POC accepted 2/14/13





Healthcare Licensing and Surveys

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ALF006 | A. BUILDING _____ B. WING _____ | 12/20/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PRIMROSE RETIREMENT COMMUNITY OF CA | 1365 SO BEVERLY STREET CASPER, WY 82609 |

| (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) COMPLETE DATE |
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| SALF | LIC REGS FOR ASSISTED LIVING FACILITIES<br><br>Wyoming Department of Health Aging Division Rules for Program Administration of Assisted Living Facilities<br>Chapter 12<br><br>Section 6. Personnel and Staffing Requirements.<br>(c) Background checks.<br>All staff of the assisted living facility shall successfully complete, at a minimum, a State of Wyoming Division of Criminal Investigation (DCI) fingerprint background check and a Department of Family Services Central Registry Screening before direct resident contact.<br><br>This Rule is not met as evidenced by:<br><br>Based on review of personnel files and staff interview, the facility failed to ensure the DCI background check and Department of Family Services (DFS) central registry screening was completed prior to direct resident contact for 3 of 4 employees. The findings were:<br><br>Review of personnel files revealed the following concerns:<br>a. A certified nurse aide (CNA) was hired 9/27/12. However, the results of the DCI background check were dated 12/5/12. In addition, there lacked evidence of a DFS central registry screening.<br>b. The date of hire for a cook was 5/9/12, but the DCI background check was dated 6/24/12. In addition, the DFS central registry screening was not completed until 5/22/12.<br>c. The DCI background check was dated | SALF | Section 6C: Background Checks<br>Policy: All staff will successfully complete a DCI fingerprint background check and DFS central registry screening before direct resident contact.<br>Who: Executive Director.<br>How: The proper DCI and DFS forms will be utilized to complete the required screenings.<br>QA: Management team to review files quarterly for compliance. | 1/26/13<br>see attached |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kenyne Schlager — TITLE: Director — (X6) DATE: 1/11/13



Changes made per phone on 2/14/13 @ 3:45pm with Kenyne Schlager, Director and Jennie Colin, OTR/L

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| PRIMROSE RETIREMENT COMMUNITY OF CA | 1005 SO BEVERLY STREET CASPER, WY 82609 |

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| SALF | Continued From page 1<br>3/18/11 for a licensed practical nurse (LPN) hired 8/4/10. In addition, the DFS central registry screening was not completed until 8/13/11.<br><br>During interviews on 12/20/12 at 2:45 PM and 2:55 PM, the manager confirmed the required background checks were completed late. She stated the results were not received before direct resident contact.<br><br>(e) Personnel Policies and Records.<br>(i) Management shall provide new employee orientation and education regarding resident rights, evacuation, and emergency procedures, as well as training and supervision designated to improve resident care.<br>(ii) A record for the manager and each employee shall be maintained and contain at a minimum, the following information:<br>(H) Orientation checklist<br><br>This Rule is not met as evidenced by:<br><br>Based on review of personnel files and staff interview, the facility failed to ensure the orientation checklist was contained in the file for 1 of 4 employees. The findings were:<br><br>Review of the personnel file for a cook hired 5/9/12 revealed no evidence of an orientation checklist. On 12/20/12 at 3 PM the manager confirmed the lack of an orientation checklist.<br><br>Section 7. Assisted Living Facility (ALF) Core Services<br><br>(a) The assisted living facility core services include the following:<br>(ix) Assessments completed by the Registered Nurse; | SALF | Section e: Personnel Policies and Records<br>Policy: Management shall provide new employee orientation for each new employee.<br>Who: Department manager.<br>How: The Primrose new employee orientation form will be utilized.<br>QA: The management team will review quarterly for compliance.<br><br>Section 7: Medication reviews<br>Policy: A Registered Nurse will conduct a medication review every (2) months or sixty-two (62) days or whenever new medication is prescribed or the resident's medication is changed.<br>Who: Director of Nursing | 1/25/13<br>See attached<br><br>1/25/13 |

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| PRIMROSE RETIREMENT COMMUNITY OF CA | 1966 SO BEVERLY STREET CASPER, WY 82609 |

