Healthcare Licensing and Surveys

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 _____	07/11/2018

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 licensure survey was conducted by Healthcare Licensing and Surveys on 7/10/18 through 7/11/18. The following common abbreviations are used throughout the document: RN: Registered Nurse DON: Director of Nursing ALF: Assisted Living Facility CNA: Certified Nursing Assistant Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5003	Ch 12 Sec 6 (b)(iii) Personnel And Staffing Requirements (b) Staffing. (iii) The assisted living facility shall not employ an individual as a nurse assistant who is not currently certified by the Wyoming State Board of Nursing. Certification must be verified by the manager of the assisted living facility. This State Rule and Regulation is not met as evidenced by: Based on staff interview and employee record review, the facility failed to ensure nursing	S5003		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kelli Gottlob — TITLE: Executive Director — (X6) DATE: 9/26/18

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 _____	07/11/2018

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
S5003	Continued From page 1 assistants were certified by the Wyoming State Board of Nursing for 1 of 5 staff members (staff member #1) reviewed for certification. The findings were: 1. Review of the employee file for staff member #1 showed no evidence of a graduate nursing assistant (GNA) or CNA certification verification. 2. Interview with the administrator and DON on 7/10/18 at 4:03 PM revealed the employee had been working as a nursing assistant since May 2017. Further, it was confirmed the staff member did not have a current certification. 3. Review of the Wyoming Nurse Practice Act 2018 statutes showed "...33-21-132. Temporary permit. (a) The board may issue a temporary permit to practice nursing or nurse assisting to an advanced practice registered nurse, registered nurse, licensed practical nurse or certified nursing assistant who is awaiting licensure or certification by endorsement and who is currently licensed or certified in good standing in another jurisdiction, territory or possession of the United States. The period for a temporary permit shall not exceed ninety (90) days, provided the applicant submits a written application for licensure or certification by endorsement in a form and substance satisfactory to the board. A temporary permit for such a request shall be issued only one (1) time. (b) The board may issue a temporary permit to practice nursing or nurse assisting to an advanced practice registered nurse, registered nurse, licensed practical nurse or certified nursing assistant who is not seeking licensure or certification by endorsement and who is currently licensed or certified in good standing in another jurisdiction, territory or possession of the United States. The period for a temporary permit shall	S5003		

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 _____	07/11/2018

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
S5003	Continued From page 2 not exceed ninety (90) days, provided the applicant submits a written application for licensure or certification by endorsement in a form and substance satisfactory to the board. A temporary permit for such a request shall be issued only one (1) time. (c) The board may issue a temporary permit to practice nursing or nurse assisting to a graduate of an approved nursing or nursing assistant education program, pending the results of the first board approved national nursing licensure or certification examination offered after graduation. A temporary permit shall not be issued to any applicant who has previously failed a board approved national nursing licensure or certification examination. The temporary permit shall be surrendered in event of failure of the licensure or certification examination. A new graduate holding a temporary permit shall practice only under the direction and supervision of a registered professional nurse. A temporary permit for such a request shall be issued only one (1) time...33-21-145. Violations; penalties. (a) No person shall: (i) Engage in the practice of nursing or nurse assisting as defined in this act without a valid, current license, certificate or temporary permit, except as otherwise permitted under this act or the Nurse Licensure Compact or the Advanced Practice Registered Nurse Compact; (ii) Practice nursing or nurse assisting under cover of any diploma, license, certificate or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;..."	S5003		
S5073	Ch 12 Sec 7 (j)(ii) Assisted Living Facility (ALF) Core Services (j) Food Service and Nutrition.	S5073		

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 _____	07/11/2018

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
S5073	Continued From page 3 (ii) There must be organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome and sanitary in accordance with the rules. The dietetic service must ensure that food prepared is nutritionally adequate in accordance with the Dietary Reference Intakes (DRI) for adults. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure safe techniques were used for food storage and food preparation in 1 of 1 food preparation area (Kitchen). The findings were: 1. Observation of the "Victory" freezer on 7/11/18 at 9:45 AM showed the following concerns: a. a plastic bag which was not labeled or dated and was open with hamburger patties coming out of the top. Pieces of the patties had broken off and were resting on the side of the bag. Uncovered gelatin deserts were on a tray below the patties. 2. Observation of the "Victory" refrigerator on 7/11/18 at 9:50 AM showed the following concerns: a. A plastic bag labeled "turkey" which was dated 7/10/18. b. A plastic bag labeled "shredded cheddar" which was not dated. c. A plastic bag labeled "Cheddar Slices" which was not dated. d. Two pie tins covered with foil which were not labeled or dated. e. A plastic container which appeared to contain cucumbers and onions in liquid which	S5073		

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 _____	07/11/2018

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
S5073	Continued From page 4 was not labeled or dated. f. Two squeezable plastic bottles which contained a white sauce and were not labeled or dated. g. A squeezable plastic bottle which contained an orange sauce and was not labeled or dated. h. A squeezable plastic bottle which contained a red sauce and was not labeled or dated. i. A plastic container which contained a tan chunky substance which was not labeled or dated. j. A crate of non-pasteurized shell eggs. k. A plastic bag labeled "ham" which was dated 7/9/18. 3. Interview with cook #1 on 7/11/18 at 10 AM revealed the facility made fried eggs for residents and did not check for temperature. Further, it was revealed the cook was not aware of a need to check for temperature or use pasteurized eggs. 4. Interview with the kitchen manager on 7/11/18 at 10:10 AM revealed the expectation was that items were dated with an open date but not to label the items. She confirmed all items were available for resident consumption and the facility did not utilize pasteurized shell eggs. 5. According to Food Code 2017, U.S. Public Health Service: 3-501.17 Ready to Eat. Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking (B) Except as specified in (D)-(F) of this section, refrigerated, READY-TO-EAT, POTENTIALLY HAZARDOUS FOOD (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original	S5073		

