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 _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE RETIREMENT COMMUNITY OF CA	1865 SO BEVERLY STREET CASPER, WY 82601

(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	General Comments A Life Safety Code survey was conducted at your facility on June 09, 2015 by the office of Healthcare Licensing and Surveys, (HLS). 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 loop and an addressable fire alarm system. The facility had a capacity of 42 licensed beds with a current census of 35 residents. 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 in operation 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, New Board and Care, 2000 Edition, unless otherwise noted.	S 000		
			1.Dave Benardis, Property Maintenance Technician (PMT), adjusted the door hinges to allow the door to the elevator room to fully close and latch into the frame. Heretofore all doors to mechanical rooms will be periodically inspected to ensure proper closure.	06/16/15
			2.PMT filled three 1 inch ceiling penetrations with fire caulking to correct the deficiencies.	06/16/15
			3.PMT removed Kick-down door stop from the 2nd floor laundry room door. Anything that could be used to prop the door open was removed from the room. Sign was posted notifying users not to prop door open. Staff instructed assist in educating users of the facility and enforcing rule if door is found open.	06/16/15
			4.PMT Installed self-closing device on commercial kitchen door.	06/23/15
S8015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide protection of hazardous areas from adjacent corridors and non-hazardous rooms. The findings were:	S8015		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eileen M Ford — TITLE: Exec. Director — (X6) DATE: 6/23/15

STATE FORM 6899 — ONQB11 — If continuation sheet 1 of 4

RECEIVED
WY Dept of Health
JUN 26 2015
Healthcare Licensing

POC Accepted Via Phone Call with Administator Eileen Ford On 6/30/15 @ 10:18 AM

34354

Healthcare Licensing and Surveys

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S8015	Continued From page 1 1. Observation on 06/09/15 at 8:59 AM revealed the door to the elevator room was provided with a self-closing device, but when activated would not fully close and latch the door into the frame. At the time of the observation the facility maintenance manager acknowledged the door would not fully close and latch. 2. Observation on 06/09/15 at 9:00 AM revealed three 1 inch ceiling penetrations in the 1st floor mechanical room. At the time of the observation the facility maintenance manager acknowledge the penetrations in the ceiling. 3. Observation on 06/09/15 at 9:36 AM revealed the corridor door to the 2nd floor laundry room was equipped with a self-closing device, but was blocked open with a rubber door stop. At the time of the observation the facility maintenance manager acknowledged the door being blocked open. 4. Observation on 06/09/15 at 9:50 AM revealed the door to the commercial kitchen was not provided with a self-closing device. At the time of the observation the facility maintenance manager acknowledged the lack of a self-closing device on the door. Ref: 2000 NFPA 101, Sections 32.3.3.2.2, 8.2.4.3.5, and 8.2.4.4.2	~~S8015~~ S8015 QS	PMT located paperwork from Western States Fire Systems verifying proper periodic inspection and maintenance of automatic sprinkler system. All documentation, year-to-date, was faxed to Inspector, Jeff Shahan. Heretofore, current records will be kept in a compliance binder for easy reference. PMT replaced the missing escutcheon in the closet of room #121. All staff will be reminded to watch for this deficiency when in residents' rooms. PMT repaired smoke barrier doors on 1st floor B wing by adjusting hinges and sanding door edges to allow for proper closure and seal. PMT and management will inspect all smoke barrier doors periodically to make sure they are closing properly.	06/09/15 06/16/15 06/23/15
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements	S8021 QS ~~S8018~~		

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S8018	Continued From page 2 This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that automatic sprinkler systems are continuously maintained per the requirements of NFPA 13. The findings were: Observation and staff interview on 06/09/15 at 8:51 AM revealed a missing escutcheon in the closet of room #121. At the time of the observation the facility maintenance manager acknowledged the missing escutcheon. Ref: 2000 NFPA 101, Sections 18.3.5.1 and 9.7.1.1 1999 NFPA 13, Section 3-2.7.2	~~S8018~~ 74	Teresa Appleton, head of housekeeping removed the extension cord from room #127 and provided resident with a power strip to correct the problem. Resident was reminded of rules regarding the use of extension cords. In regards to the beauty salon, PMT apprised Valerie Jennings, salon operator, about the issue and provided a power strip for her use. He offered to install the device for her, but she said she would take care of it and did make the necessary adaptation, removing extension cords and plugging implements into power strip.	06/09/15
S8021	NFPA Life Safety - Nfpa Smoke Resistant Barriers NFPA 101 Smoke Resistant Barriers This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide doors in corridors that resist the passage of smoke in 1 of 6 smoke compartments. The finding were: Observation on 06/09/15 at 9:53 AM revealed the smoke barrier doors on the 1st floor B wing when activated would not fully close and resist the passage of smoke. At the time of the observation the facility maintenance manager acknowledged the doors would not fully close. Ref: 2000 NFPA 101, Section 32.3.3.6.5	S8022 ~~S8021~~ 75	Staff was reminded during staff meeting on 6/24 about rules regarding laundry room doors, use of extension cords, and other fire code regulations and directed to be on the lookout for any possible violations during their interactions with residents. Management will also be proactive in pointing out regulations to new residents during the orientation process. New resident handbook also includes information regarding these regulations.	

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S8022	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that the electrical equipment was in accordance to NFPA 70. The findings were: 1. Observations on 06/09/15 at 9:07 AM and 9:29 AM, respectively, revealed an extension cord being utilized in resident room #127 and two extension cords being utilized in the facility beauty salon. At the time of the observations the facility maintenance manager acknowledged the use of the extension cords. Ref: 2000 NFPA 101, Sections 32.2.5.1 and 9.1.2 Ref: 1999 NFPA 70, Article 305	S8022		6/9/15