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| SALF | Continued From page 2<br><br>(A) Registered Nurse medication review every two (2) months or sixty-two (62) days or whenever new medication is prescribed or the resident's medication is changed.<br><br>This Rule is not met as evidenced by:<br><br>Based on medical record review and staff interview, the facility failed to ensure the registered nurse (RN) reviewed the medications at least every two months for 5 of 6 sample residents (#7, #11, #15, #20, #32). The findings were:<br><br>Review of the medical records for the following residents revealed no evidence of an RN review of medications: #7, #11, #15, #20, and #32. During an interview on 12/20/12 at 10:30 AM, the DON stated RN medication reviews were only done for residents who self administered their medications, not for all residents. | SALF | How: The Director of Nursing will continue to review and prepare each resident's MAR monthly. The director of nursing will also do a medication review whenever new medication is prescribed. The residents who self-administer their medications will also be reviewed every (2) months or sixty-two (62) days or whenever a new medication is prescribed. This includes residents: #7, #11, #15, #20, and #32.<br>QA: The management team will review quarterly for compliance. | |
| | (I) Adult Protection.<br>(ii) The facility must adhere to written policies and procedures that prohibit the abuse of any resident. These policies and procedures must identify how the facility will screen employees before hiring, ongoing in-servicing of abuse topics with employees, and a protocol that specifies how allegations of abuse will be investigated. Each staff member must be accountable to report any suspicion or knowledge of abuse to the appropriate facility personnel immediately.<br><br>This Rule is not met as evidenced by:<br><br>Based on review of facility policies and procedures and staff interview; the facility failed to | | **Section I: Adult Protection**<br>Policy: Primrose will maintain a policy and training document for new employees regarding abuse, investigations, and reporting.<br>Who: Director of Nursing/Executive Director<br>How: The policy and training will be distributed to all current and future employees and will be covered in annual training for employees.<br>QA: Management team to review annually. | 1/25/13 See attached |

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| | ALF005 | A. BUILDING _____ B. WING _____ | 12/20/2012 |

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| SALF | Continued From page 3<br><br>develop an abuse policy which contained the required elements. The findings were;<br><br>Review of facility policies and procedures revealed a policy related to screening of employees. However, there lacked evidence of a policy or procedure to address training of employees in abuse topics or the investigation and reporting of allegations of abuse. During an interview on 12/20/12 at 2:20 PM, the manager stated she was unable to locate an abuse policy.<br><br>(j) Food Service and Nutrition.<br>(iii) Food service supervision:<br>(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.<br><br>This Rule is not met as evidenced by:<br><br>Based on staff interview, the facility failed to ensure dietary services was supervised by a certified dietary manager (CDM) or the equivalent. The findings were;<br><br>During an interview on 12/20/12 at 12:31 PM, the manager stated the dietary manager was not a CDM or equivalent. She stated the employee was currently enrolled in a CDM course. | SALF | **Section J: Food services**<br>**Policy:** Food production and management shall be assigned to a person with experience equivalent or that of a CDM. If a CDM cannot be located, Primrose will pay for the completion of a CDM course for the Dietary Manager.<br>**Who:** Executive Director, Dietary Director<br>**How:** The Dietary Director is currently enrolled in an online CDM class with approximately eleven months remaining to completion.<br>**QA:** Executive Director will ensure the Dietary Manager progresses and completes the CDM course. | currently enrolled 12/11/13 |
| | (k) Transfer and Discharge.<br>(iv) Residents transferred to another health care facility shall be given written transfer/discharge notice with includes:<br>(A) The name of the resident;<br>(B) The reason for the transfer/discharge; | | **Section K: Transfer and Discharge**<br>**Policy:** Residents transferring to another healthcare facility shall be provided a written transfer/discharge notice.<br>**Who:** Director of Nursing | 1/25/13 See attached |

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| PRIMROSE RETIREMENT COMMUNITY OF CA | 1885 SO BEVERLY STREET CASPER, WY 82609 |

