

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 535019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2020
NAME OF PROVIDER OF SUPPLIER BONNIE BLUEJACKET MEMORIAL NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 388 SOUTH US HWY 20 BASIN, WY 82410	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, activity posting review, staff interview, policy and procedure review, and CMS guidance, the facility failed to ensure acceptable infection prevention measures to ensure resident safety during a COVID-19 pandemic. The census was 27. The findings were: Review of the policy and procedure dated 3/3/20 and titled Infection Control, Airborne/Droplet Isolation showed residents were isolated and kept 6 feet or more from other residents if they had upper respiratory issues. Interviews conducted on 4/22/20 from 10:50 AM through 12:15 PM with restorative aide #1, housekeepers #1 and #2, CNAs #1 and #2, and the activity director revealed each had received education which included hand hygiene, use of PPE, and social distancing of 6 feet apart for all residents whether or not the resident had signs or symptoms of an upper respiratory infection. The following concerns were identified: 1. Concerns related to communal activities: a. Observation on 4/22/20 at 11:15 AM in the activity area at the front of the facility showed the activity director was performing nail care for one resident with five additional residents in the area in recliners and wheelchairs. The activity director was wearing a cloth mask (non-medical mask) and gloves. Interview with the DON via phone on 4/28/20 at 11 AM showed she was not sure why the activity director did not take the resident to his/her room for nail care. She stated in the past nail care had been an activity, however, during the pandemic it would be best practice to perform nail care individually in a private setting such as a resident's room. b. Interview with the activity director on 4/22/20 at 12:15 PM showed the facility had continued communal activities, which would include bingo at 2 PM. She stated there would be at least 6 residents in attendance, and she would place them at different tables to maintain 6 or more feet of distance. Review of the activity calendar for April 2020 showed the following activities for 4/22/20: Coffee and news at 6:30 AM, Church and TV at 8:30 AM, Nail care at 10:30 AM, Bingo at 2 PM, and Refreshments at 3 PM. Activities on other days included karaoke, bowling, discussion group, baking, and exercise. c. Interview on 4/27/20 at 10:17 AM, via phone, with the DON revealed the facility had revised communal activities (since the onsite survey on 4/22/20) to ensure a distance of 6 feet was maintained between residents. In addition, the activities director had been educated on the importance of wearing a surgical mask when completing personal cares, such as nail care, due to the proximity to the residents. 2. Concerns related to communal dining: a. Observation on 4/22/20 from 11:45 AM until 12:50 PM of the noon meal in the dining area showed a maximum of 24 residents at one time were in the room (the census was 27). There was an average of 3 residents per table with 5 residents seated at a large round table. The residents appeared to be less than 6 feet apart. At 12:40 PM resident #1 was observed independently leaving the dining room and then stopped and shook hands with resident #2, who was still seated and eating. Staff in attendance during the meal made no effort to encourage social distancing of the two residents. b. Interview with the administrator and the DON on 4/22/20 at 1:50 PM revealed the facility had not considered discontinuing communal dining because they each considered the choking risk to residents to be a larger risk than Covid-19. Further, they felt the low census and the visitation restrictions to be adequate precautions. The administrator stated approximately one-third of the residents had texture changes and other swallowing issues that placed the residents at risk for choking. They each had an expectation of staff encouraging social distancing of 6 feet or more between residents, however the size of the dining room made that a challenge. 3. According to the 3/13/20 CMS Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (Covid-19) in Nursing Homes (revised) under Additional Guidance, 1. Cancel communal dining and all group activities, such as internal and external group activities .3. Remind residents to practice social distancing and perform frequent hand hygiene.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.