NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
PRIMROSE RETIREMENT COMMUNITY	1865 S. BEVERLY ST CASPER, WY 82601	06/03/08
	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE

Addendum to original deficiencies.
An annual Health and Life Safety Code survey was conducted at your facility by the Office of Healthcare Licensing and Surveys (OHLS) on 6/3/08. The survey revealed the facility was out of compliance with the Rules and Regulations for Program Administration (Chapter 12) of Assisted Living Facilities (ALF).

Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.

(j)Food Service and Nutrition
(iii)Food Service Supervision
(A)Day to day responsibilities for food production and management of the dietary services shall be assigned to a person with nutrition and food service management experience equivalent to that of a Certified Dietary Manager (CDM).

This REGULATION was not met as evidenced by:

Based on staff interview the facility failed to ensure the kitchen supervisor was trained as a CDM or enrolled in coursework pursuant to obtaining certification. The findings were:

Interview with the kitchen supervisor on 6/2/08 at 4:50 PM revealed she was not a CDM nor was she enrolled in a course. In addition, she did not have credentials equivalent to a CDM

Chapter 12, Section 7

(j) Food Service and Nutrition
(iii) Food Service Supervision

(A) Our kitchen supervisor will be enrolled and start her course through the University of North Dakota no later than August 1, 2008.

Jessica Tolan, Community Director
Provider Representative's Signature/Title

10 7.3.08
Date

NAME OF FACILITY:	FACILITY ADDRESS:	DATE OF SURVEY
PRIMROSE ALF	1865 S. BEVERLY ST CASPER, WY 82601	06/03/08

FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE
A Health and Life Safety Code survey was conducted at your facility by the Office of Healthcare Licensing and Surveys (OHLS) on 6/3/08. The survey revealed the facility was out of compliance with the Rules and Regulations for Program Administration (Chapter 12) and for Licensure (Chapter 4) of Assisted Living Facilities (ALF). **Chapter 12, Section 6. Personnel and Staffing Requirements.** (d)Infection Control (ii)Tuberculin Testing (A)Tuberculin testing must be accomplished for each employee prior to employment and annually thereafter. (e)Personnel Policies and Procedures. (ii)A record for the manager and each employee shall be maintained and contain at a minimum, the following information: (L) Documentation of all completed background and Central Registry background checks. **This REGULATION was not met as evidenced by:** Based on employee file review and staff interview, the facility failed to ensure five (#1, #2, #3, #4, #5) of five employee records were complete. Regarding the Department of Family Service Screen (DFS) or a Division of Criminal Investigation (DCI) screen, evidence was presented that a screen was	All employees have been screened through department of Family Service Screening and results back on 6/23/08.

Jessica Logan Community Manager 1 6/30/08
Provider Representative's Signature/Title Date

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
PRIMROSE ALF	1865 S. BEVERLY ST CASPER, WY 82601	06/03/08

initiated, but no evidence existed the screen was completed. The findings were:

Employee #1, hired 5/15/08 lacked the following information in his file:
a. Tuberculosis test results.
b. The results of a pre-employment Central Registry Check.

Employee #2, hired 1/11/08, lacked results of a Central Registry Check prior to employment.

Employee #3, hired 3/5/07, lacked the following information in her file:
a. TB test within the past 12 months. The employee's latest TB testing was conducted 4/10/07.
b. Evidence a Central Registry Check was completed prior to hire.

Employee #4, (LPN) lacked the following information in her file:
a. TB test results prior to employment.
b. Evidence a Central Registry Check was obtained prior to employment.

The record for employee #5, hired 5/19/07, lacked results of a Central Registry Check prior to employment.

Interview with the facility administrator on 6/3/08 at 10 AM confirmed the facility did not have the above documentation.
Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.

(b)Resident Assessment and Services.
(i)The completion of the ALF 102.
(IV) A new ALF 102 shall be completed at least annually.

(c)Resident Records and Reports.

Employee #1 hired 5/15/08
a. TB test completed as of 6/30/08 with negative results.
B. Pre-employment Central Registry Check complete as of 6/23/08.

Employee #2, hired 1/11/08: Central Registry Check complete as of 6/23/08.

Employee #3, hired 3/5/07:
A. TB Test completed as of 6/30/08 with negative results.
B. Pre-employment Central Registry Check complete as of 6/23/08.

