Healthcare Licensing and Surveys

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 _____	C 06/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE RETIREMENT COMMUNITY OF GIL	921 MOUNTAIN MEADOW LANE GILLETTE, WY 82716

(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, and complaint investigation was conducted at your facility on June 16, 2015 by the office of Healthcare Licensing and Surveys, (HLS). No deficiencies were found in relation to the complaint. The facility was a two story fully sprinklered building of Type V (111) construction built in 2009. 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 45 licensed beds with a census 34 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 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, 2006 Edition, unless otherwise noted.	S 000		
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 self-closing doors to	S8015	Tag S8015 1. Kevin Ridlen, Property Maintenance Technician (PMT) adjusted door hinges and latch allowing latch to fully engage. During monthly drills all doors will be inspected for complete closure.	6/18/15

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

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

Melanie Soupir, Executive Director (Interim) 7-8-15

STATE FORM 6899 6N1V11 If continuation sheet 1 of 4

RECEIVED
WY Dept of Health
JUL 10 2015
Healthcare Licensing and Surveys

POC Accepted Via Phone Call w. the Administrator Melanie Soupir on 7/14/15 @ 9:03 AM

34354

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S8015	Continued From page 1 hazardous areas in 2 of 6 smoke compartments. The findings were: 1. Observation of the 2nd floor soiled utility room door on 06/16/15 at 2:35 PM revealed the door was equipped with a self-closing device, but when activated the door would not fully close and latch into the frame. At the time of the observation the facility maintenance manager acknowledged the door would not latch into the frame. 2. Observation of the 2nd floor laundry room door on 06/16/15 at 2:43 PM revealed the door was equipped with a self-closing device, but when activated the door would not fully close and latch into the frame. At the time of the observation the facility maintenance manager acknowledged the door would not latch into the frame. 3. Observation of the 1st floor records room door on 06/16/15 at 2:57 PM revealed the door was equipped with a self-closing device, but was blocked open with a rubber wedge. At the time of the observation the facility maintenance manager acknowledged the door was blocked open. 4. Observation of the food storage room door on 06/16/15 at 3:11 PM revealed the door was equipped with a self-closing device, but when activated the door would not fully close and latch into the frame. At the time of the observation the facility maintenance manager acknowledged the door would not latch into the frame. 5. Observation of the kitchen room door on 06/16/15 at 3:12 PM revealed the door was equipped with a self-closing device, but when activated the door would not fully close and latch into the frame. At the time of the observation the facility maintenance manager acknowledged the	S8015	2. Kevin Ridlen, PMT adjusted door and adjusted hinges. Door now latches completely and will be inspected during monthly fire drills 3. Kevin Ridlen, PMT removed door stop and employees were re-educated on policy banning the use of door stops. This will also be discussed at the next all staff meeting. 4. Kevin Ridlen, PMT adjusted hinges and latch. Door now closes completely. All doors will be inspected during monthly fire drills. 5. Kevin Ridlen, PMT adjusted hinges and latch. Door now fully closes. All doors will be inspected during monthly fire drills.	6/18/15 6/16/15 6/18/15 6/19/15

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S8015	Continued From page 2 door would not latch into the frame. Ref: 2006 NFPA 101, Section 32.3.3.2.1 and 8.7.1.2	S8015		
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 wiring and equipment was in accordance with NFPA 70. The findings were: Observation of resident room #C238 on 06/16/15 at 2:25 PM revealed an extension cord being utilized by the resident. At the time of the observation the facility maintenance manager acknowledged the use of the extension cord in the resident room. Ref: 2006 NFPA 101, Sections 32.3.6.1 and 9.1.2 2008 NFPA 70, Article 305	S8022	Tag S8022 Kevin Ridlen, PMT removed electrical cord and additional strip was not needed. Resident has adequate number of outlets for electrical devices. Staff re-education to observe Resident rooms for hazards and report to PMT or DON. This will also be addressed at next employee meeting.	6/16/15
S8032	IPC Life Safety - Int'l Plumbing Cod This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the existing plumbing systems in a manner that is in accordance with the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities, in accordance with the original design, and in a safe	S8032		

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S8032	Continued From page 3 and sanitary condition. The findings were: 1. Observation of the janitor sinks on the 1st and 2nd floors on 06/16/15 from 2:40 PM to 3:00 PM revealed that a hose connection to the wall-mounted chemical dispensing system had been installed without a means of backflow prevention. The chemical dispensing system was connected to the faucet discharge via a hose connection which had the ability to be under constant pressure. This can disabled the atmospheric vacuum breaker creating a potential means for cross connection. The Facility Administrative Assistant at the time of the observation acknowledged that the connection was not provided with an acceptable means of backflow prevention. 2. Observation of the Emergency Eyewash Stations located in the 1st and 2nd floor laundry rooms, and the kitchen on 06/16/15 from 2:40 PM to 3:12 PM revealed that tepid water was not provided to the eyewash via an ASSE 1071 - Performance Requirements for Temperature Actuated Mixing Valves for Plumbed Emergency Equipment - mixing valve in compliance with ANSI Z358.1 - Standard for Emergency Eye Wash and Shower Equipment. An interview with the Facility Maintenance Manager at the time of the observations confirmed that the eyewash was not provided with a tempering valve in compliance with the requirements of ANSI Z358.1. (Reference 2006 IPC, Section 411) Ref: 2006 IPC, Sections, 411, 608.6, and 608.13 ANSI Z358.1	S8032	Tag S8032 1.Kevin Ridlen, PMT removed Y valve and hose is only connected to dispenser. 2.Kevin Ridlen, PMT installed wall mounted eye wash kits in kitchen and in 1st and 2nd floor laundry rooms. Staff educated on use and location. Kits will be monitored for expiration dates and/or tampering during monthly emergency exit light tests.	7/1/15 7/7/15