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 09/08/2016

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
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 9/7/16 through 9/8/16. The survey was prompted by complaint intakes LIC-15-043 and LIC-16-033.	S 000	Director of Nursing (RN) and Assistant Director of Nursing (RN) will communicate regularly with nursing staff to ensure that Resident's current mental and physical condition are compliant with assessment and services provided are not exceeding that which can be provided under a level 1 license. If a discrepancy is noted, resident will be placed on Short Term Health Monitoring, not to exceed 14 days. This monitoring will allow facility to accurately identify changes in resident's mental and physical condition to determine whether services provided are needed permanently or caused by an acute condition. This determination will also be based upon the findings of a Change of Condition Assessment, ALF 103, and Physician input. If it is determined that the resident will permanently require a service which cannot be provided under the licensure of a level 1 facility, Director of Nursing (RN) and Executive Director will complete the following actions: a) Determine if resident's needs can be met by an outside Third-Party Provider. b) Schedule a meeting with Resident/family member(s) to discuss options for continued care with the addition of a Third-Party Provider. 1) If resident/family member(s) do not consent to adding a Third-Party Provider, facility	
S5101	Ch 12 Sec 8 (a)(vii) Services Which Cannot Be Provided By Level I Services which cannot be provided by the Level I Assisted Living Facility staff. (a) The following services cannot be provided: (vii) Incontinence care by facility staff; This State Rule and Regulation is not met as evidenced by: . Based on observation, medical record review, and staff and visitor interview, the facility failed to ensure residents were appropriate for the core services level of care for 1 of 1 sample resident (#3) who required staff assistance for personal hygiene and incontinence care. The findings were: Medical record review showed resident #3 had an ALF 102 assessment completed on 12/31/15. Review of this assessment showed the resident had occasional incontinence and needed	S5101		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nancy Mills — TITLE: Executive Director — (X6) DATE: 9/29/16

POC accepted. Message left for Nancy Mills, ED, on 10/10/16 @ 2:24pm.
[illegible] 10/11/16

Healthcare Licensing and Surveys

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S5101	Continued From page 1 occasional help to clean self. This review also showed the resident was well-motivated and capable of performing activities of daily living (ADL). Review of the resident assessment dated 11/19/15 showed the resident refused showers often, and was not always compliant with maintaining personal hygiene. Review of the June, July, August, and September 2016 nursing notes showed the resident came to the dining room wearing urine-soaked clothing and/or refused to shower on 6/1/16, 6/5/16, 6/6/16, 6/29/16, 7/17/16, 9/1/16, and 9/6/16. Further review of the nursing notes showed the resident placed urine-soaked disposable briefs on the floor in his/her bathroom and bedroom. Review of the 6/29/16 nursing notes showed other residents' family members verbalized concerns about the resident's poor hygiene and urinary incontinence. Review of the 9/6/16 nurses notes showed the resident's resistance to changing his/her wet clothing and brief caused urine to soak into the recliner chair. Review of the 6/9/16 nurse-documented "reason for [physician's] appointment" showed the resident had an inflamed groin area, was incontinent of urine and stool, and had refused to shower for 29 days. Review of the 6/9/16 physician's progress note showed the physician talked with the resident's family about the possible need to transfer the resident to a level of care that could provide more ADL assistance for the resident. At that time the physician ordered a medicated powder for the inflamed area, home health to assist with showers and mealtimes, and therapy for strengthening. Observation on 9/7/16 at 6 PM revealed the resident was sitting in a recliner chair in his/her living room. At that time there was a strong odor	S5101	will issue a 30-day notice to discharge 2) If resident/family member(s) agree to adding a Third-Party Provider, facility will take the following action: i.) Arrange services by the appropriate professional based on the preferences of the resident/family member(s) ii.) Incorporate these services in to the resident's service plan ensuring the following details are included: Who will provide service(s), what service(s) will be provided, when the service(s) will be provided, and where the service(s) will be provided. c) Director of Nursing (RN) and Executive Director will regularly monitor the effectiveness and quality of the service(s) being provided by Third-Party and add review during the facility's monthly Quality and Assurance meetings. In regards to Resident #3, resident and family members agreed to hire a Third-Party provider, who began providing incontinence management services September 21st, 2016. Resident is	

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S5101	Continued From page 2 of urine emanating from the resident and the odor was pervasive throughout the bedroom and bathroom. Observation on 9/8/16 at 8 AM revealed the resident was again sitting in the recliner chair and Certified Nurse Aide (CNA) #1 walked throughout the rooms and picked one urine-soaked disposable brief up from the floor in the bedroom and one from the floor near the resident. At that time the CNA stated the resident changed his/her briefs independently, but usually threw them on the floor. She further stated staff changed the resident's bed linen daily due to incontinence. Continued observation showed the CNA removed the soiled disposable briefs and used a disinfectant to clean the bathroom, but the strong urine odor remained. Interview on 9/7/16 at 6:15 PM with a visitor to the facility, revealed the visitor had observed the resident during the previous week sitting in the dining room with urine-soaked clothing and the odor was so strong in the dining room that it was difficult for the other residents to eat. During an interview on 9/8/16 at 12:50 PM, the DON stated the resident refused the home health and therapy that had been provided after the physician ordered it on 6/9/16. Interview with the DON and administrator on 9/8/16 at 2:20 PM revealed they had attempted various approaches to get the resident to manage his/her incontinence because s/he was capable of doing it, but refused to do it. The DON further stated the resident was doing better, but the problem had not been completely resolved.	S5101	compliant with cares from facility and Third-Party Provider.	9/21/16