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 _____	06/06/2018

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

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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 6/6/18. The following common abbreviations are used throughout this document: ADON -Assistant Director of Nursing LPN - Licensed Practical Nurse Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5008	Ch 12 Sec 6 (d)(ii)(A-F) Personnel and Staffing Requirements (d) Infection Control. Written policies shall be in effect to ensure that newly hired and current employees do not spread a communicable disease that could be transmitted through usual job duties. These shall not be limited to: (ii) Tuberculin Testing. (A) Tuberculin testing must be accomplished for each employee prior to employment and annually thereafter. (B) Employees having known positive skin tests shall provide a certificate of	S5008		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eileen Mond — TITLE: Exec Dir. — (X6) DATE: 7/2/18

Healthcare Licensing and Surveys

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S5008	Continued From page 1 noninfectiousness, recommendations, if any, for treatment, and evidence they have complied with such recommendations. (C) Individuals provide documentation of negative skin test administered within the last twelve (12) months do not require a follow-up (D) Individuals who have not had a skin test or who do not have written proof of skin test results, shall have an intradermal Mantoux using 5TU PPD. This shall be accomplished via the two (2) step procedure. If the first test is negative and the employee is asymptomatic, the employee may engage in resident contact prior to the results of the second skin test. (I) A negative reaction requires no follow-up. (II) A positive reaction (10mm in duration suing 5TU PPD) requires a referral to a physician for x-ray and certification of noninfectiousness and appropriate treatment if needed. Follow up shall comply with the recommendations of the attending physician. (E) If symptoms occur, a new certificate of noninfectiousness is required. (F) No person with an airborne, contagious or infectious disease shall be employed until a work release is obtained. (I) The facility shall prohibit employees with a communicable disease or infected skin lesions from direct contact with residents and their food, if direct contact will transmit a disease.	S5008		

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S5008	Continued From page 2 (II) The facility shall require staff to follow universal precautions when performing direct resident care. This State Rule and Regulation is not met as evidenced by: Based on personnel files review and staff interview, the facility failed to ensure employees had Tuberculin (TB) testing accomplished prior to employment and annually thereafter for 2 of 4 staff members (Dietary #1, LPN #2). The findings were: 1. Review of the employee file for LPN #2 showed a date of hire of 8/23/17. Further review showed no evidence of completed TB testing. 2. Review of the employee file for dietary staff #1 showed a date of hire of 10/31/17. Further review showed the employee had a single step TB test read on 1/27/18. There was no evidence of a completed 2-step TB test. 3. Interview with the ADON on 6/6/18 at 2:34 PM confirmed that there was no additional evidence of TB tests in the employee records.	S5008		
S5040	Ch 12 Sec 7 (c)(xiii)(A) Assisted Living Facility (ALF) Core Services (c) Resident Rights. The facility shall adopt and follow a written policy of resident rights. The policy shall be posted in a conspicuous place, and there shall be documentation in the resident's record that the resident read, or management explained, the policy. This policy shall not	S5040		

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S5040	Continued From page 3 exclude, take precedence over, or in any way abrogate the legal and constitutional rights enjoyed by all adult citizens and shall include, but is not limited to the following: (xiii) Make decisions and choices in the management or personal affairs, assistance plans, funds, or property; (A) Including choice of home health agencies, pharmacies, personal care providers and any other private pay provider. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure resident wishes were honored regarding code status for 1 of 5 current sample residents (#3). The findings were: Review of the "Resident Negotiated Service Plan," dated 6/27/17 showed resident #3 had diagnoses that included debility, hypertension, and cerebrovascular disease. Further review showed the resident's cardiopulmonary resuscitation (CPR) details indicated "Yes Perform CPR." Review of a "DNR [do not resuscitate] Request Form," showed the resident requested DNR status on 3/13/15. Further review showed the form was witnessed by a facility nurse, but the resident's physician did not sign the form. Interview with the ADON on 6/6/18 at 2:30 PM confirmed there was no evidence the resident's request for DNR status was acted upon by the facility, including follow-up with the resident's	S5040		