Employee #4, (LPN)
A. TB Test completed as of 6/30/08 with negative results.
B. Pre-employment Central Registry Check complete as of 6/23/08.

Employee #5, hired 5/19/07 Central Registry Check complete as of 6/23/08.

All other employees' files are being maintained and reviewed for any discrepancies. D.O.N developing a schedule to maintain records to ensure all records are up to date.

NAME OF FACILITY	LICENSE ADDRESS	DATE OF SURVEY
PRIMROSE ALF	1865 S. BEVERLY ST CASPER, WY 82601	06/03/08

(i)Each folder shall include the following:
(C)Individual admission form. Containing at a minimum:
(VII)A written inventory of all personal possessions.

(o)Evacuation capability, emergency procedures and fire safety
(iii)Fire safety
(D)Resident training
(I)On the first day of admission, each resident shall be instructed in the proper action of the fire emergency plan, including the location of all the exits. A record of this instruction shall be in each resident file.

This REGULATION was not met as evidenced by:

Based on record review and staff interview, the facility failed to ensure 3 (#1, #3, #5) of 5 sample records were complete with indication the residents were instructed in emergency evacuation in the event of a fire and a written inventory of personal possessions. In addition, 1 of 2 (#6) closed records did not contain an annual ALF 102. The findings were:

1. Review of resident record #1 revealed no evidence the resident was instructed in emergency evacuation in the event of a fire. In addition, there was no written inventory of personal possessions in the file.
2. Review of resident records #3 and #5 revealed no evidence either of these residents was instructed in emergency evacuation procedures in the event of a fire.
3. Review of closed record #6 revealed the resident was admitted on 7/11/07 and discharged 4/1/08, but no

Chapter 12, Section 7 ALF Core Services:

Residents Records and Reports:

Resident inventory of personal possessions will be done upon admission and education will be done upon admission, evidenced by resident orientation checklist. In addition fire safety, Resident Training and evacuation will be comprehensively reviewed on next fire drill. All evacuation plans are posted on the back of the resident doors and will be maintained and resident will be educated on how to read them.

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
PRIMROSE ALF	1865 S. BEVERLY ST CASPER, WY 82601	06/03/08

evidence was in the file that an admission ALF 102 was done.

Interview with the administrator on 6/03/08 at 10 AM confirmed all the above documentation was lacking and there was no other documentation to review.

Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.

(o) Evacuation Capability, Emergency Procedures, and Fire Safety
(iii) Fire Safety.
(A) Portable fire extinguishers shall be installed, inspected, and maintained according with NFPA 10, Standard for Portable Fire Extinguishers.
(E) Fire exit drills shall be conducted in accordance to the Life Safety Code Operating Features sections. The minimum number of drills, as amended, shall be held at least twelve (12) times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. Fire exit drill records over a two-year period shall be available upon request at the facility.

This REGULATION was not met as evidenced by:

1. Based on observation and record review, the facility failed to inspect and maintain portable fire extinguishers in accordance with NFPA 10. The findings were:

Review of facility documentation revealed the last annual fire extinguisher maintenance procedure was conducted on 7/23/03. In addition, observation of all facility

Chapter 12, Section 7 ALF Core Services:

1. Based on observation and record review the facility failed to inspect and maintain portable fire extinguishers in accordance with NFPA 10: inspector found that the last annual fire extinguisher maintenance procedure was conducted on 7/23/03 and we opened our facility in October of 2004 and all documentation was given to the inspector for our fire extinguisher maintenance and the last report and inspection was done on 9/7/2007.

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
PRIMROSE ALF	1865 S. BEVERLY ST CASPER, WY 82601	06/03/08

extinguishers revealed the monthly inspections were not being conducted.

4-3.1 Inspection Frequency. Extinguishers shall be inspected when initially placed in service and thereafter at approximately 30 day intervals.
4-4.1 Maintenance Frequency. Extinguishers shall be subjected to maintenance not more than one year apart.

2. Based upon record review, the facility failed to conduct fire drills in accordance with Life Safety Code. The findings were:

Review of facility records revealed fire drills were not conducted during the months of March, May, and June 2007. The facility maintenance confirmed the above.

Monthly inspections will be documented on the back of the tags on the fire extinguishers starting 6/1/08.

2. Based upon record review the facility failed to conduct fire drills during the months of March, May and June 2007, but we have conducted them on a monthly basis and will continue to do so in accordance with Life Safety Code.

Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.

