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WY Dept of Health
MAR 10 2016
Healthcare Licensing and Surveys

PRINTED: 09/02/2015
FORM APPROVED

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 _____	C 08/19/2015

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
S 000	Opening Comments Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 12/12/2007 Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001 A complaint survey was conducted by Healthcare Licensing and Surveys on 8/19/15. The survey was prompted by complaint intakes LIC-15-019 and LIC-15-031.	S 000		
S5020	Ch 12 Sec 7 (b)(i)(A) Assisted Living Facility (ALF) Core Services (b) Resident Assessment and Services. The staff/contract Registered Nurse (RN) shall conduct initial and, at a minimum annually, an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. (i) The completion of the ALF 102. (A) The current version of the ALF 102 is the designated screening tool. The form may be updated and/or revised periodically by the Program Division. Providers will be notified of changes in the form. The following guidelines apply to the ALF 102; (I) The ALF 102 is only valid if completed within forty-five (45) days prior to admission and there is no change in the resident's condition. (II) The ALF 102 must be completed	S5020	<u>S5020.</u> The facility will ensure the DirectorofNursing(DON)/(RN) completes an accurate, standardized, reproducible assessment upon admission, annually thereafter, and with any change of condition for each resident. This will be accomplished by the following actions: A)Director of Nursing(RN) will have the sole duty of completing a new ALF 102 for each new resident, annually for current residents, and will also complete a new ALF 102 when there is a change in any resident's condition. B)Assistant Director of Nursing will conduct a monthly resident chart audit to ensure ALF 102 assessments are complete and signed by the Director of Nursing(RN). C)Director of Nursing(RN) will provide staff training and continued communication with nursing staff to ensure the Director of Nursing is always aware of any changes in condition of any resident.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Executive Director 4Mar16

was accepted on 2/29/16 by Coralee Russo
Spoke w/ David, ED

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S5020	Continued From page 1 and signed by an RN. (III) The ALF 102 may be completed telephonically; however, it must be verified in person by an RN. (IV) A new ALF 102 shall be completed at least annually, and when there is a change in the resident's condition. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure the registered nurse (RN) completed various assessments for 4 of 9 sample residents (#1, #3, #4, #D1). The findings were: 1. Review of the nursing assessments for resident #4 showed the admission evaluation and the "ALF 102" were signed on 8/8/15 by a licensed practical nurse (LPN). 2. Review of the nursing assessments for resident #3 showed the "ALF 102" form and the nursing evaluation were signed on 7/5/15 by an LPN. 3. Review of the nursing assessments for resident #1 showed the move-in evaluation and the 30 day nursing assessment were signed by an LPN. 4. Review of the nursing assessments for resident #D1 showed the move-in and 30 day nursing evaluations were signed by an LPN. 5. Interview with the director of nursing (DON) and the regional RN on 8/19/15 at 2:40 PM verified the LPN, who was the assistant DON	S5020	D)In regards to resident #4, a new assessment has been completed by a RN whom also reviewed ALF 102. E)In regards to resident #3 ALF 102 has been reviewed and signed by a RN. F)In regards to resident #1, assessment has been completed by a RN. G)Assessment for resident D#1 could not be re-done because resident is deceased. H)Executive Director will conduct a records review of each new resident to ensure ALF 102 is complete and signed by the Director of Nursing(RN). Executive Director will also complete a monthly records inspection to ensure all ALF 102 documentation is current and complete. I)Monthly Quality and Assurance meetings will be conducted with Director of Nursing, ADON and Executive Director to confirm no steps have been missed or overlooked.	9-28-15

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S5020	Continued From page 2 completed some of the assessments.	S5020		
S5023	Ch 12 Sec 7 (b)(iv)(A-C) Assisted Living Facility (ALF) Core Services (b) Resident Assessment and Services. The staff/contract Registered Nurse (RN) shall conduct initial and, at a minimum annually, an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. (iv) Frequency of assessment. An assessment must be conducted: (A) No earlier than one (1) week prior to admission; (B) Immediately upon any significant change in the resident's mental or physical condition; or (C) No less than once every twelve (12) months. This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff interview, and review of policy and procedure, the facility failed to ensure a change of condition assessment was completed for 1 of 6 sample residents (#2). The findings were: Observation on 8/19/15 at 11:40 AM showed resident #2 required certified nurse aide (CNA) #1 to push him/her to the dining room for the noon meal. Additional observation at 1:21 PM showed the resident required assistance of licensed practical nurse (LPN) #1 to transfer from bed to	S5023	S5023 The facility will ensure the Director of Nursing(RN) conducts initial, and annual assessments of each residents' functional capacity, physical assessment and medication review in a manner that is accurate, standardized, and reproducible. This will be accomplished by the following actions: A)Director of Nursing(RN) will complete new resident admission assessment no earlier than 7 days prior to admission, and annually thereafter. B)Director of Nursing(RN) will immediately conduct assessments upon any resident with a significant change in resident's mental or physical condition. Director of Nursing(RN) will complete change of condition assessment for Resident #2 to reflect the resident's change in physical functioning. C)Director of Nursing(RN) and Assistant Director of Nursing will communicate daily with nursing staff to ensure that current mental and physical condition are compliant with current assessment and immediately complete change of condition assessment for any resident showing a discrepancy. Through this process, Director of Nursing and ADON will conduct quarterly staff training to help them understand examples of such changes in condition:...any hospitalization or an increase in regular service needs. D)Executive Director and nursing staff will discuss changes in resident service needs	