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S5040	Continued From page 4 physician for signature, and incorporation into the resident's service plan.	S5040		
S5053	Ch 12 Sec 7 (d)(v)(A) Assisted Living Facility (ALF) Core Services (d) Medications. (v) Medication Administration (A) An RN shall be responsible for the supervision and management of all medication administration as required by the Wyoming Nurse Practice Act, and the Wyoming Board of Nursing Rules and Regulations. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure medication administration followed physician orders for 1 of 6 sample residents (#3). The findings were: Review of the "Resident Negotiated Service Plan," dated 6/27/17, showed resident #3 had diagnoses that included hypertension. Further review showed the resident required staff to administer medications. The following concerns were identified: a. Review of the medication administration record (MAR) showed the resident had orders for metoprolol (blood pressure medication) twice daily. The order specified the medication was to be held if the resident's systolic blood pressure was less than 140. Continued review of the March and April 2018 MARs showed the resident was administered the metoprolol even though the recorded systolic blood pressure reading was below 140 on 3/20, 3/25, 3/26, and 4/28. b.	S5053		

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S5053	Continued From page 5 Review of the May 2018 MAR showed the order was changed on 5/22/18 to administer the metoprolol twice daily, when the resident's blood pressure was above 160/100. Continued review of the May MAR from 5/23/18 through 5/31/18 showed the resident's blood pressure was recorded; however, there was no indication if the metoprolol was given or held on 16 separate occasions. c. Interview with the ADON on 6/6/18 at 2:30 PM confirmed the medication was signed off as administered when the blood pressure was above the established parameters. Additionally, he stated the May MAR was not clear as to whether the metoprolol was given or held from 5/23/18 through 5/31/18.	S5053		
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. This State Rule and Regulation is not met as evidenced by: Based on staff interview, the facility failed to ensure day to day responsibilities for dietary services were assigned to a person who was a certified dietary manager (CDM) or equivalent. The findings were:	S5074		

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S5074	Continued From page 6 Interview on 6/6/18 at 8:55 AM with the director of dining revealed she was not a CDM nor did she have the educational equivalent. She further stated she was brand new to her position, and a registered dietician came to the facility twice per month to review menus. She added the dietician would soon be enrolling her in a CDM course.	S5074		

Primrose Retirement Community – Casper, WY
Plan of Correction for Survey conducted 6/6/18
Ref: LH-2018-0730

Tag S5008

Effective 7/11/18 all current employees, will have a current TB test result in their employee file (including Dietary #1 and LPN #2). All new employees who do have not had a skin test or who do not have written proof of skin test results, shall have an intradermal Mantoux using 5TU PPD. This shall be accomplished via the 2- step procedure. If the first test is negative and the employee is asymptomatic, the employee may engage in resident contact prior to the result of the second test. One step TB testing will be performed on each employee annually thereafter with results retained in the employee file. Incoming DON has received education regarding compliance with this regulation during training and orientation with the Primrose Regional Nurse Manager. The DON will be responsible for monitoring to insure this is done for every employee and will keep records in the employee files and in the DON office, doing monthly audits to ensure that all employees are kept up to date. The status of this issue will be reviewed during monthly Q & A Safety Meetings.

Tag S5040

Effective 7/11/18, all resident charts, including that of Resident #3, will have been reviewed by the DON to ensure a current POLST is on file and has been reviewed with the resident and/or responsible party by the physician and with all appropriate signatures. These will be reviewed at least annually by the DON/ADON and resident and/or responsible party. All new admissions will have a current POLST on file upon admission and audited by the DON/ADON with the use of an admission checklist. Incoming DON has received education regarding compliance with this regulation during training and orientation with the Primrose Regional Nurse Manager. Status of this issue will be discussed during monthly Q & A Safety Meetings for the first three months, and revisited quarterly thereafter.

Tag S5053

On 6/18/18, Resident # 3's medication orders were reviewed by the DON. By 7/11/18, all nursing staff will have been re-educated on the process for monitoring parameters set by physician's regarding when to administer or hold medications. Effective 7/2/18, all new medication orders or changes will be reviewed and noted by an RN, all medication administration records will be reviewed and noted by an RN, monthly, to ensure accuracy of physician orders or address any discrepancies. Incoming DON has received education regarding compliance with this regulation during training and orientation with the Primrose Regional Nurse Manager. DON will develop a chart review checklist to be completed by an RN to monitor compliance. Status of this process will be discussed during monthly Q & A meetings under "Medication Management" agenda item.

SK 7/6/18

Tag S5074

Effective July 3, Jennifer Dolan, Primrose Dining Services Director, will be enrolled in the Certified Dietary Manager program through the University of North Dakota. She will complete the course within the 1 (one) year allotted timeframe. Her progress will be monitored on a weekly basis by the E.D. to insure she is on track; and a status report will be submitted to State of Wyoming Licensing Division on or before the last day of each month. Date of compliance will be 7/3/19.

Respectfully submitted,

Eileen Ford

Eileen Ford
Executive Director

Plan of correction accepted with agreed on changes via phone call with the executive director 7/6/18.