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 _____	C 06/14/2017

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 licensure survey was conducted by Healthcare Licensing and Surveys on 6/13/17 through 6/14/17. Also reviewed in the course of the survey was complaint intake LIC-17-002. The following abbreviations are used throughout this document. ADL- Activities of Daily Living ALF- Assisted Living Facility CNA- Certified Nursing Assistant DON- Director of Nursing LPN- Licensed Practical Nurse ED- Executive Director RN- Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5006	Ch 12 Sec 6 (c) Personnel and Staffing Requirements (c) Background checks. All staff of the assisted living facility shall successfully complete, at a minimum, a State of Wyoming Division of Criminal Investigation (DCI) fingerprint background check and a Department of Family Services Central Registry Screening before direct resident contact.	S5006	**S5006.** The facility will ensure all staff of the assisted living facility shall successfully complete, at a minimum, a State of Wyoming Division of Criminal Investigation fingerprint background check and a Department of Family services Central Registry Screening before direct resident contact. This will be accomplished by the following actions: **A).**During new employee hiring paperwork process, the Executive Director will require all new employees to complete a State of WY Division of	

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

David Sheppard | Executive Director | 7/13/17

STATE FORM 6899 G2G811

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JUL 13 2017
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Plan of Correction accepted on 7/14/17.
The administrator was contacted at 10:42AM and left a message. He was in the Facility at

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S5006	Continued From page 1 This State Rule and Regulation is not met as evidenced by: Based on employee file review, and staff interview the facility failed to ensure the required background checks/screenings were completed prior to resident contact for 4 of 4 employee (RN #1, CNA #1, CNA #2, CNA #3) files reviewed. The findings were: 1. Review of the employee file for RN #1, hired on 5/24/17, showed no evidence the Wyoming Division of Criminal Investigation (DCI) background check or the Department of Family Services (DFS) Central Registry Screening was completed or initiated. 2. Review of the employee file for CNA #1 showed she was hired on 4/29/17. The file failed to show evidence the Wyoming DCI background check or the DFS Central Registry Screening was completed or initiated. 3. Review of the employee files showed CNA #2 was hired on 4/25/17 and CNA #3 was hired on 4/14/17. Further review showed both files were lacking evidence of a completed DFS Central Registry Screen. 4. Interview with the ED on 6/14/17 at 12:54 PM revealed the paperwork was initiated as far as he knew and was in the process of being completed. However, he verified there was no evidence these items had been initiated or completed.	S5006	Criminal Investigation fingerprint background check. Once background check is received from employee, Executive Director will immediately mail to DCI. Executive Director will also retain a copy of that background fingerprint card to document when it was sent to DCI. **B)** During new employee hiring paperwork process, Executive Director will complete employer portion and verify all new employees complete "applicant" portion of Department of family services Central Registry Screening. Executive Director will immediately submit paperwork and payment to Department of Family Services Central Registry. Executive Director will also retain a copy of that background fingerprint card to document when it was sent to the Department of Family Services. **C)** Since the time of this survey, facility has received both DCI background check and DFS Central Registry Screening for RN#1. **D)** Since the time of this survey, the facility has received both DCI background check and DFS Central Registry Screening for CNA#1. **E)** Since the time of this survey, the facility has received DFS Central Registry Screening results for both CNA#2 and CNA#3. **F)**As a secondary measure of checks and cross-checks, once new hire paperwork is completed by the Executive Director, the paperwork will be given to the Administrative Assistant to verify that all necessary paperwork is present. Administrative Assistant will pay special attention to ensure documentation is present of DCI background check and DFS Central Registry. **G)**Since the survey, facility has done an audit of all employee files and found no other employee files that were missing DCI background check or DFS Central Registry Screening.	
S5020	Ch 12 Sec 7 (b)(i)(A) Assisted Living Facility (ALF) Core Services (b) Resident Assessment and Services. The	S5020		

