Healthcare Licensing and Surveys

PRINTED: 02/26/2013
FORM APPROVED

| 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 _____ | 02/11/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PRIMROSE RETIREMENT COMMUNITY OF GIL | 1221 MOUNTAIN MEADOW LANE GILLETTE, WY 82718 |

| (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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| SALF | LIC REGS FOR ASSISTED LIVING FACILITIES | SALF | | |

An annual Health and Life Safety Code survey was conducted at your facility by the Healthcare Licensing and Surveys (HLS) on 02/11/13. The survey revealed the facility was out of compliance with the Rules and Regulations for Licensure (Chapter 4) and for Program Administration (Chapter 12) of Assisted Living Facilities (ALF).

Chapter 4, Rules and Regulations for Licensure of Assisted Living Facilities
Section 10. Life Safety and Electrical Safety.
The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply.
(i). Assisted Living Facilities operating prior to the effective date of these rules, shall meet the Life Safety Code of the National Fire Protection Association that was in effect at the time the facility was licensed as an Assisted Living Facility.

This REGULATION was not met as evidenced by:

1. Based on record review and staff interview, the facility failed to maintain the installed sprinkler system in accordance with NFPA 25. The findings were:

Maintenance record review on 2/11/13 at 1:45 PM revealed the facility sprinkler system consisted of both dry and wet loops. Further review revealed the quarterly main drain testing of the system was done by the Rapid Fire Company on 3/30/12 and again on 9/4/12. However the second quarter (June 2012) and the fourth quarter (December

1. Primrose terminated the testing contract with the contractor that failed to meet expectations. We have since contracted with another testing company to ensure compliance with NFPA 101 Life Safety Code, 2000 Edition 32.3.3.5.1 expectations of quarterly sprinkler testing.

**The first quarter 2013 test was completed on 2/21/13.**

The Director of Maintenance will perform a quarterly check and report to the QA committee a review of survey deficiency correction the results to ensure quarterly sprinkler test compliance.



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] Program Operations Manager (X6) DATE: 3-7-13

STATE FORM 6899 11U9M11 If continuation sheet 1 of 3

Approved 3/11/13 @ 11:48 AM, Notified Administrator via PC (S. Dakota). Requested follow up material

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| SALF | Continued From page 1<br>2012) tests were missing. Interview with the facility administrator on 02/11/13 at 3:48 PM confirmed the June 2012 and the December 2012 main drain sprinkler system tests were missed.<br><br>Reference NFPA 101 Life Safety Code, 2000 Edition<br>32.3.3.5.1 All buildings shall be protected throughout by an approved automatic sprinkler system in accordance with Section 9.7<br>9.7.5. Maintenance and Testing. All automatic sprinkler systems required by this code shall be inspected tested, and maintained in accordance with NFPA 25, Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems 1998 edition.<br>NFPA 25, 9-2.6* "Main Drain Test. A main drain test shall be conducted quarterly at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves."<br>"9-2.7 Water flow alarm. All water flow alarms shall be tested quarterly in accordance with manufacturer's instructions."<br><br>2. Based on observations and staff interview, the facility failed to limit the use of flexible electrical cables in accordance with the provisions of NFPA 70. The findings were:<br><br>Observation on 2/11/13 between 11:48 AM and 12:55 PM revealed an extension cord plugged into a surge protector (SP) in resident room C225. A cell phone charger was plugged into the extension cord. In addition, a SP was plugged into another SP in resident room C134. Several appliances were plugged into the second SP. Interview with the facility administrator at the time | SALF | 2. Immediately following the Health and Life Safety Code survey on 2/11, a letter from the Regional Operations Manager was sent out on 3/6/13 to all residents and families explaining the expectations of the survey process findings and explaining **staff removal of violating extension cords and surge protectors in Assisted Living apartments on 2/13/13 by the Director of Maintenance**, also explaining to families the importance of this compliance. To ensure stronger future compliance, all new resident move-in packets will come with supplemental Electrical Safety information reminders.<br><br>The Director of Maintenance will perform a quarterly check and report to the QA committee a review of survey deficiency correction the results to ensure electrical cord compliance. | |