(j)Food Service and Nutrition.
(vi)The kitchen and dining area shall be kept clean and sanitary in accordance with standards established in the current edition of FDA Food Code.

Based on observation and staff interview, the following concerns were identified:
a. Observation on 6/2/08 at 4:40 PM revealed a CNA standing in the kitchen next to the resident food service preparation counter eating a sandwich. Interview with the kitchen manager several minutes later revealed it was unacceptable for staff to eat in the kitchen.
b. Observation on 6/2/08 at 5:30 PM revealed a CNA standing at the food service preparation counter transferring food items (crackers) from a storage container onto the residents food trays using her bare hands.

Chapter 12, Section 7 ALF Core Services:

Food Service and Nutrition:
The Kitchen and dining area shall be kept clean and sanitary in accordance wit standards established in the current edition of FDA food code.

All Staff has been re-educated on all kitchen and dining areas sanitary policies, proper hygiene and procedures in the kitchen.

5

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
PRIMROSE ALF	1865 S. BEVERLY ST CASPER, WY 82601	06/03/08

Interview with the kitchen manager at that time revealed that was unacceptable behavior.

c. Observation of the facility freezer on 6/2/08 at 4:45 PM revealed a 10 pound chub of frozen hamburger in a tray sitting on the top shelf of the freezer. Directly beneath the hamburger were several containers of frozen strawberries and a bag of bread dough. In addition, observation of the facility refrigerator at 4:50 PM revealed 4 plastic bags containing lunch meat and meat juice (turkey, ham and roast beef) sitting on the top shelf directly over a tray of individual resident serving bowls (approximately 10) of fruit and a container of strawberry flavored cream. Interview with the kitchen manager at that time revealed she was unaware meats were not to be stored on the top shelf of cooling appliances.

d. Observation of the facility dry storage room on 6/2/08 at 4:50 PM revealed a sack of 10 cabbage heads. Interview with the kitchen manager at that time revealed the cabbage was going to be used the following day and she did not think it necessary to refrigerated them overnight.

Reference: ServSafe Coursebook, third edition:

"Store cooked or ready-to-eat food above raw meat if these items are stored in the same unit," page 7-6.

"Raw vegetables should be stored at 41 degrees F or lower. Exception - citrus fruit, hard-rind vegetables and root vegetables can be stored in cool dry storage". page 7-10.

Reference: Food Code 2005 U.S. Public Health Service Hygiene Practices 2-401.11 (A) "Except as specified in...an employee shall eat, drink ..in designated areas where the contamination of exposed food; clean equipment, utensils...or other items needing protection can not result,"

All raw meat will be stored in the bottom units of the facility freezer and all cooked or ready –to- eat food above the raw meat. All raw vegetables and root vegetables will be stored at 41 degrees F or lower.

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
PRIMROSE ALF	1865 S. BEVERLY ST CASPER, WY 82601	06/03/08

Reference: Food Code 2005 U.S. Public Health Service, 3-301.11 (B), "...Food employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or <dispensing> equipment..."

Chapter 4, Section 10. Life Safety and Electrical Safety

This REGULATION was not met as evidenced by:

1. Based on record review and staff interview, the facility failed to maintain, test, and document the installed fire alarm system in accordance with the provisions of NFPA 72. The findings were:
Record review showed the facility was equipped with a Fire Alarm Control panel model EST-3, 6 duct smoke detectors, 6 heat detectors, 20 fire alarm pull boxes, 127 photo smoke detectors, 89 audio-visual and 23 visual-only indicating devices, four supervisory signal and two water flow device.

Record review also revealed the fire alarm system, including the waterflow alarm or supervisory signal devices, had not been tested in over a year. In addition, there were no records to indicate the smoke, heat or damper detectors or the pull stations had been tested in over a year. Interview with the facility administrator on 6/2/08 at 4 PM confirmed the fire alarm system had not been tested in the past year.

Reference NFPA 101 Life Safety Code, 1994 Edition
"NFPA 101, Chapter 32 Referenced Publications:
NFPA 72, National Fire Alarm Code, 1999

Chapter 4, Section 10. Life Safety and Electrical Safety:

1.
All records were given to inspector on 6/3/08 regarding our Fire Alarm control Panel. The Inspection and Testing was done on 4/8/2008 by Rocky Mountain Fire Systems, Inc. All records are in Administrators Office.