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| SALF | Continued From page 4<br>(C) The effective date of the transfer/discharge;<br>(D) The location to which the resident is transferred/discharged;<br>(E) The name, address, and telephone number of the Ombudsman; and<br>(F) A listing of all outside contracted services.<br><br>This Rule is not met as evidenced by:<br><br>Based on review of closed resident records and staff interview, the facility failed to issue a written transfer/discharge notice for 1 of 1 sample residents (#33) who was transferred to another health care facility. The findings were:<br><br>Review of the closed record showed resident #33 was transferred to a nursing home on 12/7/12. However, there lacked evidence the resident or family was provided a written transfer notice which included all the required elements. On 12/20/12 at 11:15 AM the director of nursing (DON) stated a transfer notice was not provided.<br><br>(n) Furnishings, Buildings, Physical Plant.<br>(Z) Portable space heaters shall not be used, (e.g. electric or kerosene)<br><br>This Rule is not met as evidenced by:<br><br>Based on observation and staff interview, the facility failed to ensure portable space heaters were not used. The findings were:<br><br>Observation on 12/20/12 at 8:45 AM and 10:10 AM revealed a portable space heater was in use at the nursing station. On 12/20/12 at 4:46 PM the manager and DON confirmed the use of portable space heaters. | SALF | **How:** The Director of Nursing will complete a transfer/discharge form for each resident being sent to another healthcare facility and provide such to resident/family.<br>**QA:** Inspection of closed files shall occur monthly for three months and then quarterly to ensure compliance.<br><br>**Section n: Furnishings - Space Heater**<br>**Policy:** Portable space heaters shall not be used.<br>**Who:** Management Team<br>**How:** Portable space heaters will be removed from the building.<br>**QA:** Quarterly inspection to be completed by management team. | 1/25/13 |

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| PRIMROSE RETIREMENT COMMUNITY OF CA | 1605 SO BEVERLY STREET CASPER, WY 82609 |

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| SALF | Continued From page 6<br><br>Section 8. Services Which Cannot Be Provided By The Level I Assisted Living Facility Staff.<br><br>(a) The following services cannot be provided:<br>(iv) Provision of catheter or ostomy care; e.g., changing of catheter or irrigation of ostomy; total assist with appliance care/changing.<br>(vii) Incontinence care by facility staff;<br><br>This Rule is not met as evidenced by:<br><br>Based on observation, medical record review, and staff and family interviews, the facility failed to ensure staff did not provide care that was beyond the scope of care allowed in the ALF rules for 4 of 7 sample residents (#7, #11, #32, #33). The findings were:<br><br>1. Review of the medical record showed resident #7 had a urinary catheter. Review of nursing notes showed on 9/15/12, 9/16/12, 9/17/12 and 12/18/12 the ALF nursing staff provided some catheter care, e.g. changing the bag, or switching the night collection bag to the day bag. On 12/20/12 at 8:47 AM, CNAs #1 and #2 stated facility staff needed to provide some catheter care for the resident, when the spouse couldn't. In addition, they stated night CNA staff emptied the drainage bag during the night. During an interview on 12/20/12 at 4:03 PM, the spouse stated s/he normally provided catheter care, but sometimes the facility staff did.<br><br>2. Review of the 9/24/12 monthly summary showed resident #11 required limited assistance with toileting. During an interview on 12/20/12 at 8:47 AM, CNAs #1 and #2 stated that the resident required assistance with toileting, and was unable to manage his/her incontinence by him/herself. | SALF | **Section 8.1: Scope of Care**<br>**Policy:** Care of the resident who can independently manage his own catheter bags, able to clean and care for his ostomy (resident #7).<br>**Who:** Director of Nursing<br>**How:** Family has agreed to be available and willing to manage changing of catheter bags when resident's spouse is unable to do so. Home health will continue to come in and manage catheter care and change outs.<br>**QA:** The management team will review weekly for compliance.<br><br>**Section 8.2: Scope of Care**<br>**Policy:** Care of resident incontinent of bowel or bladder if he/she can manage his condition independently (resident #11).<br>**Who:** Director of Nursing<br>**How:** Staff will verbally cue resident when needed regarding toileting and peri care.<br>**QA:** The management team will review weekly for compliance. | 1/25/13<br><br>1/25/13 |

