PRINTED: 09/01/2021
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF004	A. BUILDING: ______ B. WING ______	C 08/18/2021

NAME OF PROVIDER OR SUPPLIER: PARK PLACE ASSISTED LIVING COMMUNITY

STREET ADDRESS, CITY, STATE, ZIP CODE: 1930 EAST 12 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
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 08/24/2020. Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001. A complaint survey was conducted by Healthcare Licensing and Surveys on 8/18/21. The survey was prompted by complaint intake LIC-21-018. In addition, a COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys on 8/18/21. It was determined, based upon the findings of the survey team, that no deficiencies were identified pertaining to the infection control survey.	S 000		
S5030	Ch 12 Sec 7 (j)(vi) Assisted Living Facility (ALF) Core Services (j) (vi) The kitchen and dining area shall be kept clean and sanitary in accordance with standards established in the current edition of FDA Food Code. The dining area shall provide suitable furniture and adequate space to comfortably seat all residents. This State Rule and Regulation is not met as evidenced by: Based on observation, and staff interview the facility failed to ensure a clean and sanitary environment in 1 of 1 kitchen. The following concerns were identified: 1. Observation on 8/18/21 at 10:46 AM of the walk-in cooler in the kitchen showed the rubber	S5030		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Executive Director (X6) DATE: 9/1/21

Accepted w change added to include date of completion: 9/30/21. This change was made through Interview w/ Heather Fraley, ED on 9/7/21. [signature]

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S5030	Continued From page 1 strip of the door had a black substance in the grooves that surrounded the whole door. The door measured 3 feet by 78 ½ inches. Observation of the inside of the cooler showed a black plastic crate which had a white substance on the top and sides. Continued observation of the walk-in cooler showed a freezer at the back of the cooler, where frost was built up at the bottom of the door. 2. Observation on 8/18/21 at 11:00 AM of the janitor's closet in the dry food pantry showed an area of the wall that measured 33 1/8 inches by 3 inches that was coated with a black substance. 3. Interview on 8/18/21 at 10:46 AM with the dietary manager stated she was not sure what the black substance on the rubber strip to the cooler was. She also stated she was not sure what the black substance on the wall in the janitor's closet was. She pulled the crate out of the cooler and stated that substance appeared to be mold. She also stated she started in October and the flooring in the cooler had been like that since she started. She also stated she discussed the flooring concerns to the corporate staff member when they visited in July. 4. Interview on 8/18/21 at 1:37 PM with the maintenance director stated the black substance on the rubber strip of the cooler looked like mold. He stated the black substance on the wall in the janitor's closet looked like dirt. He also stated the black substance on the rubber strip of the walk-in cooler door, and the wall in the janitor's closet had not been tested. He further stated they had an estimate to replace the stainless steel ramp in the cooler, but had no dates for the replacement. 5. According to Food Code 2017, U.S. Public	S5030		

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S5030	Continued From page 2 Health Service: 4-101.19 Nonfood-Contact Surfaces. NonFOOD-CONTACT SURFACES of EQUIPMENT that are exposed to splash, spillage, or other FOOD soiling or that require frequent cleaning shall be constructed of a CORROSION-RESISTANT, nonabsorbent, and SMOOTH material. 6. According to Food Code 2017, U.S. Public Health Service: 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. Pf (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.	S5030		

PLAN OF CORRECTION

FACILITY NAME: PARK PLACE ASSISTED LIVING COMMUNITY

SURVEY DATE: 8/18/2021

TAG: S5030

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1. **CORRECTIVE ACTON**

Rubber stripping around walk-in cooler has been cleaned and the black substance in the grooves has been removed. The stripping is worn and has been measured for replacement. Stripping has been ordered, but they received the wrong size. This will be installed as soon as received by the vendor. Inspection and cleaning of this rubber stripping has been added to the kitchen cleaning duties to be completed bi-weekly.

2. **IDENTIFICATION OF OTHERS AT RISK**

All residents were put at risk. Corrective action will remedy the possible buildup of any substance on cooler seal.