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S5020	Continued From page 2 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 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, policy and procedure review, and staff interview the facility failed to ensure the Assisted Living Facility (ALF) 102 form was updated and complete after a change in condition for 1 of 2 sample residents (#4) with a change in condition. The findings were:	S5020	**H)**To ensure new employees of assisted living do not have any direct contact with resident, we will utilize our Nursing Mentor Program. When a new staff member is hired, they are assigned a designated mentor. The new employee never leaves the side of their mentor. The mentor is responsible for the new employee's hands on training in the community and familiarization of processes and resident. The new employee is not released from the mentor program until all of the following criteria are met: **a)**DCI backround check and DFS Central Registry Screening are both received and reviewed by the Executive Director. **b)**Nursing Mentor has completed and signed off on New Employee Orientation/Training checklist and feels comfortable that New Employee is ready to work on the floor independently. **c)**DON reviews New Employee Orientation/Training checklist and makes final determination that New Employee in competent and ready to work the floor independently. **S5020** The facility will ensure that the Director of Nursing(RN) or the Assistant Director of Nursing(RN) conducts initial and, at a minimum annually, an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. Additionally, this will be accomplished by the following: **A).** During regular business hours, Director of Nursing(RN) will have sole duty of completing annual and change of condition assessments and their corresponding ALF 102. **B)** During non-regular business hours, the Registered Nurse(RN) on call will be responsible for completing any necessary change of condition assessments and a corresponding ALF 102. That nurse will then communicate changes to the	8/07/17

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S5020	Continued From page 3 Review of the medical record for resident #4 showed the ALF 102 was last completed on 8/1/16. Further review of the record showed the resident had fallen on 12/15/16, 1/5/17, 1/26/17, and 2/26/17. Interview with the DON on 6/14/17 at 12:45 PM confirmed a new ALF 102 had not been completed after the falls. In addition, she stated she should have recognized the resident's falls as a change of condition per the facility policy. Review of the facility procedure titled "Change of Condition," last revised 12/31/16, showed 2 or more falls in a month or a "pattern of increasing falls (i.e. 1 per month for 3 months)" was defined as a change in condition.	S5020	Director of Nursing(RN) to ensure that an accurate, standardized, reproducible assessment was in fact completed and signed by a Registered Nurse(RN). Director of Nursing will also review and sign ALF 102 to ensure the completed ALF 102 is an accurate reflection of a resident's current condition. **C)** Director of Nursing(RN) and Assistant Director of Nursing(RN) will communicate daily with nursing staff to ensure that residents' current mental and physical condition are compliant with current assessment. If a discrepancy is noted, resident will be placed on Short-Term Health Monitoring. Short-Term Health Monitoring is outlined in facility's "Resident Care Services Policies and Procedures and duration should not exceed 14 days.	
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.	S5023	**D)** Executive Director, Director of Nursing(RN), and Assistant Director of Nursing(RN) will discuss changes in resident service needs during morning stand up meetings and during Monthly Mandatory Nursing Meetings to ensure changes in resident conditions are identified, communicated and service plans are adjusted accordingly. **E)** Executive Director, Director of Nursing(RN), and Assistant Director of Nursing(RN) will continue to conduct monthly Quality and Assurance meetings with a specific focus area of identifying any possible changes in resident condition, ensuring all applicable assessments and ALF 102's have been signed by an RN. Other area of specific focus will review residents with a pattern of falls, or a developing pattern of falls. **F)**In regards to resident #4, a new assessment and ALF 102 have been completed. Resident has agreed to attend morning exercise classes to help build strength. **G)**DON will conduct training with entire nursing staff to re-educate them about the WY ALF 102, its purpose, function, and the importance of reporting changes in resident needs so that it can filled out	

