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WY Dept of Health
JUL 07 2014
Healthcare Licensing and Surveys

PRINTED: 06/27/2014
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF030	A. BUILDING: _____ B. WING	05/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE RETIREMENT COMMUNITY OF CH	1530 DOROTHY LANE CHEYENNE, WY 82009

(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
S5148	Ch 4 Sec 6 (i) Furnishings, Building, Physical Plant (i) All drapery and curtains shall be flame retardant. This State Rule and Regulation is not met as evidenced by: Based on record review and facility staff interview, the facility failed to ensure that all drapery and curtains were flame retardant. The findings were: Document review on 5/16/14 was unable to establish that the facility had a policy in place to ensure that all drapery and curtains installed throughout the facility were flame retardant. Interview with the Property Maintenance Technician revealed that a corporate policy was not available, but that the facility had initiated an internal policy. This internal policy requires the facility maintenance staff to install all resident provided drapery or curtain rods in an effort to monitor patient provided materials. Additional observation of the curtains installed in Room C136 on 5/16/14 at 11:22 AM revealed that the residents had installed curtains without the Property Maintenance Technicians knowledge. It could not be established that the curtains were flame retardant.	S5148	**S5148** The facility will ensure that all drapery and curtains shall be flame retardant in apartment homes of Assisted Living. This will be accomplished by: A.) Will ensure Maintenance Director will install all drapery rods, drapes and/or curtains to verify drapery and/or curtains are flame retardant prior to installation. B.) Maintenance Director or designee will perform regular checks in apartments to ensure there are no violations to CH.4 Sec 6.	7/18/14
S5166	Ch 4 Sec 10 (ii) 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	S5166		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

EXECUTIVE DIRECTOR | 7-3-14

STATE FORM 6899 G0GI11 If continuation sheet 1 of 3

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PLAN OF CORRECTION ACCEPTED ON 08/13/14 W/TRAVIS LINGENFELTER

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S5166	Continued From page 1 facility was licensed as an Assisted Living Facility. This State Rule and Regulation is not met as evidenced by: A Life Safety Code survey was conducted at the facility on 5/16/14 by the Office of Healthcare Licensing and Surveys (HLS). The facility was a three-story, fully sprinkled facility of Type V (111) construction built in 2013. The building was equipped with a supervised automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 45 beds with a census of 7 residents. All references are based on the requirements of the NFPA 101 Life Safety Code, Chapter 32 - New Board and Care, 2006 Edition, unless otherwise noted. The facility was not in compliance with the following Assisted Living Life Safety Regulations:	S5166		
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that freestanding oxygen cylinders were properly chained or supported in a proper cylinder stand or cart per the requirements of NFPA 99, Section 2.3.13.1.3(11). Observation of the Oxygen Storage Room C180 on 5/16/14 at 11:05 AM revealed that (3) E-sized oxygen cylinders were located freestanding on	S8030	**S8030** The facility will ensure that all freestanding oxygen cylinders were properly chained or supported in a proper cylinder stand or cart per the requirements of NFPA 99, Section 2.3.13.1.3(11). This will be accomplished by: A.) Director of Nursing will contact outside vendors to ensure they are aware of this policy and requirement to properly store freestanding oxygen cylinders in the facility. B.) Director of Nursing or designee will regularly check to ensure all freestanding oxygen cylinders are stored properly and compliantly. C.) In the event it is found that an outside vendor did not properly and compliantly store a freestanding oxygen cylinder, Director of Nursing and Executive Director are both to be notified and Director of Nursing or Executive Director will contact the outside vendor immediately to correct this issue and be given a copy of the policy.	7/7/14

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S8030	Continued From page 2 the floor and not placed in the cylinder stands that were provided within the room. Interview with the Executive Director and Property Maintenance Technician at the time of the observation revealed that the cylinders are stocked by a vendor and that the facility was unaware that the cylinders were not secured in the stands.	S8030		