3. **SYSTEM MEASURES**

Kitchen staff to be educated on the new cleaning schedule and cleaning expectations. This will be done by 9/7/2021. Staff will be required to sign acknowledgment of this training.

4. **MONITORING**

Administrator and Dining Services Director will monitor during weekly walkthroughs of the kitchen.

5. **QA**

This will be discussed quarterly during QA meetings to assess ongoing compliance.

6. Date of Completion: 9/30/21 per interview w/ Heather Froling QD on 9/7/21.

PLAN OF CORRECTION

FACILITY NAME: PARK PLACE ASSISTED LIVING COMMUNITY

SURVEY DATE: 8/18/2021

TAG: S5030

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1. **CORRECTIVE ACTON**

Black plastic crate was removed immediately by Dining Services Director at the time of survey. Bi-weekly cleaning schedule has been implemented for walk-in shelving.

2. **IDENTIFICATION OF OTHERS AT RISK**

All residents were put at risk. Corrective action completed immediately at the time of survey.

3. **SYSTEM MEASURES**

Kitchen staff to be educated on new cleaning schedule and the proper way to clean. This will be done by 9/7/2021. Staff will be required to sign acknowledgment of this training.

4. **MONITORING**

Administrator and Dining Services Director will monitor during weekly walkthroughs of the kitchen.

5. **QA**

This will be discussed quarterly during QA meetings to assess ongoing compliance.

PLAN OF CORRECTION

FACILITY NAME: PARK PLACE ASSISTED LIVING COMMUNITY

SURVEY DATE: 8/18/2021

TAG: S5030

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1. **CORRECTIVE ACTON**

Freezer door has been measured for new stripping and it will be installed as soon as it is received by the vendor.

2. **IDENTIFICATION OF OTHERS AT RISK**

All residents potentially put at risk from freezer door that is not sealing properly.

3. **SYSTEM MEASURES**

Kitchen staff will continue to monitor the freezer temperature daily to ensure it is within acceptable range.

4. **MONITORING**

Administrator and Dining Services Director will monitor during weekly walkthroughs of the kitchen.

5. **QA**

This will be discussed quarterly during QA meetings to assess ongoing compliance.

PLAN OF CORRECTION

FACILITY NAME: PARK PLACE ASSISTED LIVING COMMUNITY

SURVEY DATE: 8/18/2021

TAG: S5030

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1. **CORRECTIVE ACTON**

The wall in the janitor's closet has been cleaned and painted with a mold and mildew resistant paint.

2. **IDENTIFICATION OF OTHERS AT RISK**

Staff could have potentially been.at risk from unknown substance.

3. **SYSTEM MEASURES**

Walls of janitor's closet will be inspected bi-weekly for any concerns and cleaned. Kitchen staff will be educated on new process and cleaning expectations by 9/7/2021. Staff will be required to sign acknowledgement of this training.

4. **MONITORING**

Administrator and Dining Services Director will monitor during weekly walkthroughs of the kitchen.

5. **QA**

This will be discussed quarterly during QA meetings to assess ongoing compliance.

PLAN OF CORRECTION

FACILITY NAME: PARK PLACE ASSISTED LIVING COMMUNITY

SURVEY DATE: 8/18/2021

TAG: S5030

1. **CORRECTIVE ACTON**

Walk-in cooler floor is in need of replacement. Updated bid has been received and approved. Measurement/begin install of new stainless-steel floor to occur the week of 9/6/2021.

2. **IDENTIFICATION OF OTHERS AT RISK**

Staff and residents at risk from worn and unsanitary flooring.

3. **SYSTEM MEASURES**

Bi-weekly cleaning schedule implemented for new walk-in floor. Kitchen staff to be educated on the new process and cleaning expectations by 9/7/2021.

4. **MONITORING**

Administrator and Dining Services Director will monitor during weekly walkthroughs of the kitchen.

5. **QA**

This will be discussed quarterly during QA meetings to assess ongoing compliance.