/18/20, 12/8/20, and 2/1/2021. No DRR was documented as being performed during January 2021. f. Resident #1 had a DRR performed on 10/7/20, 10/27/20, 11/16/20, 12/8/20, and 2/1/2021. No DRR was documented as being performed during January 2021.	F 756	F756 – This requirement will be met as evidenced by: Bonnie Bluejacket Memorial Nursing Home (BBMNH) and the Pharmacy Department acknowledges that a monthly Drug Regimen Review, including for residents 11, 6, 10, 1, 4, 119, 17, 2, 9, 7, 20, 5, 3, 12, 18, 13, 14, and 16, was late in occurring for January 2021. In order to bring the facility into compliance, the Drug Regimen Review Policy was reviewed and updated, effective as of 02/25/2021. Additionally, a Quality Assurance-Process Improvement study was designed and started on 02/24/2021 and will continue to be followed through Feb. 2022 to assure that the change is sufficient and permanent in nature. The results will be reported to our facility QA Committee quarterly for overview. The QA tool will be checked, and results documented at the end of each month to assure it is completed monthly by the facility Consultant Pharmacist.	

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F 756	Continued From page 9 2. During an interview on 2/3/21 at 3:46 PM pharmacist #1 stated some months might be missing a drug regimen review because he was the only pharmacist during COVID-19 and didn't have a technician. He stated he tried to get 12 reviews in each year, but it wasn't necessarily each month. 3. Review of the facility's policy "LTCF Monthly DRR" (dated April 11, 2019) showed "1. All facility resident's medication regimen and medical record will be reviewed by a Consultant Pharmacist monthly."	F 756		