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 ______	C 05/16/2023

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 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 5/15/23 to 5/16/23. Also reviewed in the course of the survey was complaint intake LIC-23-007. It was determined, based upon the findings of the survey team, that no deficiencies were identified pertaining to the complaint investigation.	S 000		
S5005	Ch 12 Sec 7 (a) Assisted Living Facility (ALF) Core Services (a) The assisted living facility core services include the following: (i) Meals, housekeeping, personal and other laundry services; (A) Provision of mechanically altered diets and dietary supplements, if required. (ii) A safe and clean environment; (iii) Assistance with local transportation; (iv) Assistance with obtaining medical, dental, and optometric care, in addition to social services; (v) Assistance in adjusting to group living activities;	S5005		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kelli Jo Hill
TITLE: Executive Director
(X6) DATE: 6/9/23

6-23-23 Spoke c Tonya Dept. @ 9:04am Doc-5 June 30th Michelle Shotts

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S5005	Continued From page 1 (vi) Maintenance of a personal fund account, if requested by the resident or resident's responsible party, showing any and all deposits, withdrawals, and transactions of the account; (vii) Provision of appropriate recreational activities in/out of the assisted living facility; (viii) Care of individuals who require any or all of the following services: (A) Partial assistance with personal care, e.g. bathing, shampoos; (B) Limited assistance with dressing; (C) Minor non-sterile dressing changes; (D) Stage I skin care - skin integrity intact; (E) Infrequent assistance with mobility. The resident may use an assistive device; e.g., wheel chair, walker, cane; (F) Cuing guidance with ADLs for the visually impaired resident, or the intermittently confused and/or agitated resident requiring occasional reminders to time, place and person; (G) Care of the resident who can independently manage his own catheter or ostomy, e.g., resident who can change his own catheter bags, able to clean and care for his ostomy; (H) Care of the resident incontinent of bowel or bladder if the condition can be managed independently;	S5005		

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S5005	Continued From page 2 (ix) Assessments completed by a Registered Nurse; (A) Registered Nurse medication review every two (2) months or sixty-two (62) days or whenever new medication is prescribed or the residents' medication is changed; (x) Twenty-four (24) hour monitoring of each resident. This State Rule and Regulation is not met as evidenced by: Based on observation, resident record review and staff interview, the facility failed to ensure a registered nurse (RN) reviewed residents' medications at least every 62 days or whenever a new medication was prescribed or changed for 7 of 9 sample residents (#1, #2, #3, #4, #5, #6, #7). The findings were: 1. Observation of a medication pass on 5/16/23 at 8:05 AM by nurse #9 showed a current medication administration record (MAR), on the medication cart, for the first floor residents. Further observation showed there was no RN signature or other indication a RN had reviewed the MARs for the month. 2. Review of the resident record for resident #1 showed an admission date of 5/6/20 and the resident's MARs from previous months were filed in the resident's record. Further review showed the resident received medication administration on a daily basis but there was no evidence a RN had reviewed the resident's MARs. 3. Review of the resident record for resident #2	S5005		

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S5005	Continued From page 3 showed an admission date of 2/15/19 and the resident's MARs from previous months were filed in the resident's record. Further review showed the resident received medication administration on a daily basis but there was no evidence a RN had reviewed the resident's MARs. 4. Review of the resident record for resident #3 showed an admission date of 8/31/22 and the resident's MARs from previous months were filed in the resident's record. Further review showed the resident received medication administration on a daily basis but there was no evidence a RN had reviewed the resident's MARs. 5. Review of the resident record for resident #4 showed an admission date of 4/26/23 and the resident's MARs from previous months were filed in the resident's record. Further review showed the resident received medication administration on a daily basis but there was no evidence a RN had reviewed the resident's MARs. 6. Review of the resident record for resident #5 showed an admission date of 10/1/20 and the resident's MARs from previous months were filed in the resident's record. Further review showed the resident received medication administration on a daily basis but there was no evidence a RN had reviewed the resident's MARs. 7. Review of the resident record for resident #6 showed an admission date of 4/5/23 and the resident's MARs from previous months were filed in the resident's record. Further review showed the resident received medication administration on a daily basis but there was no evidence a RN had reviewed the resident's MARs. 8. Review of the resident record for resident #7	S5005		

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S5007	Continued From page 5 the medical record must reflect the reason, such as medical contraindication or refusal. This State Rule and Regulation is not met as evidenced by: Based on resident record review and staff interview, the agency failed to ensure the admission orders included an order for TB screening, influenza and pneumococcal immunization status and orders for immunization if required, for 2 of 9 (#1, #7) sample residents. The findings were: 1. Review of the resident record for resident #1 showed an admission date of 5/6/20 and included a diagnosis of chronic obstructive pulmonary disease. Further review showed admission orders without an order for, or the status of, the resident's pneumococcal immunization. 2. Review of the resident record for resident #7 showed an admission date of 10/7/22 and included a diagnosis of hypertension. Further review showed admission orders without an order for, or the status of, the resident's pneumococcal immunization. 3. Interview with the DON on 5/16/23 at 11:59 AM verified the admission orders did not address the pneumococcal immunization status of residents #1 and #7, as required.	S5007		

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S5005	Continued From page 4 showed an admission date of 10/7/22 and the resident's MARs from previous months were filed in the resident's record. Further review showed the resident received medication administration on a daily basis but there was no evidence a RN had reviewed the resident's MARs. 9. Interview with the DON on 5/16/23 at 12:13 PM verified there was no evidence a RN had reviewed the MARs as required.	S5005		
S5007	Ch 12 Sec 7 (b)(ii) Assisted Living Facility (ALF) Core Services (b) (ii) Admission orders. A resident shall be admitted only if accompanied by a history and physical completed by a physician or physician extender within ninety (90) days prior to admission. The facility shall confirm the resident's medication regimen and special treatment orders at the time of admission. (A) Admission orders shall include an order for TB screening, influenza and pneumococcal immunization status and orders for immunization if required, unless contraindicated. The facility must develop and implement policies and procedures to ensure the following: (I) Residents, or their legal representative are educated regarding the risks and benefits of these immunizations. (II) The immunizations are offered unless medically contraindicated or the resident is currently immunized. (III) If the resident is not vaccinated,	S5007		

Primrose Retirement Community of Gillette

Survey May 16, 2023

Tag: S5005

Observations 1-8, Residents 9, 1, 2, 3, 4, 5, 6, 7 Response:

On May 17th, DON and RN reviewed and reconciled resident MARS and initialed and dated showing date of review. Upon review, it was determined that all the MARS were affected by the deficiency. On May XX, RN reviewed and reconciled all resident MARS for June. Med Tech performed the 2nd review and reconciliation. Both reviewers initialed and dated bottom of MAR. To ensure the implementation of the new process, DON will review each month and initial and date that we are complying for a period of 12 months to ensure consistency. On May 17th, DON provided education to nursing staff of new process. As of June 1st, all MARS are in compliance.

Tag: S5007

Observations 1 & 2, Residents 1 & 7 Response: Requests sent to providers to address TB screening, influenza, and pneumococcal status. Orders received from providers addressing status, DON charted immunization on immunization record in residents' charts. By June 30th, all remaining resident's admission orders will be audited to make sure deficient practice is corrected. If a deficiency is found, request will be sent to provider and orders will be added to immunization record in chart. Education provided for DON and ADON to ensure that admission orders are completed with an order for, or the status of, the resident TB screening, influenza, and pneumococcal immunization status. Continuous monitoring of admission orders will be completed by ADON or DON prior to move in.