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S5023	Continued From page 4 This State Rule and Regulation is not met as evidenced by: Based on medical record review, policy and procedure review, and staff interview the facility failed to ensure a nursing evaluation was completed after a change in condition for 1 of 2 sample residents (#4) with a change in condition. The findings were: Review of the medical record for resident #4 showed a nursing evaluation was last completed on 8/1/16. Further review of the record showed the resident had fallen on 12/15/16, 1/5/17, 1/26/17, and 2/26/17. Interview with the DON on 6/14/17 at 12:45 PM confirmed a new "Nursing Evaluation" had not been completed after the change of condition. In addition, she stated she should have recognized the resident's falls as a change of condition per the facility policy. Review of the facility procedure titled "Change of Condition," last revised 12/31/16, showed 2 or more falls in a month or a "pattern of increasing falls (i.e. 1 per month for 3 months)" was defined as a change of condition.	S5023	and completed to accurately reflect the capabilities and condition of each resident. **H)** Director of Nursing(RN), Assistant Director of Nursing(RN), and will regularly audit the charts of every resident. During audit process, Director of Nursing(RN) and Assistant Director of Nursing(RN) will ensure each resident has an accurate, standardized, reproducible assessment of that resident's functional capacity, physical assessment and medication review. This will include an accurate and complete ALF 102. **S5023** The facility will ensure that the Director of Nursing(RN) or the Assistant Director of Nursing(RN) conducts initial and, at a minimum annually, an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. Additionally, Director of Nursing(RN) or Assistant Director of Nursing(RN) in ensure that an accurate, standardized, reproducible assessment is completed upon any significant change in a resident's mental or physical condition. This will be accomplished by the following:	
S5026	Ch 12 Sec 7 (b)(vii) 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. (vii) The assistance plan shall be reviewed and updated by the RN at least annually or when a significant change occurs, with input from direct care-givers, the resident, and others as	S5026	**A).** During regular business hours, Director of Nursing(RN) will have sole duty of completing annual and change of condition assessments and their corresponding ALF 102. **B)** During non-regular business hours, the Registered Nurse(RN) on call will be responsible for completing any necessary change of condition assessments and a corresponding ALF 102. That nurse will then communicate changes to the Director of Nursing(RN) to ensure that an accurate, standardized, reproducible assessment was in fact	

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S5026	Continued From page 5 designated by the resident. This State Rule and Regulation is not met as evidenced by: Based on medical record review, policy and procedure review, and staff interview the facility failed to ensure the resident service plan was updated and complete after a change in condition for 1 of 2 sample residents (#4) with a change in condition. The findings were: Review of the medical record for resident #4 showed the resident's service plan was last completed on 8/5/16 with "no falls" recorded in the incidents section. Further review of the record showed the resident had fallen on 12/15/16, 1/5/17, 1/26/17, and 2/26/17. Review of the post-fall assessment dated 2/26/17 revealed interventions in place prior to the incident included frequent bed checks at night and at breakfast. Review of the post-fall assessments completed on 1/10/17, 2/2/17, and 3/1/17 each showed no evidence the service plan was reviewed or revised. Interview with the DON on 6/14/17 at 12:45 PM confirmed a new service plan had not been completed after the change of condition. In addition, she stated she should have recognized the resident's falls as a change of condition per the facility policy. Review of the facility procedure titled "Change of Condition," last revised 12/31/16, showed 2 or more falls in a month or a "pattern of increasing falls (i.e. 1 per month for 3 months)" was defined as a change in condition.	S5026	completed and signed by a Registered Nurse(RN). Director of Nursing will also review and sign ALF 102 to ensure the completed ALF 102 is an accurate reflection of a resident's current condition. **C)** Director of Nursing(RN) and Assistant Director of Nursing(RN) will communicate daily with nursing staff to ensure that residents' current mental and physical condition are compliant with current assessment. If a discrepancy is noted, resident will be placed on Short-Term Health Monitoring. Short-Term Health Monitoring is outlined in facility's "Resident Care Services Policies and Procedures and duration should not exceed 14 days. **D)** Executive Director, Director of Nursing(RN), and Assistant Director of Nursing(RN) will discuss changes in resident service needs during morning stand up meetings and during Monthly Mandatory Nursing Meetings to ensure changes in resident conditions are identified and service plans are adjusted accordingly. **E)** Executive Director, Director of Nursing(RN), and Assistant Director of Nursing(RN) will continue to conduct monthly Quality and Assurance meetings with a specific focus area of identifying any possible changes in resident condition, ensuring all applicable assessments and ALF 102's have been signed by an RN. Other area of specific focus will review residents with multiple falls and identify those with high risk factors for falls. Once identified, will implement measures to reduce risk factors for falls. **F)** In regards to resident #4, a new assessment and ALF 102 have been completed. Resident has agreed to attend morning exercise classes to help build strength.	
S5050	Ch 12 Sec 7 (d)(ii)(A-B) Assisted Living Facility (ALF) Core Services	S5050	**G)**) Director of Nursing(RN), Assistant Director of Nursing(RN), and will regularly audit the charts of every resident. During audit process, Director of Nursing(RN) and Assistant Director of	

