STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0002	A. BUILDING: _____ B. WING _____	01/13/2022

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

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S 000	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11, effective 07/01/2020 Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000 A licensure survey was conducted by Healthcare Licensing and Surveys from 1/10/22 to 1/13/22. The following common abbreviations are used throughout this document: ADLs- Activities of Daily Living BIMS- Brief Interview for Mental Status CNA- Certified Nurse Aide DON- Director of Nursing MDS- Minimum Data Set LPN- Licensed Practical Nurse RN- Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S2945	Ch 11 Sec 9 (a)(ii) Nursing Services (a) The facility shall have sufficient nursing staff to meet the needs of the residents. (ii) Twenty-four (24) Hour Nursing Service. (A) Duties assigned nursing personnel shall be consistent with their education, experience, licensure and/or certification. Nursing personnel includes Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants.	S2945		1/13/22

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S2945	Continued From page 1 (B) Full-time or part-time members of the nursing staff shall be primarily engaged in providing nursing services and only in rare and exceptional circumstances shall be involved in food preparation, housekeeping, laundry or maintenance services. Proper infection control procedures shall be adhered to at all times. (C) Time schedules for each nursing station shall be planned in advance and shall indicate the name and classification of nursing personnel working on each unit for each tour of duty. (D) A person employed in the facility to give nursing care shall be at lease sixteen (16) years of age. This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview, review of professional standards, review of manufacturer recommendations, and policy and procedure review, the facility failed to ensure proper infection control procedures were adhered to at all times. Specifically, the facility failed to ensure blood glucose monitors were disinfected between uses during 1 of 1 observation which affected 5 residents (#3, #12, #14, #20, #24). The findings were: 1. Observation on 1/11/22 at 2:54 PM showed RN #1 obtained a glucometer from the nursing cart, wiped the glucometer with an alcohol pad, entered the room of resident #3, inserted a blood glucose strip, and obtained a blood glucose reading. The RN left the resident's room and returned to the nursing cart where she wiped the glucometer down with an alcohol pad. Interview	S2945	S2945- This requirement will be met as evidenced by: A. Proper infection control procedures shall be adhered to at all times. All glucometers will be wiped down between uses as well as between all residents for blood glucose testing. Nursing will be using the manufacturers for cleaning procedure as written in the instruction manual. The Glucometer Policy will be updated with the correct information. The instruction for proper procedure will be on the med cart and the glucometer docking station at all times for reference. B. RN'S/LPN's will be educated as immediately as possible before their shifts on the updated policy and proper	

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S2945	Continued From page 2 with the RN at that time revealed the facility only had alcohol pads to disinfect the glucometer and that was how she always cleaned it. Further interview confirmed the glucometer was the only glucometer, and it was used for multiple residents. 2. Interview with the DON and MDS coordinator on 1/11/22 at 3:01 PM revealed staff were expected to wipe down the glucometer with a "purple sani-wipe" after each use. 3. Interview with the MDS coordinator on 1/11/22 at 3:40 PM revealed there were 5 residents who required blood glucose checks, later identified as residents #3, #12, #14, #20, and #24. 4. Review of the staffing schedule for 1/11/22 showed RN #1 was the only licensed nurse assigned to provide direct resident care that day shift. 5. Review of the "Instructions for Use Manual" for the "Stat Strip Glucose Hospital Meter system" page 6-4 provided by the facility on 1/11/22 showed "...Acceptable Cleaning and Disinfecting Materials...Nova Biomedical recommends the use of Clorox Healthcare Bleach Germicidal Wipes, EPA Registration #67619-12, or any disinfectant product with EPA Registration #67619-12 may be used...Meter Cleaning and Disinfection Procedure...Clean and disinfect after each patient use by following this protocol to help ensure effective cleaning and disinfecting..." 6. Review of the policy titled "Glucometer Point of Care Testing Nova Statstrip System" last reviewed on 10/4/21 showed "...K. Clean the instrument after each use before leaving the patient room:...ii. Gently wipe the meter's surface	S2945	procedure of cleaning the Glucometer. RN's/LPN's will sign off that they have been properly educated on the procedure for cleaning the meter. All new RN's/LPN's will be educated upon hire and will need to check off on competency for proper cleaning procedures for the blood glucometer. DON will update the bloodborne pathogen policy and educate all nursing staff procedures to prevent the spread of bloodborne pathogens. The Director of Nursing will ensure competency with proper education for the cleaning of the Glucometer. C. The DON will be responsible for educating and signing off all RN's/LPN's after education. CNO will be responsible for updating the Policy with the corrected information. This process will be completed by January 13, 2022. D. DON will have a list that will be signed by each RN/LPN on this process. Check off sheet and random auditing tool will be completed monthly, as part of the performance improvement plan, and reported on quarterly at the QAPI meeting to ensure compliance with CMS.	

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S2945	Continued From page 3	S2945		

using a Super Sani-cloth germicidal disposable cloth...vi. Allow surface of meter to remain damp with germicidal solution for 2 minutes before drying completely..."