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| SALF | Continued From page 6<br><br>Observation on 12/20/12 at 10:40 AM revealed CNA #2 assisted the resident into the bathroom. The resident required assistance to pull his/her pants down and up. In addition, the CNA wiped the resident.<br><br>3. Review of the 9/26/12 monthly summary showed resident #32 required limited assistance with toileting. Review of nursing notes dated 12/12/12 showed the resident was incontinent of bowel and bladder and required complete assistance with activities of daily living (ADLs), including perlcare. During an interview on 12/20/12 at 8:47 AM, CNA #1 stated that the resident required assistance with toileting, and was unable to manage his/her incontinence by him/herself. On 12/20/12 at 10:55 AM, CNA #2 stated the resident was incontinent of bowel and bladder and required help to clean up.<br><br>4. Review of the closed record showed resident #33 was transferred to a nursing home on 12/7/12. However, review of the following in the medical record showed the resident required more assistance than what is allowed per the rules prior to the transfer:<br>a. The 6/26/12 resident assessment showed the resident needed assistance to cleanse after voiding.<br>b. The 9/14/12 monthly summary showed the resident needed to be toileted every two hours and before and after meals.<br>c. A nursing note dated 10/20/12 revealed the resident required total assistance with ADLs and was unable to manage his/her incontinence. | SALF | **Section 8.3: Scope of Care**<br>**Policy:** Care of resident incontinent of bowel or bladder if he/she can manage his condition independently (resident #32).<br>**Who:** Director of Nursing<br>**How:** Resident will be placed on a Q2 hour toileting schedule. Staff will remind resident to toilet every 2 hours during the day, and every 4 hours at night.<br>**QA:** The management team will review weekly for compliance.<br><br>**Section 8.4: Scope of Care**<br>**Policy:** Care of resident incontinent of bowel or bladder if he/she can manage his condition independently (resident #33).<br>**Who:** Director of Nursing<br>**How:** Resident was transferred to a nursing home, however residents will be assessed using the state regulations and ALF form to ensure they meet criteria to be in assisted living.<br>**QA:** Staff will be encouraged to share concerns at the monthly QA meeting and the Director of Nursing will monitor, with the help of the nursing staff, changes in resident's conditions. | 1/25/13<br><br>1/25/13 |

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| PRIMROSE RETIREMENT COMMUNITY OF CA | 1065 SO BEVERLY STREET CASPER, WY 82609 |

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| SALF | Continued From page 7<br><br>Section 9. Contractual Services Provided Outside Assisted Living Facility Authority.<br><br>Residents in an assisted living facility may receive services from an outside entity for care beyond that provided for or specified in the Assisted Living Program Administration Rules. These services must be arranged by the appropriate professional and be incorporated into the resident's assistance plan. The resident's choice of providers must be honored.<br>(a) Components of the outside service(s) contract:<br>(i) Who will provide service(s);<br>(ii) What service(s) will be provided;<br>(iii) When the service(s) will be provided;<br>(iv) Where the service(s) will be provided;<br>(v) How the service(s) will be provided; and<br>(b) Life Safety Code Responsibilities for Outside Contractual Services.<br>A contract between the resident, the ALF, and all outside service providers in the ALF must be in place prior to the time of service delivery. This contract must identify the clear delineation of services.<br>(i) The contract must specifically articulate the responsibilities of the resident, the ALF, and all service providers to comply with the Evacuation Capability, Emergency Procedures and Fire Safety requirements in these rules.<br>(ii) All residents regardless of the type of service must be able to evacuate, or be evacuated, in accordance with the Life Safety Code.<br><br>This Rule is not met as evidenced by:<br><br>Based on review of medical records and staff interview, the facility failed to ensure a contract | SALF | **Section 9: Contractual Services/Third Party Provider**<br>**Policy:** Primrose will revise the Third Party Provider Agreement document to meet the state requirements.<br>**Who:** Executive Director<br>**How:** The form will be revised to include the necessary items as required by the state.<br>**QA:** After approval of the form by the state, this form will be sent to all third party providers for completion and placed in a file in the ED's office. | 1/25/13 See attached |

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| SALF | Continued From page 8<br>was in place which included all the required components for 4 of 4 sample residents who received outside services. The findings were:<br><br>Review of medical records revealed the following:<br>a. Resident #7 received home health services for a urinary catheter. In addition, the resident's spouse provided catheter care.<br>b. Resident #9 received physical therapy.<br>c. Resident #11 received occupational therapy.<br>d. Resident #20 received 24 hour care by family.<br>Further review of the medical records showed no evidence a contract was in place between each resident and/or family, the facility, and the outside service provider which included all of the required components.<br><br>During an interview on 12/20/12 at 10:34 AM, the DON stated the facility had the resident sign a "third party" contract, but that was only signed by the resident and the facility. It was not signed by the outside service provider, and did not include the required components. | SALF | | |