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S5050	Continued From page 6 (d) Medications. (ii) Prescription drugs shall be dispensed from a licensed pharmacy, labeled with the name, address and telephone number of the pharmacy, name of resident, name and strength of drug, directions for use, date filled, expiration date, prescription number and name of physician. Controlled substances shall have a warning label on the bottle. (A) An RN shall destroy all discontinued prescriptions; other than controlled substances, using acceptable standards or practice. (B) Discontinued or outdated controlled substances shall be destroyed by the RN in the presence of a licensed pharmacist and documented in the resident's record. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview the facility failed to ensure prescription drugs for resident use had proper labeling in 3 of 3 medication areas, (medication storage room, medication cart for first floor, medication cart for second floor). The findings were: 1. Observation on 6/14/17 at 10:30 AM showed the following concerns in the medication storage room: a. The pharmacy label on a bottle of Nystatin liquid failed to include an expiration date. b. The pharmacy label for a syringe that contained Ativan, Benadryl, Haldol, and Reglan failed to include an expiration date. c. The pharmacy label for codeine tablets failed to include an expiration date. d. The pharmacy label for cetirizine syrup failed	S5050	Nursing(RN) will ensure each resident has an accurate, standardized, reproducible assessment of that resident's functional capacity, physical assessment and medication review. **H)** DON will conduct training with entire nursing staff to re-educate them about the WY ALF 102, its purpose, function, and the importance of reporting changes in resident needs so that it can filled out and completed to accurately reflect the capabilities and condition of each resident. **S5026** The facility will ensure that the Director of Nursing(RN) or the Assistant Director of Nursing(RN) conducts initial and, at a minimum annually, an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. Additionally, Director of Nursing(RN) or Assistant Director of Nursing(RN) in ensure that an accurate, standardized, reproducible assessment is completed upon any significant change in a resident's mental or physical condition. This will be accomplished by the following: **A).** During regular business hours, Director of Nursing(RN) will have sole duty of completing annual and change of condition assessments, their corresponding ALF 102, and generating a new correlated service plan. **B)** During non-regular business hours, the Registered Nurse(RN) on call will be responsible for completing any necessary change of condition assessments, a corresponding ALF 102 and generating a new correlated service plan. That nurse will then communicate changes to the Director of Nursing(RN) to ensure that an accurate, standardized, reproducible assessment and service plan has in fact been completed and signed by a Registered Nurse(RN). Director of Nursing will also review and sign ALF 102 to ensure the	8/07/17

