PRINTED: 09/14/2016
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
	ALF005	A. BUILDING: ______ B. WING ______	C 08/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE RETIREMENT COMMUNITY OF CA	1865 SO BEVERLY STREET CASPER, WY 82601

(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 survey was conducted by Healthcare Licensing and Surveys on 8/29/16 through 8/30/16. The survey was prompted by complaint intakes LIC-16-039 and LIC-16-040.	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		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eileen M Ford
TITLE: Exec Director
(X6) DATE: 9/22/16

STATE FORM 6899 DQ0L11 If continuation sheet 1 of 4

9/22/16 This POC accepted with agreed to change between Eileen Ford and Troy Balken Health Surveyor. - 9/22/16

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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 ALF 102 was completed in a timely manner for 3 of 7 sample residents (#3, #4, #5). The findings were: 1. Medical record review on 8/29/16 for resident #4 showed s/he had a completed ALF 102 assessment dated 1/5/15. Complete record review showed there was no current ALF 102 assessment (1 year, 7 months, and 24 days). 2. Review of the medical record for resident #5 showed an ALF-102 was completed on 1/5/15. Further review showed no evidence of a more recent ALF-102. 3. Review of the medical record for resident #3 showed an ALF-102 was completed on 1/5/15. Further review showed no evidence of a more recent ALF-102. 4. Interview with the DON on 8/29/16 at 4:55 PM confirmed the facility failed to complete an annual ALF 102 assessment after the 1/5/15 assessment for residents #3, #4, and #5.	S5020	DON completed ALF102 forms for residents #3, #4 and #5 and those have been placed in their charts. In addition, DON audited all charts to ensure every one has a current ALF102. An additional an audit will be completed by a designated RN on a monthly basis to endure continued compliance. This results of audits will be evaluated by QAA. KG	9/16/16

9/22/2016 08:24 Primrose (FAX)3072664853 P.003/007

9/25/16

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S5107	Continued From page 2	S5107		
S5107	Ch 12 Sec 9 (a)(i-v) Contractual Svcs Provided Outside ALF Auth Contractual Services Provided Outside Assisted Living Facility Authority. 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. (a) Components of the outside service(s) contract: (i) Who will provide service(s); (ii) What service(s) will be provided; (iii) When the service(s) will be provided; (iv) Where the service(s) will be provided; (v) How the service(s) will be provided, and This State Rule and Regulation is not met as evidenced by: Based on observation, medical record review, resident interview, and staff interview, the facility failed to ensure an outside services contract was obtained for 1 of 1 resident (#6) who required those services. The findings were: Interview with the resident on 8/29/16 at 2:45 PM revealed s/he was currently receiving physical therapy at the facility from an outside entity.	S5107	In regards to resident #6, an outside service agreement has been executed with the agency providing physical therapy. That agreement has been place in the resident's chart.	9/16/16

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S5107	Continued From page 3 Observation on 8/29/16 showed resident #6 using a walker with the supervision of a physical therapy employee, who was not employed at the facility. Medical record review showed the resident had an 8/18/16 physician order for physical therapy to be accomplished on an outpatient basis. The following concerns were identified: a. Review of the entire medical record showed no contract with the outpatient physical therapy organization. b. Interview with the DON on 8/30/16 at 10:10 AM confirmed the facility failed to individualize contracts or written agreements between residents and outpatient entities, which included resident #6. She stated the physical therapy organization had a general contract which allowed that organization to perform physical therapy at the facility.	S5107	In addition, all residents' charts have been audited to determine whom is receiving outside services. Any who were identified received an outside services contract, where service details were logged and the instrument was signed by the resident and/or their POA. (Please see attached document). To ensure ongoing compliance, a log book of outside services is now kept at the nurses' station. Any residents receiving services will be recorded, and a signed contract executed. In addition, and audit is to be completed by designated RN on a monthly basis to ensure continued compliance. The results of audits will be evaluated in QAA.	

9/22/16