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 _____	C 04/19/2021

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
F 000	INITIAL COMMENTS A COVID-19 focused infection control survey, which included a review of emergency preparedness requirements, was conducted in conjunction with a complaint survey by Healthcare Licensing and Surveys on 4/19/21. The complaint survey was prompted by complaint intake WY00003216. The following common abbreviations are used throughout this document. CNA - Certified Nurse Aide	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 arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	F 880		5/15/21

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

Electronically Signed | 05/10/2021

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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F 880	Continued From page 1 §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 transport linens so as to prevent the spread of infection.	F 880		

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F 880	Continued From page 2 §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, resident and staff interview, and policy review the facility failed to provide a safe environment to help prevent the development and transmission of communicable disease and infections for 5 of 12 residents observed dining. The findings were: 1. Observation on 4/19/21 beginning at 12 PM showed 5 residents were seated in the common area. Staff assisted the residents to the dining area. No hand hygiene was provided or offered to the residents prior to the meal. 2. Interview with resident # 2 on 4/19/21 at 1:20 PM revealed "sometimes I get my hands washed before meals, sometimes, not." 3. Interview with CNA #2 on 4/19/21 at 10:45 AM revealed the residents' hands were supposed to be washed before every meal, even the residents that ate in their rooms. The hand washing had been reinforced since the recent outbreak of norovirus in the nursing home. 4. Interview with the infection preventionist on 4/19/21 at 12:30 PM revealed it was the facility's expectation that residents hand hygiene be performed prior to each meal.	F 880	F880- This requirement will be met as evidenced by: A.) Based on Observation, Interviews with residents, CNA□s, and infection prevention on 4/19/21. It was evident that the facility failed to provide a safe environment to help prevent the development and transmission of communicable diseases and infections for 5 of 12 residents observed dining. All residents will have proper hand hygiene before and after meals. B.) Director of Nursing will provide education for all CNA□s regarding hand hygiene with Project First Line Training to begin 5/10/21 and completed 5/15/21. Staff will complete a quiz and hand in to Infection Preventionist upon completion. Director of Nursing ordered sanitizing hand wipes which have arrived as of 5/12/21 and are in use currently, staff will use these wipes before and after meals for resident care. C.) Director of Nursing will include hand hygiene in resident #2 as well as in every resident□s care plan DON will also be doing weekly audits for Hand Hygiene beginning May 10, 2021. D.) Audits will be reviewed monthly for compliance and these Audits will be used for monthly reporting during QAPI for compliance with CMS.	