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 _____	03/30/2011

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: A Life Safety Code survey was conducted at your facility on March 29-30, 2011 by the Office of Healthcare Licensing and Surveys, (OHLS). The facility was a two story fully sprinkled building of Type V (111) construction built in 2003. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze branch and an addressable fire alarm system. The facility had a capacity of 42 licensed beds. --- Wyoming Department of Health, Rules and Regulations for Licensure of Assisted Living Facilities Chapter 4 Section 10. Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply. (ii) 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. All references are based on the requirements of NFPA 101, Life Safety Code, 2000 Edition, unless otherwise noted. This regulation was NOT MET as evidenced by: ---	SALF	**Policy:** Primrose adheres to the Wyoming Department of Health Rules and Regulations for Licensure of Assisted Living Facilities and the NFPA 101 Life Safety Code. **Who:** Director of Maintenance and Executive Director. **How:** Primrose of Casper purchased DAP Polyurethane Fireblock Foam Sealant and 3M Fire Barrier Sealant to ensure the barrier walls are sealed and smoke resistant.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Director, ED — (X6) DATE: 4/12/11

FORM CMS-2567(02-99) — 27XL11 — If continuation sheet 1 of 5

RECEIVED
Wyoming Dept of Health
APR 13 2011

PIC accepted w/ corrections
EDs on 4/14/11.

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SALF	Continued From page 1 A. Based on observation and staff interview the facility failed to ensure 2 of 6 smoke barrier walls were smoke resistant. The findings were: 1. Observation of the second floor north smoke barrier on 3/29/11 at 4:28 PM showed the barrier wall above the ceiling tile had a ½ inch by 6 inch unsealed cable penetration. At the time of the observation the maintenance director reported smoke barrier walls were not routinely inspected. 2. Observation of the first floor north smoke barrier wall on 3/29/11 at 4:35 PM showed the barrier wall above the ceiling tile had an unsealed 2 inch by 8 inch gap. Reference: 32.3.3.6.2 Sleeping rooms shall be separated from corridors, living areas, and kitchens by walls complying with 32.3.3.6.3 through 32.3.3.6.6. 32.3.3.6.3 Walls required by 32.3.3.6.1 or 32.3.3.6.2 shall have a fire resistance rating of not less than 1/2 hour. --- B. Based on observation and staff interview the facility failed to ensure temporary electrical wiring did not replace fixed permanent wiring in 2 of 6 smoke compartments. The findings were: Observation of the electrical system on 3/29/11 between 4 PM and 5 PM showed the television sets in resident rooms #119 and #122 were plugged into 3-way electrical adapters. At the time of observation the maintenance director reported he was aware electrical adapters were prohibited. He further reported that family	SALF	**Prevention:** The director of maintenance will maintain a log demonstrating annual inspection of the areas. Please see attached form. **QA:** The Executive Director will review the annual log to ensure accuracy and completion. **Policy:** Primrose adheres to the Wyoming Department of Health Rules and Regulations for Licensure of Assisted Living Facilities and the NFPA 101 Life Safety Code. No electrical extension cords or 3-way devices will be allowed in the facility. **Who:** Housekeeper, Director of Maintenance, and Executive Director. **How:** Primrose has purchased "surge protector/power strips" for residents to	4/11/11

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SALF	Continued From page 2 members continually brought in electrical adapters. He also reported the electrical system was inspected by the nursing staff on a random basis. Reference: 32.3.6.1 Utilities shall comply with the provisions of Section 9.1. 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction. 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: (1) As a substitute for the fixed wiring of a structure...	SALF	utilize in place of the inappropriate temporary electrical wiring. See attached memo provided to residents and their families on 4/7/11. Both areas of deficiency noted in the report have been corrected as of 4/12/11. **Prevention:** The same memo will be given to new residents upon move-in. **QA:** The Housekeeper, Director of Maintenance, and Executive Director will monitor apartments for unapproved devices upon entry to each apartment.	4/12/11
	Wyoming Department of Health Aging Division Rules Program Administration of Assisted Living Facilities Chapter 12 Effective December 12, 2007 Section 7. Assisted Living Facility (ALF) Core Services. (o) Evacuation Capability, Emergency Procedures, and Fire Safety. (iii) Fire Safety. (E) Fire exit drills shall be conducted in accordance to the Life Safety Code Operating Features sections. The minimum number of drills, as amended, shall be held at least twelve (12) times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. Fire exit drill records over a two-year period shall be available upon request at the		**Policy:** Primrose adheres to the Wyoming Department of Health Rules and Regulations for Licensure of Assisted Living Facilities and the NFPA 101 Life Safety Code when completing fire exit drills. **Who:** The Executive Director and Director of Nursing. **How:** Primrose will ensure the timeliness and accuracy of fire drills by utilizing the grid form provided by the surveyor. Fire drills will continue to be performed no less than twelve times per year with special attention paid to one drill conducted each quarter on each shift. Primrose will continue to maintain a fire	

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SALF	Continued From page 3 facility. (l) The facility shall be responsible for recording fire exit drills on an evaluation form that include at least the following: (1.) Date of drill; (2.) Time of day; (3.) Type of drill (Practice, Announced, Surprise); (4.) Residents who participated including staff and family members; (5.) Time required (minutes and seconds) to evacuate all residents (including staff) from the occupied areas to a point of assembly as defined in the Life Safety Code; (6.) List of anyone, including staff and family members, who did not evacuate in the required time allowed by the evacuation capability rating of the facility. Evacuation capability rating for each facility shall be listed on the form; (7.) Comments on the factors that contributed to each individual ' s inability to evacuate successfully and any corrective actions recommended; and (8.) Signature and date of the person completing the form. This regulation was NOT MET as evidence by: --- C. Based on record review and staff interview the facility failed to ensure fire drills were conducted on each shift during 3 of the past 4 quarters. The findings were: Review of the fire drill records showed the first shift occurred between 6 AM and 2 PM, the second shift occurred between 2 PM and 10 PM and the third shift occurred between 10 PM and 6 AM. Further review showed a fire drill had not been conducted on the first shift during the	SALF	drill log with no less than two years of documented drills. **Prevention:** The Director of Nursing will utilize the grid form to ensure accuracy and prevention of non-compliance with regulations. **QA:** The Executive Director and/or Director of Nursing will review the grid no less than quarterly to ensure accuracy.	4/12/11

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SALF	Continued From page 4 second quarter of 2010. A fire drill had not been conducted on the third shift during the third quarter of 2010. A fire drill had not been conducted on the second shift during the fourth quarter of 2010. On 3/29/11 at 3 PM the director of nursing reported that he was not aware a fire drill was required to be held on each shift during each quarter. Reference: 32.7.3 Emergency Egress and Relocation Drills. Emergency egress and relocation drills shall be conducted not less than six times per year on a bimonthly basis, with not less than two drills conducted during the night when residents are sleeping. The drills shall be permitted to be announced in advance to the residents. The drills shall involve the actual evacuation of all residents to an assembly point as specified in the emergency plan and shall provide residents with experience in egressing through all exits and means of escape required by the Code. Exits and means of escape not used in any drill shall not be credited in meeting the requirements of this Code for board and care facilities.	SALF	See prior page.	