All records were given to inspector on 6/2/08 regarding our fire alarm system, including water flow alarm and supervisory signals. The inspection of this system was done on 6/2/08 by Frontline Fire Protection and all records are in Administrators office.

All records were given to inspector on 6/3/08 regarding our smoke heat and damper detectors. The inspection and testing was done on 4/8/2008 by Rocky Mountain Fire Systems, Inc. All Records are in Administrators office.

Pull stations have not however been tested in over a year. As of 6/3/08 all testing has starting and maintaining a log for all stations and tests done.

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
PRIMROSE ALF	1865 S. BEVERLY ST CASPER, WY 82601	06/03/08

edition.
"Table 7-3.2"
"14. Remote Annunciators, tested annually"
"15. Initiating Devices"

a. Duct Detectors, tested annually"
"e. Heat Detectors, tested annually"
"f. Fire Alarm Boxes, tested annually".
"h. All Smoke Detectors, tested annually"
"i. Smoke Detector Sensitivity, tested bi-annually"
"j. Supervisory Signal Devices, tested quarterly"
"k. Waterflow Devices, tested quarterly"
"19. Alarm Notification Appliances"
"a. Audible Devices, tested annually"
"c. Visible Devices, tested annually"

2. Based on record review, the facility failed to maintain the installed sprinkler system in accordance with NFPA 13 and 25. The findings were:

Record review revealed the main drain had not been conducted in the past year. Record review also revealed that the water flow alarm device and supervisory signal device had also not been tested in the past year.

Reference NFPA 101 Life Safety Code, 1994 Edition NFPA 101, Chapter 32 Referenced Publications:
NFPA 25, Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 edition,
"9-2.6 Main Drain Test. A main drain test shall be conducted quarterly at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves."*
"9-2.7 Waterflow alarm. All waterflow alarms shall be tested quarterly in accordance with manufacturer's instructions."

Observations on 6/03/08 at 12:30 PM revealed the following concerns:

2.
Record review revealed the main drain and water flow alarm device and supervisory signal device had not been conducted in the past year. All records were given to inspector on 6/2/08 and the inspection was done on 6/2/08 by Frontline Fire Protection.

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
PRIMROSE ALF	1365 S. BEVERLY ST CASPER, WY 82601	06/03/08

a. The bathroom of resident room 133 did not have a sprinkler head.
b. The escutcheon on the sprinkler head in the ceiling of the lobby near the backdoor was not flush against the ceiling revealing a 1 inch gap.
c. One square foot of ceiling tile was missing around the sprinkler head in the activities closet that was located by the back door.

Reference NFPA 101 Life Safety Code, 1994 Edition
22-3.3.5.1 All buildings shall be protected throughout by an approved, automatic sprinkler system installed in accordance with section 7-7....
7-7.1.1 Each automatic sprinkler system required by another section of the Code shall be installed in accordance with NFPA 13, "NFPA 13 Standards for the Installation of Sprinkler Systems.
6.2.7.2 Escutcheons used with recessed, flush-type, or concealed sprinklers shall be part of a listed sprinkler assembly.

3. Based on record review and staff interview, the facility failed to collect and record needed testing information and procedures regarding emergency battery lighting equipment. The findings were:

Review of facility records and interview with the maintenance director on 6/2/08 at 4:48 PM revealed the facility did not have documentation to indicate the monthly 30 second testing of emergency battery lights or the annual 90 minute testing of emergency battery lights had been conducted.

Reference NFPA 101 Chapter 31 Operating Features
31-1.3.7: A functional test shall be conducted on

a. In residents room 133 will have a sprinkler head installed by Frontline Fire Protection no later than 7/31/08.
b. The escutcheon on the sprinkler head in the ceiling of the lobby has been fixed as of 6/23/08.
c. The tile of in the ceiling where the sprinkler head is has been fixed as of 6/23/08.

3.
All Maintenance records will be kept on all documentation to indicate the monthly 30 second testing of emergency battery lights and the annual 90 minute testing of emergency battery lights as of 6/10/08.

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
PRIMROSE ALF	1865 S. BEVERLY ST CASPER, WY 82601	06/03/08
every required (battery-operated) emergency lighting system at 30-day intervals for a minimum of thirty seconds. An annual test shall be conducted for the one and one-half hour duration. Equipment shall be fully operational for the duration of the test. Written records of testing shall be kept by the owner for inspection by the authority having jurisdiction.		