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| SALF | Continued From page 2<br>of the observations confirmed the above findings.<br><br>Reference NFPA 101 Life Safety Code, 2000 Edition:<br>Section 9.1.2 Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code.<br>NFPA 70, National Electrical Code, 1999 edition:<br>400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following:<br>As a substitute for the fixed wiring of a structure...<br><br>3. Based on observation and staff interview, the facility failed to ensure proper operation of four smoke barrier doors in accordance with NFPA 101. The findings were:<br><br>Observation on 2/11/13 between 11:48 AM and 12:55 PM revealed the following doors did have self closure devices attached. However, the doors failed to latch in there respective door frames upon three separate attempts.<br>a. Hallway exit door, 2nd floor south, "C" wing.<br>b. Cross corridor doors leading into the apartment complex.<br>c. Hallway exit door, 1st floor north, "C" wing<br>d. Cross corridor doors by the kitchen, 1st floor north, "A" wing.<br>Interview with the maintenance manager at the time of the observations confirmed the above findings.<br><br>Reference NFPA 101 Life Safety Code, 2000 Edition.<br>32.3.2.1 Means of egress shall be in accordance with Chapter 7.<br>7.1.10.1 Means of egress shall be continuously maintained free free of all obstructions or | SALF | **3. All four of the doors that were not found to latch successfully according to regulation were corrected on 2/15/13 by the Director of Maintenance.** A monthly inspection form has been created to ensure all doors are checked monthly, and any deficiencies in function are corrected immediately.<br><br>The Director of Maintenance will present the monthly inspection results to the QA committee reviewing survey deficiency correction to ensure fire door compliance. | |

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| SALF | Continued From page 3<br>impediments to full instant use in case of fire or other emergency.<br><br>Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.<br>(n) Physical Plant<br>(ii) Sleeping rooms shall be homelike, well lighted, ventilated and equipped in compliance with the requirements below:<br>(Z) Portable space heaters shall not be used.<br>(M) The facility shall be maintained so that it is free of hazards.<br><br>This REGULATION was not met as evidenced by:<br><br>4. Based on observation and staff interview, the facility failed to prohibit the use of a portable space heater in the facility beauty salon. The findings were:<br><br>A portable space heater was observed in the second floor beauty salon on 2/11/13 at 2:30 PM. The observation was verified by the facility manager at that time.<br><br>5. Based on observation and staff interview, the facility failed to secure seven portable oxygen tanks in three resident rooms. The findings were:<br><br>Observation on 2/11/13 between 11:48 AM and 12:55 PM revealed the following concerns:<br>a. Two "E" size unsecured oxygen tanks were noted in the closet of resident room C120.<br>b. One "E" and two "B" sized unsecured portable oxygen tanks were noted in the closet of resident room C224.<br>c. Two "E" size unsecured oxygen tanks were noted on the living room floor and in the closet of resident room C234. | SALF | **4. The space heater was removed from the beauty salon on 2/13/13 by the Director of Maintenance.**<br><br>Staff and beauty salon personnel have been notified that space heaters are prohibited at Primrose, and a note was posted in the beauty salon on 3/7/13 to this regard by the interim Executive Director and Regional Director of Operations.<br><br>The Director of Maintenance will provide a monthly check to ensure no space heaters are present in the beauty salon and will present the monthly inspection results to the QA committee reviewing survey deficiency correction to ensure portable space heaters are not present. | |

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| SALF | Continued From page 4<br>d. Interview with the administrator at the time of the observations confirmed the above findings. | SALF | **5. The oxygen provider placed appropriate oxygen containers in apartments C120, C224 and C234 on 2/13/13 to ensure compliance of oxygen storage.**<br><br>The Director of Nursing will inspect and review monthly the storage of oxygen units on the appropriate resident apartments quarterly and ensure appropriate storage is addressed. Additional storage containers have been provided to Primrose by the oxygen provider to ensure immediate compliance of oxygen storage upon the addition of oxygen needs to new or existing residents.<br><br>The Director of Nursing will present the monthly inspection results to the QA committee reviewing survey deficiency correction to ensure oxygen storage compliance. | |