SF 9/15/14

Hand-Delivered VAH

RECEIVED
WY Dept of Health
SEP 05 2014
Healthcare Licensing and Surveys

PRINTED: 09/04/2014
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
	ALF030	A. BUILDING: _____ B. WING _____	R 08/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE RETIREMENT COMMUNITY OF CH	1530 DOROTHY LANE CHEYENNE, WY 82009

(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
{S5074}	Ch 12 Sec 7 (j)(iii)(A) 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. This State Rule and Regulation is not met as evidenced by: Based on review of personnel file, staff interview, and exam schedule information, the facility failed to ensure the requirements were met for the dietary manager. The findings were: Review of the personnel file showed the dietary manager had 16 years of work experience and some training related to dining/food service. However, to meet the requirements the manager needed to pass a nationally recognized food safety course exam. The facility's plan of correction from the 4/15/14 survey showed the manager would complete the nationally recognized food safety course exam (ServeSafe) by 6/25/14. Information provided by the facility on 8/25/14 showed the manager had not yet taken the exam and it was scheduled for 9/10/14.	{S5074}	**S5074** The facility will ensure that Dietary Manager completes the exam for ServeSafe to meet the requirement of the State Rule and Regulation. This will be accomplished by: A.) Dietary Manager is scheduled for the ServeSafe exam on 9/10/2014 B.) Executive Director will provide proof of completion of exam upon receiving the exam results.	9/25/14

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	EXECUTIVE DIRECTOR	9/5/14

Accepted by Lori Rhea 9/15/14

AH Form Approved
8/25/2014

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
ALF030	A. Building B. Wing	08/25/2014

Name of Facility	Street Address, City, State, Zip Code
PRIMROSE RETIREMENT COMMUNITY OF CHEYENNE	1530 DOROTHY LANE CHEYENNE, WY 82009

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix S5054 Reg. # Ch 12 Sec 7 (c)(i)(A-K) LSC	05/30/2014	ID Prefix S5094 Reg. # Ch 12 Sec 7 (o)(iii)(A-E) LSC	05/30/2014	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By 8/11/14	Date:	Signature of Surveyor: [signature]	Date: 8/25/14
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO