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 08/25/2020 |

| 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 |
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| S 000 | Opening Comments<br><br>Rules and Regulations utilized for this survey are:<br><br>Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 12/12/2007<br><br>Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001<br><br>A complaint survey was conducted by Healthcare Licensing and Surveys on 8/19/20 through 8/25/20. The survey was prompted by complaint intake LIC-20-033.<br><br>In addition, a COVID-19 focused infection prevention survey was conducted. It was determined, based upon the findings of the survey team, that no deficiencies were identified pertaining to the infection control survey.<br><br>The following common abbreviations are used throughout this document.<br><br>CNA: Certified Nursing Assistant<br>ED: Executive Director<br>DON: Director of Nursing<br><br>Less commonly used abbreviations will be annotated in each deficiency. | S 000 | | |
| S5054 | Ch 12 Sec 7 (e)(i)(A-K) Assisted Living Facility (ALF) Core Services<br><br>(e) Resident Records and Reports. Each resident's records shall be current, organized and maintained in individual folders which shall be made available to the resident, the Licensing Division, or designated representative upon request. | S5054 | | |

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jodell K. Brucia

TITLE: Executive Director

(X6) DATE: 10/16/20



Plan of Correction accepted 10/20/20. I notified the Director of Nursing 10/20/20. Alleged Date of Compliance: 10/9/20. MK, BSW

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| S5054 | Continued From page 1 | S5054 | | |

(i) Each folder shall include the following:

(A) Information from the referring agent, if applicable;

(B) History and physical performed by a physician or physician extender;

(C) Individual admission form. The form shall, at a minimum, contain the following information:

(I) Full name of resident and former address;

(II) Date of admission;

(III) Sex, race, date of birth, social security number, and former occupation;

(IV) Name, home address, and telephone number of relative, friend, Power of Attorney, or guardian;

(V) Name, address, and telephone number of resident's personal physician, dentist, ophthalmologist or optometrist;

(VI) Medicare number of other medical insurance identifying data;

(VII) A written inventory of all personal possessions; however, this inventory need not include personal clothing.

(D) All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's

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| S5054 | Continued From page 2 | S5054 | | |

family or responsible party and be documented in the individual resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolution. Reports of all incidents affecting the health, welfare or safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by telephone or fax. The facility's investigation of the incident shall be reported to the Licensing Division and the Long Term Care Ombudsman within five (5) working days. Documentation to support the facility reporting the situation and follow up must also be present in the resident records;

(E) An accounting of all personal funds deposited with and disbursed by the facility;

(I) Upon written authorization of a client, the facility must hold, safeguard, manage and account for the personal funds of the client.

(1.) The facility must deposit any personal funds in excess of $100 in an interest bearing account.

(2.) The facility must establish and maintain a system that assures a full and complete and separate accounting according to generally accepted accounting principles of each resident's personal funds entrusted to the facility.

(3.) Upon the death of a resident with a personal fund deposited with the facility, the facility must convey, within 30 days, the resident's funds a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.

Healthcare Licensing and Surveys

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| S5054 | Continued From page 3 | S5054 | | |

(4.) The facility must not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare except for applicable deductible and coinsurance amounts.

(F) A signed copy of the resident's rights;

(G) The resident's assessment and individualized assistance plan;

(H) Copies of all applicable resident assistance contracts, signed by both parties;

(I) Written acknowledgment of the receipt and explanation of all facility policies including admission/discharge policies;

(J) Copy of all ALF 102's; and

(K) Copy of outside contractual responsibilities, if applicable.

This State Rule and Regulation is not met as evidenced by:
Based on review of facility complaint/grievance reports, staff interview, review of the Licensing Division incident reporting log, and policy and procedure review, the facility failed to report 4 of 5 allegations of theft to the Licensing Division within the required timeframe. These incidents involved residents #1, #2, #3, #4. The findings were:

1. Review of a facility complaint/grievance report dated 7/1/20 showed resident #4's daughter had reported approximately $100 was missing from

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| S5054 | Continued From page 4<br>an envelope kept in the resident's apartment. Review of the Licensing Division incident reporting log showed the date the incident was reported was 7/8/20 (7 days after the incident).<br><br>2. Review of a facility complaint/grievance report dated 7/3/20 showed resident #1 had reported an envelope of money was missing from his/her apartment that contained approximately $100. Review of the Licensing Division incident reporting log showed the date the incident was reported was 7/8/20 (5 days after the incident).<br><br>3. Review of a facility complaint/grievance report dated 7/6/20 showed resident #2 was missing approximately $150. Review of the Licensing Division incident reporting log showed the date the incident was reported was 7/8/20 (2 days after the incident).<br><br>4. Review of a facility complaint/grievance report dated 7/10/20 showed resident #3 was missing approximately $600 from his/her dresser drawer. Review of the Licensing Division incident reporting log showed the date the incident was reported was 7/23/20 (13 days after the incident).<br><br>5. Interview with the DON on 8/19/20 at 12:25 PM revealed she was new to the position at the time of the theft allegations and was unaware of the requirement to report to the Licensing Division.<br><br>6. Review of the policy and procedure titled Abuse/Neglect/Exploitation last revised 12/31/18 showed " ...8. Upon instruction from your Executive Director, follow your state specific reporting requirement ..." | S5054 | | |

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| S5071 | Continued From page 5 | S5071 | | |
| S5071 | Ch 12 Sec 7 (i)(iii)(A-B) Assisted Living Facility (ALF) Core Services<br><br>(i) Adult Protection.<br><br>(iii) The facility is responsible to ensure all allegations of abuse are investigated expediently and that the resident(s) are protected from further, potential abuse while the investigation is in progress.<br><br>(A) Instances of abuse, neglect, or exploitation of disabled adults shall be reported to the sheriff's department, the local police department, or to the department of family services in accordance with W.S. 35-20-103.<br><br>(B) The facility must ensure that, if necessary, additional authorities are contacted if there is an allegation of abuse, neglect, or exploitation. These additional authorities may include the Wyoming State Board of Nursing, Office of Healthcare Licensing and Survey, and the State Long Term Care Ombudsman.<br><br>This State Rule and Regulation is not met as evidenced by:<br><br>Based on review of facility complaint/grievance reports, staff and resident interviews, and policy and procedure review, the facility failed to ensure a thorough investigation of allegations of misappropriation of resident property was conducted for 4 of 5 incidents identified. These incidents involved residents (#1, #2, #3, #4). The findings were:<br><br>1. Interview with resident #1 on 8/19/20 at 10:22 AM revealed s/he had lost some money "a couple months ago" but was unsure if it had been | S5071 | | |

Healthcare Licensing and Surveys

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| S5071 | Continued From page 6<br>misplaced or stolen. Further the resident stated maintenance or housekeeping now only came into the apartment when s/he was present. The following concerns were identified:<br>a. Review of the facility complaint/grievance report form showed the incident was reported to the facility on 7/3/20 and the "Findings of Investigation" showed the allegation was reported to the police department. The "Plan to resolve complaint/grievance" section of the form showed "encouraged locked box." The results of the action taken section, the resolution section, and to whom the investigation results and resolution steps were reported to were left blank. In addition, the area of the report designated for signatures was left blank. There was no evidence a thorough investigation had been completed by the facility.<br><br>2. Interview with resident #2 on 8/19/20 at 11:50 AM revealed s/he had lost a money clip. The resident was unsure how much money was in it, but thought it was between "200 and 300 dollars." Further, the resident stated s/he was not aware that anything had been done about the lost money. The following concerns were identified:<br>a. Review of the facility complaint/grievance report form showed the incident was reported to the facility on 7/6/20 and the "Findings of Investigation" section of the form showed the allegation was reported to the police department. The "Plan to resolve complaint/grievance" section showed "encouraged lock box for valuables and money." The results of action taken section, the resolution section, and to whom the investigation results and resolution steps were reported to were left blank. In addition, the area of the report designated for signatures was left blank. There was no evidence a thorough investigation had been completed by the facility. | S5071 | | |