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S5050	Continued From page 7 to include an expiration date. e. Interview with LPN #1 on 6/14/17 at 10:35 AM confirmed the labels did not have an expiration date and were available for resident use. 2. Observation of the first floor medication cart on 6/14/17 at 11 AM revealed the pharmacy label for lorazepam tablets failed to include an expiration date. Interview on 6/14/17 at 11 AM with LPN #1 confirmed the label did not have an expiration date and was available for resident use. 3. Observation of the second floor medication cart on 6/14/17 at 11:20 AM revealed the following concerns: a. The pharmacy label for Geri-Tussin liquid failed to include an expiration date. b. The pharmacy label for Virtussin AC liquid failed to include an expiration date. c. Interview on 6/14/17 at 11:20 AM with LPN #1 confirmed the label did not have an expiration date and was for resident use.	S5050	completed ALF 102 and service plan accurately reflect the resident's current condition. **C)** Director of Nursing(RN) and Assistant Director of Nursing(RN) will communicate daily with nursing staff to ensure that residents' current mental and physical condition are compliant with current assessment and service plan. If a discrepancy is noted, resident will be placed on Short-Term Health Monitoring. Short-Term Health Monitoring is outlined in facility's "Resident Care Services Policies and Procedures and duration should not exceed 14 days. **D)** Executive Director, Director of Nursing(RN), and Assistant Director of Nursing(RN) will discuss changes in resident service needs during morning stand up meetings and during Monthly Mandatory Nursing Meetings to ensure changes in resident conditions are identified and service plans are adjusted accordingly. **E)** Executive Director, Director of Nursing(RN), and Assistant Director of Nursing(RN) will continue to conduct monthly Quality and Assurance meetings with a specific focus area of identifying any possible changes in resident condition, ensuring all applicable assessments,	
S5076	Ch 12 Sec 7 (j)(v) Assisted Living Facility (ALF) Core Services (j) Food Service and Nutrition. (v) Individuals with food preparation responsibilities shall be in good health and shall practice safe food handling techniques in accordance with the current edition of the Food Code published by the U.S. Public Health Service, Food and Drug Administration. This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview, and review	S5076	ALF 102's, and service plans have been modified and applicable forms signed by an RN. Other area of specific focus will review residents currently identified as potential fall risks as well as attempt to identify residents that have the potential for falls. Once identified, assessment will reflect measures taken to help mitigate the risk for falls. **F)** In regards to resident #4, a new assessment and ALF 102 have been completed. Resident has agreed to attend morning exercise classes to help build strength. **G)** Director of Nursing(RN) and Assistant Director of Nursing will communicate with nursing staff to identify any possible changes in conditions of	

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S5076	Continued From page 8 of food code requirements, the facility failed to ensure safe food handling techniques were followed related to thawing food, use of hair restraints, and hand washing in 1 of 1 kitchens. The findings were: 1. Observation on 6/13/17 at 11:49 AM showed cook #2 was wearing gloves to prepare food. While wearing the gloves the cook handled the refrigerator door then continued to make sandwiches wearing the contaminated gloves. At 12:08 PM the cook handled the steamer door with the gloves on and then turned on the water faucet to run water over the boiled eggs she had taken out of the steamer. The aide failed to dispose of the gloves prior to using her gloved hands to put lettuce onto plates. 2. Observation on 6/13/17 at 11:59 AM showed CNA #4 came into the kitchen from the dining room to prepare a resident's meal. The aide gathered milk, cereal and applesauce from their storage areas in the kitchen. The CNA did not wash her hands or wear any hair restraint prior to the food preparation. 3. Observation on 6/13/17 at 12:05 PM showed 4 packages of frozen sliced ham were located in a sink thawing with no running water. At 2:19 PM the 4 packages remained in the sink with no running water. 4. Interview with the Certified Dietary Manager on 6/13/17 at 1:57 PM verified more education was needed related to hand washing and glove use. Further, the manager verified thawing the frozen ham in the sink with no running water was not an acceptable method. 5. According to Food Code 2013, U.S. Public	S5076	current residents. Will also conduct chart audits to ensure current service plan on file accurately reflects residents' current needs and condition. **H)** DON will conduct training with entire nursing staff to re-educate them about the resident assessment process, its purpose, function, and the importance of reporting changes in resident needs so that it can updated to accurately reflect the capabilities and condition of each resident. **S5050** The facility will ensure prescription drugs shall be dispensed from a licensed pharmacy, labeled with the name, address, and telephone number of the pharmacy name of resident, name and strength of drug, directions for use, date filled, expiration date, prescription number and name of physician. Controlled substances shall have a warning label on the bottle. This will be accomplished by the following: **A).** Director of Nursing(RN) and Assistant Director of Nursing(RN) will conduct an initial audit of resident medications to identify any resident medications that may not have a listed expiration date and conduct a monthly random audit of medications in 3 of 3 areas, (medication storage room, medication cart for the first floor, and medication cart for the second floor. During that audit, they will verify that prescription drugs are dispensed from a licensed pharmacy, labeled with the name, address and telephone number of the pharmacy, name of resident, name and strength of drug, directions for use, date filled, expiration date, prescription number and name of physician. In the case of controlled substances, they will verify that there is a warning label on the bottle.	8/07/17