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 _____	07/11/2018

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
S5073	Continued From page 5 container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and : (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be Day 1. 6. According to Food Code 2017, U.S. Public Health Service: 3-401.11 "(D) A raw animal FOOD such as raw EGG, raw FISH, raw-marinated FISH, raw MOLLUSCAN SHELLFISH, or steak tartare; or a partially cooked FOOD such as lightly cooked FISH, soft cooked EGGS, or rare MEAT other than WHOLE-MUSCLE, INTACT BEEF steaks as specified in (C) of this section, may be served or offered for sale upon CONSUMER request or selection in a READY-TO-EAT form if: (1) As specified under 3-801.11(C)(1) and (2), the FOOD ESTABLISHMENT serves a population that is not a HIGHLY SUSCEPTIBLE POPULATION;" 7. According to Food Code 2017, U.S. Public Health Service definitions: "Highly susceptible population" means PERSONS who are more likely than other people in the general population to experience foodborne disease because they are: (1) Immunocompromised; preschool age children, or older adults; and (2) Obtaining FOOD at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.	S5073		

Healthcare Licensing and Surveys

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 _____	07/11/2018

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

Primrose Retirement Community of Gillette

Survey July 11, 2018

Tag: S5073

Observation 1 Response: Store frozen items in an approved container, or sealed bag with an open and use by date. Cover all holding items in the freezer, also labeled with an open and use by date. Dining manager will monitor freezer packaging and educate staff on proper storage for the freezer. Dining manager will do this with hands on training, as well as educate my staff through monthly meetings. Corrective action date of completion August 1, 2018.

Observation 2 Response (a-f): Store opened refrigerated items in an approved container, sealed bag, or squeezable bottle with label of item, date when item was opened, and an expiration or use by date. Order pasteurized eggs, train staff on why we use pasteurized eggs. Corrective action date of completion August 1, 2018.

Observation 3 Response: Order pasteurized eggs, train staff on why we use pasteurized eggs. Corrective action date of completion August 1, 2018.

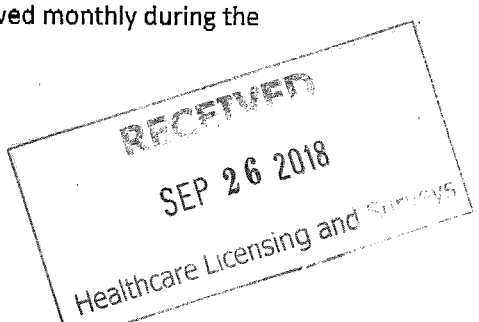
Observation 4 Response: Store opened refrigerated items in an approved container, sealed bag, or squeezable bottle with label of item, date when item was opened, and an expiration or use by date. Order pasteurized eggs, train staff on why we use pasteurized eggs. Order pasteurized eggs, train staff on why we use pasteurized eggs. Corrective action date of completion August 1, 2018.

Observation 5 Response: Observation 4 Response: Store opened refrigerated items in an approved container, sealed bag, or squeezable bottle with label of item, date when item was opened, and an expiration or use by date. Order pasteurized eggs, train staff on why we use pasteurized eggs. Order pasteurized eggs, train staff on why we use pasteurized eggs. Corrective action date of completion August 1, 2018.

Observation 6 Response: Observation 4 Response: Store opened refrigerated items in an approved container, sealed bag, or squeezable bottle with label of item, date when item was opened, and an expiration or use by date. Order pasteurized eggs, train staff on why we use pasteurized eggs. Order pasteurized eggs, train staff on why we use pasteurized eggs. Corrective action date of completion August 1, 2018.

Observation 7 Response: Observation 4 Response: Store opened refrigerated items in an approved container, sealed bag, or squeezable bottle with label of item, date when item was opened, and an expiration or use by date. Order pasteurized eggs, train staff on why we use pasteurized eggs. Order pasteurized eggs, train staff on why we use pasteurized eggs. Corrective action date of completion August 1, 2018.

This process will be monitored by the Dining Manager and the ED and reviewed monthly during the Quality Assurance & Safety Meeting.



Plan of correction accepted with agreed on changes, after speaking with the executive director. 10/1/18

[redacted], state surveyor.

Primrose Retirement Community of Gillette

Survey July 11, 2018

Tag: S5003

Staff member #1 was removed from working in the nursing department on July 12, 2018 and will not be allowed to work in the nursing department until successfully completing the Certification for Nursing Assistant. The employee files for all nurses and assistants were reviewed and contain copies of current licensures and certifications as of July 17, 2018.

Current licensure and certifications for nurses and nursing assistants are required for all new hires and copies of the licensure or certification will be obtained during the hiring process and retained in the employee file. This process will be monitored by the DON and ED and reviewed monthly during the Quality Assurance & Safety Meeting.

Regional Operations Director went over the "Wyoming Department of Health Aging Division Rules for Program Administration of Assisted living Facilities Chapter 12" with DON and ED on July 12, 2018. Specific review of page 12-6 – b, staffing iii "The assisted living facility shall not employ an individual as a nurse assistant who is not currently certified by the Wyoming State Board of Nursing. Certification must be verified by the manager of the assisted living facility." Again, on July 31, 2018 this same document was reviewed again by DON and the Regional Nurse Manager.

Date of completion July 17, 2018.