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| S5071 | Continued From page 7<br><br>3. Interview with resident #3 on 8/19/20 at 12:45 PM revealed s/he had reported to the facility the loss of $600 from his/her dresser drawer. The money had not been found, however, s/he now had a locked box in the apartment. The following concerns were identified:<br>a. Review of the facility complaint/grievance report form showed the incident was reported to the facility on 7/10/20 and the "Findings of Investigation" section of the report showed the allegation was reported to the police department. The plan to resolve the complaint/grievance section, the results of action taken section, the resolution section, and to whom the investigation results and resolution steps were reported to were left blank. In addition, the area of the report designated for signatures was left blank. There was no evidence a thorough investigation had been completed by the facility.<br><br>4. Interview with resident #4 on 8/19/20 at 11:45 AM revealed s/he always kept his/her money in the same place and $100 came up missing. Further, the resident now only kept a small amount of money in his/her apartment. The following concerns were identified:<br>a. Review of the facility complaint/grievance report form showed the incident was reported to the facility on 7/1/20 and the "Findings of the Investigation" section of the form showed the allegation was reported to the police department. The plan to resolve the complaint/grievance section, the results of action taken section, the resolution section, and to whom the investigation results and resolution steps were reported to were left blank. In addition, the area of the report designated for signatures was left blank. There was no evidence a thorough investigation had been completed by the facility. | S5071 | | |

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| S5071 | Continued From page 8<br><br>5. Interview with resident #5 on 8/19/20 at 9:15 AM revealed s/he had not been interviewed about the alleged thefts, however the CNAs informed him/her when they began entering the apartment in pairs.<br><br>6. Interview on 8/19/20 at 1:10 PM with CNA #1 and COVID aide #1 revealed they had not been interviewed in regard to the allegations of theft in the facility.<br><br>7. Interview on 8/19/20 at 1:20 PM with CNA #2 revealed the facility had a staff meeting following the discovery of the missing money. The CNA stated she did not have an "official interview" but was asked if she knew anything about the thefts as she was walking down the hall. Further, it was her idea to have the facility search the staff member's lockers and bags.<br><br>8. Interview on 8/19/20 at 12:25 PM with the ED and the DON stated the facility initiated a "buddy system" when they became aware of the residents' missing money. The DON stated she did not interview other residents or their families because she did not want to "start them thinking". Staff were interviewed and their lockers and bags were searched. An additional interview at 1:30 PM revealed the facility had scrolled through "hours" of camera footage, however, they were unable to identify a suspect. The DON stated the facility had investigated the complaint, however, the investigation had not been documented. The ED stated she was aware of the need for documentation.<br><br>9. Review of the policy and procedure titled Abuse/Neglect/Exploitation, last revised 12/31/18, showed "...7. Initiate an investigation. All staff on | S5071 | | |

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| S5071 | Continued From page 9<br>duty at the time the alleged abuse occurred must be interviewed prior to leaving their respective shift. This applies to all staff, as well as other residents in the area ..." | S5071 | | |

**Tag # S5054**

POC

Director of Nursing and Executive Director completed the complaint and grievances reports on theft. Grievance report was completed signed with each resident. Results of Action completed on each Resident with Grievance. These are filed in the ED office with resident files. Residents #1, 2 ,3 ,4
As for Resident #5 indicated they have not lost money and if they have more than $100 they will place in a lock box for extra security.

Executive Director and DON will review any Grievances and state reportable for compliance every week and report findings to Quality Assurance meeting monthly. Ongoing review for compliance will be complete by the Quality Assurance/Safety Committee at their regular meetings.

Resident #1, #2, #3, #4

DON/ED completed Grievance form. Plan to resolve Thefts, encouraged residents to have a lock box for secure purposes, Management implemented a buddy/staff system as well as Door to remain open if not providing daily cares if staff ratio does not allow for buddy system. Staff trained on Abuse/Neglect/Exploitation and our reporting policy. Police Department was notified Case Number #20-041-357.

Grievance form signed and noted money not recovered. Resident's did sign form on 08/26/2020 as follow-up completed.

DON upon notification of grievance regarding Money missing or stolen will follow with up all residents in Assisted Living Facility (ALF) to determine if they have identified money missing or stole. Family and or responsible party will be notified; Grievance form will be initiated to reflect investigation progress.

