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PRINTED: 10/14/2009
FORM APPROVED

WDH - Office of 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 _____	09/29/2009

Office of Healthcare Licensing and Surveys Office of Healthcare Licensing and Surveys

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE RETIREMENT COMMUNITY OF CA	1865 SO BEVERLY STREET CASPER, WY. 82609

(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
SALF	LIC REGS FOR ASSISTED LIVING FACILITIES This State Rules and Regulations is not met as evidenced by: Rules and Regulations for Licensure (Chapter 4) of Assisted Living Facilities (ALF). Section 10. Life Safety and Electrical Safety These REGULATIONS were not met as evidenced by: 1. Based on observation and staff interview, the facility failed to maintain the installed sprinkler system in accordance with NFPA 13. The findings include: Observation on 9/28/09 at 12:48 PM revealed resident rooms #225, #127 and #130 had closet storage closer than 18 inches from the closet sprinkler deflectors. In addiditon, quarter inch gaps between the escutcheons and the ceiling were observed in resident rooms #125 and #130. Interview with the facility maintenance manager at the time confirmed the above observations. Reference NFPA 101 Life Safety Code, 1994 Edition "NFPA 101, Chapter 32 Referenced Publications:" "NFPA 13, Installation of Sprinkler Systems, 1999 edition." "5-6.5.3. Obstructions that prevent sprinkler discharge from reaching the hazard. Continuous or noncontinuous obstructions that interrupt the water discharge in a horizontal plane more than 18 in. below the sprinkler deflector in a manner to limit the distribution from reaching the protected hazard shall comply with this section." "22-3.3.5.1 all buildings shall be protected	SALF	This facility will assure personal safety will be maintained for each resident. This will be accomplished by: A) Systematic room checks will be done by Nov 1, 2009 and periodically monitored with room checks conducted by available staff and concerns reported immediately. B) Education of residents will be provided at the next resident meeting scheduled for Nov 9, 2009 with discussion of issues related to sprinkler clearance and informed of our random checks for compliance. C) Staff education at all staff meeting before Nov. 1, 2009 Instruction will be given on what to be looking for relating to the sprinkler systems and escutcheons. Instruction to report all concerns immediately. D) Education will be provided in written form outlining the restrictions on closet storage and the proper use of electrical outlets. This will be given out to new residents at time of move-in. Rooms #127, #130, and #225 have been corrected. A minimum of 18" of clearance is available from all sprinklers. Room #125 and #231 Escutcheons corrected at time of inspection and has been checked to confirm continued compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Steven A Gulle TITLE Community Manager (X6) DATE 10-30-09

STATE FORM 6899 ERQU11 If continuation sheet 1 of 3

Approved POC 11/2/09 @ 10:02 Am. No changes

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SALF	LIC REGS FOR ASSISTED LIVING FACILITIES This State Rules and Regulations is not met as evidenced by: Rules and Regulations for Licensure (Chapter 4) of Assisted Living Facilities (ALF). Section 10. Life Safety and Electrical Safety These REGULATIONS were not met as evidenced by: 1. Based on observation and staff interview, the facility failed to maintain the installed sprinkler system in accordance with NFPA 13. The findings include: Observation on 9/28/09 at 12:48 PM revealed resident rooms #225, #127 and #130 had closet storage closer than 18 inches from the closet sprinkler deflectors. In addiditon, quarter inch gaps between the escutcheons and the ceiling were observed in resident rooms #125 and #130. Interview with the facility maintenance manager at the time confirmed the above observations. Reference NFPA 101 Life Safety Code, 1994 Edition "NFPA 101, Chapter 32 Referenced Publications:" "NFPA 13, Installation of Sprinkler Systems, 1999 edition." "5-6.5.3. Obstructions that prevent sprinkler discharge from reaching the hazard. Continuous or noncontinuous obstructions that interrupt the water discharge in a horizontal plane more than 18 in. below the sprinkler deflector in a manner to limit the distribution from reaching the protected hazard shall comply with this section." "22-3.3.5.1 all buildings shall be protected	SALF	This facility will assure personal safety will be maintained for each resident. This will be accomplished by: A) Systematic room checks will be done by Nov 1, 2009 and periodically monitored with room checks conducted by available staff and concerns reported immediately. B) Education of residents will be provided at the next resident meeting scheduled for Nov 9, 2009 with discussion of issues related to sprinkler clearance and informed of our random checks for compliance. C) Staff education at all staff meeting before Nov. 1, 2009 instruction will be given on what to be looking for relating to the sprinkler systems and escutcheons. Instruction to report all concerns immediately. D) Education will be provided in written form outlining the restrictions on closet storage and the proper use of electrical outlets. This will be given out to new residents at time of move-in. Rooms #127, #130, and #225 have been corrected. A minimum of 18" of clearance is available from all sprinklers. Room #125 and #231 Escutcheons corrected at time of inspection and has been checked to confirm continued compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Steven A Gulle TITLE Community Manager (X6) DATE 10-23-09

