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PRINTED: 10/06/2014
FORM APPROVED

Healthcare Licensing and Surveys

RECEIVED

WY Dept of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: OCT 17 2014 B. WING: Healthcare Licensing	(X3) DATE SURVEY COMPLETED R 10/03/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE SURVEYS

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. 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 4/25/14 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 to be taken on 9/10/14. Interview with the dietary manager on 10/3/14 at 1 PM revealed he had not passed the food safety exam and there was a plan to re-take the exam which was now scheduled for 10/22/14.	{S5074}	S5074 The facility will ensure that Dietary Manager completes the exam for ServSafe to meet the requirement of equivalency of the state requirement. This will be accomplished by: A.) Dietary Manager is taking the ServSafe on-line course to study on areas that need improvement before the next scheduled exam. B.) Exam is scheduled on 11-13-14 located at Laramie County Health Department. This is a two day course with the exam on 11-13-14. C.) Executive Director will provide proof of successful completion of the exam upon receiving the exam results.	11/13/14

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6889

4L0913

EXECUTIVE DIRECTOR

10.17.14

If continuation sheet 1 of 1

Accepted on 10/17/14 w/ Travis, ED
by [Signature]