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

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S5076	Continued From page 9 Health Service, 2-301.14 When to Wash: FOOD EMPLOYEES shall clean their hands and exposed portions of their arms... "(E) After handling soiled EQUIPMENT or UTENSILS...(H) Before donning gloves for working with FOOD; and (I) After engaging in other activities that contaminate the hands..." 6. According to Food Code 2013, U.S. Public Health Service: 2-402.11 "(A) ...FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES." 7. According to Food Code 2013, U.S. Public Health Service: 3-501.13 "FOOD shall be thawed: (A) Under refrigeration that maintains the FOOD temperature at 5 [degrees] C (41[degrees] F) or less; or (B) Completely submerged under running water: (1) At a water temperature of 21[degrees] C (70 [degrees] F) or below, (2) With sufficient water velocity to agitate and float off loose particles in an overflow ..."	S5076	**B)** Executive Director and Director of Nursing will coordinate with Pharmacist to conduct a training for nurses on how to effectively read prescription drug labels and efficiently identify if a prescription drug is being dispensed from a licensed pharmacy, labeled with the name, address and telephone number of the pharmacy, name of resident, name and strength of drug, directions for use, date filled, expiration date, prescription number and name of physician. Pharmacist will also provide refresher training on identification of controlled substances warning labels that must be present on the bottle. **C)** Director of Nursing(RN) and Assistant Director of Nursing(RN) will provide initial and then quarterly refresher training for nurses on effective inspection of prescription drugs at time of delivery from pharmacy. This inspection process will entail that the floor nurse who is conducting the prescription drug intake will ensure that all prescription drugs received are from a licensed pharmacy, labeled with the name, address and telephone number of the pharmacy, name of the resident, name and strength of drug, directions for us, date filled, expiration date, prescription number and name of physician. Also, ensure that any controlled substances received are all labeled with a warning on the bottle. **a)**Any discrepancy will be immediately reported to the dispensing pharmacy, as well as the Director of Nursing (RN). **D)** Executive Director, Director of Nursing(RN), and Assistant Director of Nursing(RN) will continue to conduct monthly Quality and Assurance meetings with a specific area of focus including a detailed report of the monthly random prescription drug audit. Report will also include any reports of discrepancies identified from the floor nurses during the medication delivery check in process. **E)**For medications specifically identified during survey, we have contacted dispensing pharmacy to	
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	S5107		

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S5107	Continued From page 10 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 staff interview and medical record review the facility failed to ensure outside service contracts included all required components for 3 of 3 sample residents (#2, #3, #5) with outside services. The findings were: 1. Review of the 1/20/17 "Nursing Evaluation" showed resident #2 had diagnoses that included pancreatic cancer, status post-cerebral vascular accident, and urinary tract infection. Review of the "Resident Negotiated Service Plan" showed the resident utilized the Veteran's Administration (VA) home-based nurse care program. Review of the resident's third-party provider agreement dated 5/18/16 showed RN services were to be provided by the VA Home Care, an outside home health agency. The contract did not indicate what type of RN services were needed to provide care.	S5107	request that expiration dates be printed on each medication. **S5076** The facility will ensure that individuals with food preparation responsibilities shall be in good health and shall practice safe food handling techniques in accordance with the current edition of the Food Code published by the U.S. Public Health Service, Food and Drug Administration. This will be accomplished by the following: **A)**Executive Director will coordinate with contracted Registered Dietician to provide initial training to all kitchen staff with the following specific areas of focus: **a)**When to Wash (in accordance with Health Service, 2-301.14) **b)**Effective Hair Restraints (in accordance with Food code 2013, U.S. Public Health Service: 2-402.11) **c)**Appropriate food thawing techniques (in accordance with Food Code 2013, U.S. Public Health Service: 3-501.13) **B)**Executive Director will also coordinate with contracted Registered Dietician to provide quarterly follow up visits to ensure training guidelines are being adhered to. C)Certified Dietary Manager will provide daily training and oversight to FOOD EMPLOYEES with the following areas of focus: **a)**When to Wash (in accordance with Health Service, 2-301.14) **b)**Effective Hair Restraints (in accordance with Food code 2013, U.S. Public Health Service: 2-402.11) **c)**Appropriate food thawing techniques (in accordance with Food Code 2013, U.S. Public Health Service: 3-501.13)	8/07/17

