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 _____	03/25/2022

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
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 licensure survey was conducted by Healthcare Licensing and Surveys from 3/24/22 to 3/25/22.	S 000		
S5003	Ch 12 Sec 6 (d) Personnel and Staffing Requirements (d) Infection Control. Written policies must 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 written polices must, at a minimum: (i) Ensure a safe and sanitary environment for residents and personnel; (ii) Require tuberculin testing, or screening as appropriate; and (iii) Prohibit any person with an airborne, contagious, or infectious disease from being employed until a work release is obtained. (A) 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. (B) The facility shall require staff to follow universal precautions when performing direct	S5003		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nancy Wilde — TITLE: Executive Director — (X6) DATE: 4/15/2022

This POC was accepted on 4/26/22, and the administrator was notified at 4:31 PM. The date of completion is 5/27/22.

Jason Cooney, RN
42180

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S5003	Continued From page 1 resident care. This State Rule and Regulation is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure tuberculin (TB) testing or screening was performed for 2 of 4 employees (#3, #4) reviewed. The findings were: 1. Review of the record for employee #3 showed she was hired 12/20/21. Further review showed a TB test was administered to her left forearm on 12/17/21; however, no test results were documented. 2. Review of the record for employee #4 showed she was hired on 2/14/22. Further review showed no documentation a TB test was administered prior to contact with residents. 3. Interview with the administrator on 3/31/22 at 4:26 PM confirmed the lack of documentation related to the tests for each employee. She confirmed the test for employee #3 was not read after administration. She further stated employee #4 had reported to the facility that she had been tested, but the facility did not have documentation of the test or the results, because employee #4 had not recently worked.	S5003		
S5006	Ch 12 Sec 7 (b)(i) Assisted Living Facility (ALF) Core Services (b) Resident Assessment and Services, The staff/contract Registered Nurse (RN) shall conduct initial and, at the minimum annually, and accurate, standardized, reproducible assessment	S5006		

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S5006	Continued From page 2 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 resident record review and staff interview, the facility failed to ensure ALF 102 assessments were completed for 1 of 6 residents (#1) reviewed. The findings were: 1. Review of the resident record showed resident #1 was admitted to the independent living side of	S5006		

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S5006	Continued From page 3 the facility on 9/4/20, with diagnoses that included dementia. After regression and an increased need of assistance, the resident was admitted to the assisted living side of the facility on 12/19/21. The following concerns were identified: a. Review of the resident record showed resident #1 had an ALF 102 assessment documented on 1/20/22, one month after her admission to the assisted living side of the facility. b. Interview with the administrator on 3/31/22 at 4:26 PM confirmed the assessment was late, and may have been overlooked due to the resident already residing within the facility.	S5006		

Tag # S5003

The facility will ensure that the required employee tuberculin testing is completed with the first test being read prior to the employee starting work and engaging in any resident contact. This will be accomplished by:

A) For employees #3 and #4, The Director of Nursing will ensure that these staff member's tuberculin test results are received no later than 4/20/22.

B) File audits of all current employees will be conducted by the Director of Nursing to determine current TB testing status and ensure that all have been screened and tested. Any found to be out of compliance will be updated by 5/27/22.

C) The following measures will be implemented immediately to ensure sustained compliance:

After a job offer has been accepted the employee will be screened for TB. This process will include a Baseline Individual TB Risk Assessment and TB Symptom Screening. Individuals that have not had a previous negative test result or who do not have written proof of a negative result will be required to complete tuberculin testing with a negative result prior to starting work and engaging in any resident contact.

Tag # S5006

Effective immediately, the Director of Nursing will ensure that a Registered Nurse completes and signs the required ALF 102 for all residents as follows:

A) To assure validity, within forty-five (45) days prior to admission and there is no change in the resident's condition.
B) On a bi-annual basis.
C) When there is a change in the resident's condition.
D) Resident chart audits will be conducted by the Director of Nursing to determine current compliance with completion of the ALF 102. Any found to be out of compliance for the annual requirement will be completed by 5/16/22.
E) The following measures will also be implemented to ensure sustained compliance:

On a weekly basis, the Director of Nursing will utilize reports in the Matrix Care system to determine due dates for annual resident assessments and schedule time for completion.