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S5023	Continued From page 3 the wheelchair. Interview with CNA #1 and LPN #1 verified the resident was weak and required additional assistance since returning from a recent hospitalization. Review of the medical record showed the resident returned from the hospital on 8/14/15. Continued review of the record failed to show a change of condition assessment was completed to reflect the resident's change in physical functioning. Interview with the director of nursing and the regional registered nurse on 8/19/15 at 2:40 PM verified although the resident was expected to regain strength, a change of condition assessment should be completed and it had not been done. Review of the policy and procedure related to change of condition showed it was adopted on 1/1/15. The procedure showed "Examples of such changes would include: ...any hospitalization...increased service needs ..."	S5023	~~during morning stand up meetings and during~~ monthly All nursing meeting to ensure and changes in resident condition are identified and service plans are adjusted accordingly. E) Monthly Quality and Assurance meetings will be conducted with Director of Nursing, ADON and Executive Director to confirm no steps have been missed or overlooked.	9-28-15
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	S5054	S5054 The facility will ensure that each resident's records shall be current, organized and maintained in individual folders which will be available to the resident, family, and Licensing Division. These records will contain a minimum of the following: resident personal information, History and Physical performed by a physician, individual admission form, accurate record of accidents, injuries, allegations of abuse, signed copy of resident's rights, and resident assessment. This will be accomplished by the following: A)Assistant Director of Nursing will ensure all reportable incidents are submitted to The State Department of Health with in 24hrs of incident. ADON will also ensure a follow up	

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S5054	Continued From page 4 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; (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	S5054	report is submitted within (5) days of that incident in compliance with State guidelines. B)Charge nurse on duty during weekends and holidays will ensure any reportable incident that occurs during their shift is reported to the State Department of Health and also reported to ADON to ensure follow up timelines are met. C)Executive Director will coordinate morning stand up meetings with staff and inquiry about any incidents that may have occurred the night before or during the weekend. During those meeting, Executive Director, DON, and ADON will follow up to ensure necessary follow up documentation has been reported in compliance with Chapter 12 Sec. 7 (e)(i)(A-K) D) Monthly Quality and Assurance meetings will be conducted with Director of Nursing, ADON and Executive Director to confirm no steps have been missed or overlooked.	9-28-15

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S5054	Continued From page 5 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. (3.) Upon the death of a resident with a personal fund deposited with the facility, the facility must convey, within 30 days, the resident ' s funds a final accounting of those funds, to the individual or probate jurisdiction administering the resident ' s estate. (4.) The facility must not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare except for applicable deductible and coinsurance amounts. (F) A signed copy of the resident's rights; (G) The resident's assessment and	S5054		

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S5054	Continued From page 6 individualized assistance plan; (H) Copies of all applicable resident assistance contracts, signed by both parties; (I) Written acknowledgment of the receipt and explanation of all facility policies including admission/discharge policies; (J) Copy of all ALF 102's; and (K) Copy of outside contractual responsibilities, if applicable. This State Rule and Regulation is not met as evidenced by: Based on review of incident investigations, policy and procedure review, and staff interview, the facility failed to ensure 3 of 4 resident incident investigations that were reviewed were reported timely to the licensing division. The findings were: 1. Review of the incident investigation showed on 5/23/15 resident #D1 had a fall and was sent to the emergency room (ER) for evaluation and treatment. The investigation notes showed the incident was reported to the state survey agency on 5/28/15. In addition, a report was sent to the state survey agency related to this resident passing away. The report was made on 8/6/15 although the resident expired on 7/26/15. 2. Review of the incident investigation showed on 5/29/15 resident #5 had a fall which resulted in transport to the ER for evaluation and treatment. The investigation failed to show this was reported to the licensing division.	S5054		

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S5054	Continued From page 7 3. Interview with the assistant director of nursing, and the regional registered nurse on 8/19/15 at 4:17 PM confirmed these incidents were not reported to the state licensing division as required by regulation. 4. Review of the policy and procedure titled "Incident Reporting, Documentation, and Analysis Guidelines" adopted on 1/1/15 showed resident incidents such as falls were to be documented on an incident report. The policy and procedure further showed "...Review incident and state regulations to determine if it requires reporting to the state health or regulatory agency." The policy and procedures failed to define the specifics of what was required to report including the time frames.	S5054		