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JY 8/14/17

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S5107	Continued From page 11 Interview with the DON on 6/14/17 at 11:15 AM revealed that she filled out the contract and did not indicate the type of services the home health nurse would provide. 2. Review of the 5/17/17 "Nursing Evaluation" showed resident #5 was admitted with diagnoses that included status post-right hip fracture. Further review showed the resident would receive physical therapy (PT), occupational therapy (OT), and nursing services through home health. Review of the "Resident Assessment," dated 5/23/17, showed the resident utilized home health services for PT and OT. Review of the resident's third-party provider agreement, dated 6/1/17, showed PT, OT, and RN services were to be provided by an outside home health agency at the ALF, with "services per assessment and Plan of Care." The contract did not indicate what services each discipline would provide or the frequency of services. Interview with the DON on 6/14/17 at 12:44 PM revealed she called earlier in the day to obtain the agency's Plan of Care, and confirmed it was not previously available in the resident's medical record. 3. Review of the medical record showed resident #3 required services to be provided by an outside service contract. Review of the resident agreements regarding third party independent contractors and providers showed there were 2 separate documents both dated 6/9/17. The details were lacking regarding what services were being provided. Review of one form showed the name of a private care giver company and "24/7 care in apartment 1:1 for ADLs, special diet and mobility." Review of the other form showed the name of a home health agency and "Home care PT [name of home health agency] 1:1 in [assisted living facility] per POC." Interview with the DON	S5107	**D)**Executive Director and Certified Dietary Manger will provide training to NON FOOD EMPLOYEES and arrange kitchen in a manner that restricts flow of NON FOOD EMPLOYEES from entering the food preparation area. **E)**Dietary Manager will provide daily follow up training to dietary staff while making on the spot corrections. Executive Director will conduct random weekly spot checks to ensure safe food handling techniques. **S5107** The facility will ensure that any resident receiving services from an outside entity for care beyond that provided for or specified in the Assisted Living Program Administration Rules will be arranged by the appropriate professional and be incorporated into the resident's service plan while honoring the resident's choice of providers. This will be accomplished by the following actions: **A).** During Assessment process; admission, annual, or change of condition and utilizing the ALF 102, Director of Nursing(RN) or Assistant Director of Nursing(RN) will identify if a resident requires or would like to elect to have additional services provided by an outside Third-Party care professional.	8/07/17

