8C 5/1/14

PRINTED: 04/08/2014
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF023	A. BUILDING: _____ B. WING _____	C 03/27/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE RETIREMENT COMMUNITY OF GIL	921 MOUNTAIN MEADOW LANE GILLETTE, WY 82716

(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
S5054	Ch 12 Sec 7 (e)(i)(A-K) Assisted Living Facility (ALF) Core Services (e) Resident Records and Reports. Each resident's records shall be current, organized and maintained in individual folders which shall be made available to the resident, the Licensing Division, or designated representative upon request. (i) Each folder shall include the following: (A) Information from the referring agent, if applicable; (B) History and physical performed by a physician or physician extender; (C) Individual admission form. The form shall, at a minimum, contain the following information: (I) Full name of resident and former address; (II) Date of admission; (III) Sex, race, date of birth, social security number, and former occupation; (IV) Name, home address, and telephone number of relative, friend, Power of Attorney, or guardian; (V) Name, address, and telephone number of resident's personal physician, dentist, ophthalmologist or optometrist; (VI) Medicare number of other medical insurance identifying data;	S5054	RECEIVED WY Dept of Health MAY 01 2014 Healthcare Licensing and Surveys	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jenyne Schlager (esig) SWIK11 TITLE: Director (X6) DATE: 4/18/14

Accepted by Lori Lucas on 5/1/14
Communicated via email to ED Jenyne.

5/1/14

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S5054	Continued From page 1 (VII) A written inventory of all personal possessions; however, this inventory need not include personal clothing. (D) All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's family or responsible party and be documented in the individual resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolution. Reports of all incidents affecting the health, welfare or safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by telephone or fax. The facility's investigation of the incident shall be reported to the Licensing Division and the Long Term Care Ombudsman within five (5) working days. Documentation to support the facility reporting the situation and follow up must also be present in the resident records; (E) An accounting of all personal funds deposited with and disbursed by the facility; (I) Upon written authorization of a client, the facility must hold, safeguard, manage and account for the personal funds of the client. (1.) The facility must deposit any personal funds in excess of $100 in an interest bearing account. (2.) The facility must establish and maintain a system that assures a full and complete and separate accounting according to generally accepted accounting principles of each resident's personal funds entrusted to the facility.	S5054		

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S5054	Continued From page 2 Based on medical record review, staff interview, and review of facility policy and procedure, the facility failed to ensure 3 of 6 resident injuries that were reviewed (residents #12, #15, #23) were reported to the licensing division and the long term care ombudsman. The findings were: 1. Review of an incident report showed resident #15 had an unwitnessed fall in the bathroom on 1/1/14. Review of the incident report and nurse's notes showed the resident complained of severe pain in his/her back, hips and legs. The facility contacted the physician and family and called for an ambulance to transport the resident to the emergency department for evaluation and treatment. Review of the nurse's notes dated 1/1/14 at 12:45 PM showed the resident was admitted to the hospital for a pelvic fracture. Interview with the Director of Nursing (DON) on 3/27/14 at 10:50 AM verified this incident which resulted in injury was not reported to the licensing division or to the long-term care ombudsman. 2. Review of the 2/27/14 incident report and investigation showed resident #12 had an unwitnessed fall. The resident was found on the bathroom floor and complained of pain to the right forearm. The resident's daughter was called and transported the resident to the emergency department for an x-ray. Review of a 2/27/14 timed at 9:45 PM nurse's note showed the hospital nurse called to report the resident had a wrist fracture and would be returning to the facility with instructions and a "script" for pain medication. Further review of the resident record	S5054	**Policy:** All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect, or exploitation of residents 12, 15, 19, 23, 29, and all other residents shall be reported to the resident's physician, resident's family, director of nursing, executive director, state of Wyoming, and Ombudsman. **Who:** On duty RN or LPN will report to Primrose Manager, whom will then complete all required notification processes. **How:** Primrose staff will utilize the State of Wyoming report form and fax or call all required parties. **QA:** Executive Director and Director of Nursing will review documents each month for compliance. **Policy:** All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect, or exploitation of residents 12, 15, 19, 23, 29, and all other residents shall be reported to the resident's physician, resident's family, director of nursing, executive director, state of Wyoming, and Ombudsman.	4/24/14

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S5054	Continued From page 3 failed to show notification of this injury to the licensing division or the long term care ombudsman. Interview with the DON on 3/27/14 at 10:50 AM verified the incident was not reported to any outside agency. 3. Review of the 2/3/14 physician notification of resident incident/condition and the 2/3/14 timed at 9:05 AM nurse's note showed resident #23 had a fall in the bathroom. The resident had complaints of pain in the back and hip area. The resident was sent by ambulance to the emergency room (ER) for x-ray. According to the 2/3/14 timed at 9:05 AM nurses note, the resident had an x-ray and was to follow up with the physician in 3-10 days. The resident returned from the ER that day with orders for narcotic pain medication. The note did not include any x-ray results. Review of the record showed the facility initiated a short term pain monitoring plan, and over four days, the resident's pain diminished. Interview with the DON on 3/27/14 at 10:50 AM verified this incident affected the resident's health and well-being and needed to be reported per their policy. 4. Review of the undated facility procedures for reporting events and incidents titled: "Administrative Decision Tree for Reporting Events/Incidents" showed the executive director and or director of nursing services would immediately report to the licensing division "All falls resulting in injury and/or hospitalization..." The procedures failed to include the long term care ombudsman as a required agency for reporting.	S5054	**Who:** On duty RN or LPN will report to Primrose Manager, whom will then complete all required notification processes. **How:** Primrose staff will utilize the State of Wyoming report form and fax or call all required parties. **QA:** Executive Director and Director of Nursing will review documents each month for compliance. **Policy:** All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect, or exploitation of residents 12, 15, 19, 23, 29, and all other residents shall be reported to the resident's physician, resident's family, director of nursing, executive director, state of Wyoming, and Ombudsman. **Who:** On duty RN or LPN will report to Primrose Manager, whom will then complete all required notification processes. **How:** Primrose staff will utilize the State of Wyoming report form and fax or call all required parties. **QA:** Executive Director and Director of Nursing will review documents each month for compliance. **Policy:** All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect, or exploitation of residents 12, 15, 19, 23, 29, and all other residents shall be reported to the resident's physician, resident's family, director of nursing, executive director, state of Wyoming, and Ombudsman. **Who:** On duty RN or LPN will report to Primrose Manager, whom will then complete all required notification processes. **How:** Primrose staff will utilize the State of Wyoming report form and fax or call all required parties. **QA:** Executive Director and Director of Nursing will review documents each	4/24/14 4/24/14 4/24/14