7. Review of the CDC's "Frequently Asked Questions (FAQs) regarding Assisted Blood Glucose Monitoring and Insulin Administration"(found at https://www.cdc.gov/injectionsafety/providers/blood-gluecose-monitoring_faqs.html and retrieved on 1/19/22) showed "...Blood Glucose Meters...Infectious agents, such as HBV, can be transmitted through indirect contact transmission, even in the absence of visible blood [4]. Indirect contact transmission is defined as the transfer of an infectious agent (e.g., HBV) from one patient to another through a contaminated intermediate object (e.g., blood glucose meter) or person (e.g., healthcare personnel hands) [12].With some blood glucose meters that require pre-loading of the test strip, the device may come into direct or close contact with the patient's finger stick wound. If blood is transferred from the patient to the meter, and the meter is not cleaned and disinfected after use, subsequent patients can be exposed to this blood when the meter is used on them. Indirect contact transmission can also occur even if the patient never directly contacts the meter. Healthcare personnel's hands can become contaminated with blood at various points while performing assisted blood glucose monitoring including pricking the patient's finger or handling the test strip. Blood can then be transferred to the meter when healthcare personnel handle the meter to obtain the reading. If the meter is not cleaned and disinfected after use, the blood remaining on the meter can be transferred to subsequent patients via healthcare personnel hands when they handle the meter and

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S2945	Continued From page 4 then assist with fingerstick procedures. Numerous outbreaks have implicated this mechanism in the spread of HBV infections [3, 4]. Contamination of equipment and transmission of HBV can also occur if healthcare personnel fail to change their gloves and perform hand hygiene between patients. For these reasons, blood glucose meters should be cleaned and disinfected after each use, unless they are dedicated to a single patient and appropriately stored to prevent inadvertent contamination..."	S2945		
S2952	Ch 11 Sec 9 (a)(ix) Nursing Services (a) The facility shall have sufficient nursing staff to meet the needs of the residents. (ix) Staffing. (A) Each nursing station shall be staffed with a Registered Nurse or qualified Licensed Practical Nurse, who is the charge nurse on the day tour of duty seven (7) days a week. (I) All other tours of duty shall be staffed with a Registered Nurse or a Licensed Practical Nurse. (B) Each nursing station shall be staffed separately and shall have a separate staffing pattern. (C) Each nursing station shall be staffed with sufficient non-licensed nursing personnel to give adequate nursing care to the residents twenty-four (24) hours a day, seven (7) days a week. (D) Each facility shall have awake and on	S2952		2/10/22

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S2952	Continued From page 5 duty sufficient nursing personnel for the night tour of duty. Additional staff may be needed, depending on condition of residents, and to assure resident safety in case of fire or disaster. This State Rule and Regulation is not met as evidenced by: Based on resident and staff interview, medical record review, review of resident council meeting minutes, review of the facility assessment for 2021, and review of the staff schedule, the facility failed to ensure there was sufficient qualified nursing staff available at all times to provide nursing and related services to meet resident needs. The census was 26. The findings were: 1. Review of the Facility Annual Assessment for 2021 dated 1/29/21 showed the facility had determined a nurse staffing of 1 licensed nurse and 3 CNAs was required for day shift, and 1 licensed nurse and 2 CNAs was required for night shift to meet the needs of an average daily census of 18 residents. The census at the time of survey was 26 residents. 2. Review of the nursing staffing schedule and the daily direct care staff posting showed the facility met the required staffing rates on only 43% of night shifts, and only 3% of day shifts for the months of November and December 2021. 3. Interview with CNA #1 on 1/11/22 at 7:14 PM revealed the facility only had 2 CNAs who worked night shift and the facility staffed one each night to care for 26 residents. The CNA revealed she had to assist the residents to bed after dinner and did not have enough time to perform other duties like showers. Further interview revealed if she were to perform showers, there would not be	S2952	S2952- This requirement will be met as evidenced by: A) The Facility shall have sufficient nursing staff to meet the needs of the resident. The plan to address the nursing staff deficiency will include creating a policy addressing minimum staffing requirements for the nursing home based on Wyoming Administrative Statutes, Ch. 11, Section 9. The Facility Assessment will be updated to reflect minimum staffing requirements based on the Minimum Staffing Policy. Each month the nurse and C.N.A schedule will be created based on the Minimum Staffing Policy and resident census. The nurse and C.N.A. schedule will reflect the appropriate number of staff members schedule each shift. B) Key stakeholders will receive training and will attest to reading, acknowledging, and abiding by the Minimum Staffing Policy. C) The procedure for implementing the plan of correction for staffing deficiency will involve a Monthly Schedule Check Tool. The Monthly Schedule Check Tool will compare the nursing home nurse staff schedule and C.N.A. staff schedule against the minimum staffing requirements per policy prior to publication of the schedule. The monthly	

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S2952	Continued From page 6 anyone available to monitor residents or answer call lights as the nurse had to complete medication administration and treatments. 4. Interview with CNA #2 on 1/13/22 at 10:20 AM revealed the staff always worked shorthanded and it was "doubtful" if even half of the baths were being performed. 5. Review of the Resident Council meeting minutes dated 11/7/21 showed concerns were voiced by the resident council about the staffing shortage. 6. Interview with resident #10 on 1/11/22 at 9:01 AM revealed the facility "could use more staff." 7. Interview with resident #76 on 1/11/22 at 4:35 PM revealed "staff work long hours" and it felt like there was "low staffing." 8. Interview with the DON on 1/12/22 at 3:10 PM revealed it was "impossible" for the facility to provide the required staff on each shift. The DON revealed there were 6 open CNA positions that could not be filled at that time. Further interview revealed a job posting had been made locally and the facility had been attempting to obtain contracted agency staff since 12/26/21; however, they had not been successful with getting contracted agency CNAs.	S2952	schedule check will ensure that the plan of correction is effective, and the specific deficiency of sufficiently staffing each shift, remains corrected. D) The Chief Talent Officer will be responsible for the creation, implementation and education on the Minimum Staffing Policy and will be responsible for updating the staffing portion of the Facility Assessment. The creation of the Minimum Staffing Policy will be completed by February 10th, 2022. Education on the minimum staff policy will be accomplished by February 10th, 2022. The Facility Assessment will be updated with the staffing requirements by February 10th, 2022. The Director of Nursing will be responsible for the Monthly Schedule Check Tool. The monitoring tool will be completed monthly and reported on quarterly at the QAPI meeting to ensure sufficient staffing based on resident census.	