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S5107	Continued From page 12 on 6/14/17 at 11:20 AM verified there were no further details of the contracted services available.	S5107	**B)** Through the assessment process and utilization of ALF 102, if Third-Party care professionals will be used to support the overall care of a resident, Director of Nursing(RN) or Assistant Director of Nursing(RN) will review appropriate professional options with the resident(s)/family and incorporate those identified services into the resident's service plan. Director of Nursing(RN) or Assistant Director of Nursing(RN) will also coordinate with selected Third-Party care professionals to obtain a copy of that entity's service plan and also make that a portion of the resident's service plan to ensure effective communication between all parties. **C)** Director of Nursing(RN) or Assistant Director of Nursing(RN) will complete Primrose Retirement Communities Form titled "Resident Third Party Provider Agreement." This form will be completed with the following information detailed within: a) Who will provide service(s) b) What service(s) will be provided c) When the service will be provided d) Where the service will be provided e) How service(s) will be provided To ensure effective communication through all parties, this form will be added to resident's chart and to resident's service plan. **D)** Director of Nursing(RN), Assistant Director of Nursing(RN), and Executive Director will continue conducting monthly Quality and Assurance meetings, in which, we will review and audit the charts of every resident receiving services from an outside Third-Party profession. During audit process, Director of Nursing(RN), Assistant Director of Nursing(RN), and Executive Director will ensure "Resident Third Party Provider Agreement" is completed in its entirety and is an accurate reflection of the services being provided to the resident(s). **E)** In regards to resident #2: An updated service plan has been completed and signed by Director of Nursing(RN). RN services provided by VA Home Care have been incorporated into resident #2 most	
S5139	Ch 4 Sec 5 (j)(i)(E) Licensure (j) Surveys for Licensure. (i) The Survey Division's designated representative shall perform initial and periodic surveys for the renewal of licensure. (E) The Assisted Living Facility shall post the survey results in a manner conducive for public view. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure previous survey results were posted for public view. The findings were: Observation on 6/13/17 at 3:20 PM showed no evidence previous survey results were posted and accessible to the public. Interview with the ED on 6/14/17 at 1:10 PM confirmed the survey results were not posted. He further revealed he was unaware of the requirement for posting survey results.	S5139		

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S5107	Continued From page 12 on 6/14/17 at 11:20 AM verified there were no further details of the contracted services available.	S5107	recent service plan. As an amendment to the service plan, facility has incorporated "Resident Third Party Provider Agreement" for VA Home Care which outlines: who will provide service, which services will be provided, when the services will be provided, and where the services will be provided, and how the service will be provided.	
S5139	Ch 4 Sec 5 (j)(i)(E) Licensure (j) Surveys for Licensure. (i) The Survey Division's designated representative shall perform initial and periodic surveys for the renewal of licensure. (E) The Assisted Living Facility shall post the survey results in a manner conducive for public view. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure previous survey results were posted for public view. The findings were: Observation on 6/13/17 at 3:20 PM showed no evidence previous survey results were posted and accessible to the public. Interview with the ED on 6/14/17 at 1:10 PM confirmed the survey results were not posted. He further revealed he was unaware of the requirement for posting survey results.	S5139	F)In regards to resident #5: An updated third party contract has been received and incorporated in resident #5 service plan and clearly identifies which services each discipline would provide and the frequency of services. G)In regards to resident #3: Facility has clarified Third Party agreements to identify services provided by each discipline and frequency of services. H) DON will conduct training with entire nursing staff to educate them about the importance of communication of services with outside third party service providers. Stressing this importance to ensure we maintain the highest level of care to our residents. I)) Director of Nursing(RN), Assistant Director of Nursing(RN), and will regularly audit the charts of every resident outside third party services. During audit process, Director of Nursing(RN) and Assistant Director of Nursing(RN) will ensure that each of those residents has a current and accurate" Resident Third Party Provider Agreement" in their chartand is completed with the following information detailed within: a) Who will provide service(s) b) What service(s) will be provided c) When the service will be provided d) Where the service will be provided e) How service(s) will be provided 8/07/17	

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S5139	Ch 4 Sec 5 (j)(i)(E) Licensure (j) Surveys for Licensure. (i) The Survey Division's designated representative shall perform initial and periodic surveys for the renewal of licensure. (E) The Assisted Living Facility shall post the survey results in a manner conducive for public view. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure previous survey results were posted for public view. The findings were: Observation on 6/13/17 at 3:20 PM showed no evidence previous survey results were posted and accessible to the public. Interview with the ED on 6/14/17 at 1:10 PM confirmed the survey results were not posted. He further revealed he was unaware of the requirement for posting survey results.	S5139	**S5139** The facility will ensure that the survey results are posted in a manner conducive for public view. This will be accomplished by the following actions: A)Executive Director will ensure that after the completion of a survey, the results are posted in a manner conducive for public view. B)Executive Director will perform an inspection monthly to ensure survey results continue to be posted in a manner that is conducive for public view.	8/07/17