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SALF	Continued From page 1 throughout by an approved, automatic sprinkler system installed in accordance with section 7-7...." "7-7.1.1 each automatic sprinkler system required by another section of the Code shall be installed according to NFPA 13" "6.2.7.2 Escutcheons used with recessed, flush-type, or concealed sprinklers shall be part of a listed sprinkler assembly." 2. Based on observation and staff interview, the facility failed to ensure the electrical system was installed in accordance with NFPA 70. The findings were: Observation on 9/28/09 at 1:18 PM revealed an extension cord plugged into a surge protector in resident room #119. In addition, resident room #231 was observed to have multiple electrical splitters plugged into one extension cord. Interview with the facility maintenance manager at the time confirmed the above observations. Reference NFPA 101 Life Safety Code, 1988 Edition: "NFPA 101, Chapter 32 Referenced Publications:" "NFPA 70, National Electrical Code, 1999 edition" "400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (I) As a substitute for the fixed wiring of a structure." 3. Based on observation and staff interview, the facility failed to ensure 1 of 7 exterior exit doors were properaly maintained. The findings were: Observation on 9/28/09 at 11:48 AM revealed the	SALF	This facility will assure personal safety will be maintained for each resident. This will be accomplished by: A) Systematic room checks will be done by Nov 1, 2009 and periodically monitored with room checks conducted by available staff and concerns reported immediately. B) Education of residents will be provided at the next resident meeting scheduled for Nov 9, 2009 with discussion of issues related to electrical outlets and the use of extension cords and splitters. They will be informed of our random checks for compliance. C) Staff education at all staff meeting before Nov. 1, 2009 instruction will be given on what to be looking for relating to the electrical outlets and extension cord usage to include the use of splitters. Instruction to report all concerns immediately. D) Education will be provided in written form outlining the restrictions on closet storage and the proper use of electrical outlets (to include splitter and extension cord use). This will be given out to new residents at time of move-in. Rooms #119, and #231 have been corrected. No outlets have multiple extension cords connected and splitters used correctly.	

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SALF	Continued From page 2 north east exit door to the facility did not latch into the door frame upon three separate attempts. The door did have a self closure device. Interview with the facility maintenance manager at the time confirmed the above observation. Reference NFPA 101 Life Safety Code, 2000 Edition: "7.2.4.3.7. Doors in horizontal exits shall be designed and installed to minimize air leakage." 4. Based on observation and staff interview, the facility failed to ensure 1 of 8 smoke barrier doors and 2 of 54 corridor doors were smoke resistant. The findings were: Observation on 9/28/09 at 2:48 PM revealed the cross corridor smoke barrier doors north of the nurse's station did not fully latch into the door frame. In addition, corridor doors to resident rooms #123 and #221 also did not latch into their door frames. Interview with the facility maintenance manager at the time confirmed the above observations. Reference NFPA 101 Life Safety Code, 2000 Edition: "19.3.7.6 Subdivision of Building Spaces. Doors in smoke barriers shall comply with 8.3.4 and shall be self-closing or automatic-closing in accordance with 19.2.2.2.6. 19.3.6.3.2. Corridor doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5f-lb is applied at the latch edge of the door."	SALF	This facility will assure personal safety will be maintained for each resident. This will be accomplished by: A) Smoke barrier doors will be checked monthly as part of our Fire Drill to assure proper closure and latching to minimize air leakage. North East Fire door has been adjusted and now closes and latches without issue. Closed 10 out of 10 times. This facility will assure personal safety will be maintained for each resident. This will be accomplished by: A) Maintenance will be performed on Resident Doors, adjusting door frames and assuring the proper closure with latching by Nov 6, 2009. B) Systematic room checks will be done by Nov 1, 2009 and periodically monitored with room checks conducted by available staff and concerns reported immediately. Rooms #123 and # 221 have been corrected, with doors shutting and latching correctly.	