STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535019	A. BUILDING **01** B. WING _____	**02/12/2021**

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

(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
E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 02/12/2021. .	E 000		
E 042 SS=F	Integrated EP Program CFR(s): 483.73(f) (e) [or (f)]Integrated healthcare systems. If a [facility] is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the [facility] may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must- [do all of the following:] (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program. (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered. (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance [with the program]. (4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and	E 042		3/12/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/01/2021

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.

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E 042	Continued From page 1 integrated emergency plan must also be based on and include the following: (i) A documented community-based risk assessment, utilizing an all-hazards approach. (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach. (5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively. This REQUIREMENT is not met as evidenced by: Documentation review and staff interview revealed that the facility failed to provide a compliant unified and integrated emergency preparedness program. The findings were: Review of the Emergency Preparedness Plan on 02/12/21 at 12:30 PM revealed that the emergency preparedness plan is set up as a unified and integrated program between the nursing home and hospital. However, individual facility-based risk assessments for each separately certified facility were not provided. Interview with the facility administrator acknowledged the deficiency, and revealed they were unaware that this requirement was missing from the plan. .	E 042	E042 – This requirement will be met as evidenced by: Bonnie Bluejacket Memorial Nursing Home (BBMNH) acknowledges that a separate, documented individual facility-based risk assessment was not completed in 2020. In order to bring the facility into compliance, the Emergency Management Coordinator, in collaboration with the Emergency Management Committee, will complete individualized all-hazards risk assessments for all three entities of South Big Horn County Hospital District including BBMNH. The risk assessment for BBMNH will be completed and submitted to the Wyoming Department of Health for review no later than March 12, 2021. Completion of the individual facility risk assessments will be placed on the Emergency Management	

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E 042	Continued From page 2	E 042	Training and Exercise Calendar for annual review and updating to ensure future compliance with this requirement.	
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on February 12, 2021. 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 15 residents. Based on the findings of the survey team, it was determined the facility was in compliance with all requirements.	K 000		