DON followed with up all ALF residents to indicate the need to have more than $100 in their possession needed to be disclosed so the ED can facilitate an interest-bearing account for residents on 10/09/20. At this time residents denied having more than $100 in their possession, no need for account at this time. Residents during visit indicated they have not had money lost, missing or stolen from their possession except noted Residents #1, 2, 3, 4.

ED & Regional Nurse Manager educated and trained the Director of Nursing on state requirements for timely reporting for incident/grievance reports to be completed within 1 business day to the State Department of Licensing website. Completion of all Documentation indicating follow-up regarding said grievances completed with investigation findings, will be signed by DON, Resident and or Family and Executive Director.

DON will report grievances to the state licensing office within 1 business day. Per Policy In the absence of Primrose Retirement Community Executive Director, a "Staff Member" or "designee" will be designated. This individual must be an employee of the community and will assume responsibility for notification of resident changes of condition or reportable events. The order of delegation of responsibility at the community) is as follows: Executive Director, Director of Nursing (DON). If the management personnel indicated above are not present in the community, the following positions are delegated to assume the "Responsible Staff Member" designation: Charge Nurse (Licensed Nurse), Sales Director, or Administrative Assistant

Primrose employees will report immediately to DON/ED any suspected maltreatment of our assisted living residents in accordance with state and federal laws. Staff trained on Abuse/Neglect/Exploitation and reporting policy. Suspected abuse, neglect or financial exploitation will be investigated by the RN/Director of Nursing, in coordination with the Executive Director.
Executive Director and DON will review any Grievances and state reportable for compliance every week and report findings to Quality Assurance meeting monthly
All staff received education on Abuse and Neglect, and reporting within the reportable timeline of 1 business day.

Executive Director and Director of Nursing reviewed Primrose Policies and Procedures as well as State Regulations.

Grievance report and initial state reporting will be completed in 1 business day. DON will continue to make updates as continued investigation is ongoing.

Date of Compliance 10/09/2020

**Tag #S5071**

Director of Nursing and Executive Director completed the complaint and grievances reports on theft. Grievance report was completed signed with each resident. Results of Action completed on each Resident with Grievance. These are filed in the ED office with resident files. Residents #1,2,3,4

Grievance form signed and noted money not recovered. Resident's did sign form on 08/26/2020 as follow-up completed.

Resident #1, #2, #3, #4

DON/ED completed Grievance form. Plan to resolve Thefts, encouraged resident to have a lock box for secure purposes, Management implemented a buddy/staff system as well as Door to remain open if not providing daily cares if staff ratio does not allow for buddy system. Staff trained on Abuse/Neglect/Exploitation and our reporting policy.
Police Department was notified Case Number #20-041-357.
Grievance form signed and noted money not recovered. Residents did sign form on 08/26/2020 as follow-up completed. As Residents #5 indicated she/he has not lost money and if she/he has more than $100 she/he will place in lock box for extra security.

DON followed with up all AL residents to indicate the need to have more than $100 in their possession needed to be disclosed so the ED can facilitate an interest-bearing account for residents on 10/09/20. At this time residents denied having more than $100 in their possession, no need for account. Residents during visit indicated they have not had money lost, missing or stolen from their possession except noted Residents #1, 2, 3, 4. As Residents #5 indicated she/he has not lost money and if she/he has more than $100 they will place in lock box for extra security.

DON will report grievances to the state licensing office within 1 business day. Per Policy In the absence of Primrose Retirement Community Executive Director, a "Staff Member" or "designee" will be designated. This individual must be an employee of the community and will assume responsibility for notification of resident changes of condition or reportable events. The order of delegation of responsibility

at the community) is as follows: Executive Director, Director of Nursing (DON). If the management personnel indicated above are not present in the community, the following positions are delegated to assume the "Responsible Staff Member" designation: Charge Nurse (Licensed Nurse) Sales Director, Administrative Assistant

Executive Director and DON will review any Grievances and state reportable for compliance every week and report findings to Quality Assurance meeting monthly. Ongoing review for compliance will be complete by the Quality Assurance/Safety Committee at their regular meetings.

Resident #1, #2, #3, #4
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Police Department was notified Case Number #20-041-357.
All staff received education on Abuse and Neglect, and reporting within the reportable timeline of 1 business day.

Date of Compliance 10/09/2020