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 _____	07/16/2015

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
S 000	General Comments A Life Safety Code survey was conducted at your facility on July 16, 2015 by the office of Healthcare Licensing and Surveys, (HLS). The facility was a two story fully sprinklered building of Type V (111) construction built in 2013. 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 of 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 the 2006 Edition of the Life Safety Code, NFPA 101, New Health Care, of the National Fire Protection Association.	S 000		
S8008	NFPA Life Safety - Nfpa Arrange of Means of Egress NFPA 101 Arrangement of Means of Egress This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the	S8008	S8008 The facility will correct door closers to provide the means of egress that will not exceed 15lbf to open the door to the minimum required width. This will be accomplished by: A) Maintenance Manager will adjust North Stairwell first floor exit to the exterior door to the point that it does not require	

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

Executive Director 8/5/2015

STATE FORM 6899 NXL011 If continuation sheet 1 of 4

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WY Dept. of Health
AUG 07 2015
Healthcare Licensing and Surveys

Modified POC Accepted Via Phone Call with Administrator David Sheppard on 8/24/15 @ 2:27pm. 34354

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S8008	Continued From page 1 facility failed to provide doors in the means of egress that did not exceed 15lbf to open the door to the minimum required width. The finding were: Observation of North Stairwell first floor exit to the exterior of the building on 07/16/15 at 3:15 PM revealed the door required more than 15lbf to release the latching mechanism. The Facility Maintenance Manager acknowledged the excessive force needed to open the door at the time of the observation. Ref: 2006 NFPA 101, Sections 32.3.2.2.2 and 7.2.1.4.5	S8008	more than 15lbf to release the latching mechanism. B) Maintenance Manager will conduct monthly checks of all doors in the facility that are equipped with closers to ensure none require more than 15lbf to open the door to the minimum required width. C) Executive Director will conduct random monthly inspections to ensure any necessary adjustments have been made. D) Maintenance Manager will provide training to all staff to familiarize them with the feel of proper opening tension. E) Corrective actions will be completed by Aug 1, 2015. 8/1/2015	
S8014	NFPA Life Safety - Nfpa Prot of Vertical Openings NFPA 101 Protection of Vertical Openings This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure doors in stairway enclosures are self-closing and kept in the closed position in 1 of 2 stairway enclosures. The findings were: Observation of the 2nd floor stairwell door #C281 on 07/16/15 at 3:01 PM revealed the door was self-closing, but would not latch into the door frame. At the time of the observation the Facility Maintenance Manager acknowledged the door would not latch into the frame. Ref: 2006 NFPA 101, Section 32.3.2.2.3, 7.2.2.5.1.1, and 7.1.3.2	S8014	S8014 The facility will ensure that all doors in the facility that are self-closing will latch into the door frame. This will be accomplished by: A) Maintenance Manager will conduct monthly inspections to ensure self-closing doors latch in to the door frames. B) Maintenance Manager will provide training to entire staff on the proper positon of door latch to ensure door latches in the frame. C) Executive Director will ensure the staff routinely practices the proper technique to reposition door latch after operation. D) Executive Director will conduct random weekly door checks to ensure mechanism was re-engaged and the door latches in to the door frame. E) Corrective actions will be completed by Aug 1, 2015 8/1/2015	

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S8015	Continued From page 2	S8015	S8015 The facility will ensure that all doors in the facility that are self-closing will latch into the door frame. This will be accomplished by: A) Maintenance Manager will conduct monthly inspections to ensure self-closing doors latch in to the door frames. B) Maintenance Manager will provide training to entire staff on the proper positon of door latch to ensure door latches in the frame. C) Executive Director will ensure the staff routinely practices the proper technique to reposition door latch after operation. D) Executive Director will conduct random weekly door checks to ensure mechanism was re-engaged and the door latches in to the door frame. E) Corrective actions will be completed by Aug 1, 2015 8/1/2015	
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 hazardous areas in 2 of 6 smoke compartments. The findings were: 1. Observation of the Mechanical Room #C274 on 07/16/15 at 3:02 PM revealed that the door was provided with a self-closing device, but when activated would not fully close the door into the frame. At the time of the observation the Facility Maintenance Manager acknowledged the door not fully closing. 2. Observation of the West Kitchen Door on 07/16/15 at 2:51 PM revealed that the door was provided with a self-closing device, but when activated would not fully close the door into the frame. At the time of the observation the Facility Maintenance Manager acknowledged the door not fully closing. Ref: 2006 NFPA 101, Sections 32.3.3.2.1, 8.7.1.1, and 8.7.1.2	S8015		
S8021	NFPA Life Safety - Nfpa Smoke Resistant Barriers NFPA 101 Smoke Resistant Barriers This State Rule and Regulation is not met as	S8021	S8021 The facility will ensure all smoke barriers will be resistant to the passage of smoke through proper operation of barrier doors. A) Maintenance Manager will conduct monthly inspections to ensure smoke	

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S8021	Continued From page 3 evidenced by: Based on observation and staff interview, the facility failed to ensure 3 of 4 smoke barriers were resistant to the passage of smoke. The findings were: Observation of all three 2nd floor smoke barrier doors on 07/16/15 from 3:04 PM to 3:23 PM revealed the doors would not fully close to resist the passage of smoke. The Facility Maintenance Manager acknowledged the doors not fully closing at the time of the observation. Ref: 2006 NFPA 101, Section 32.3.3.7.13	S8021	barrier doors fully close to resist the passage of smoke. B) Maintenance Manager will provide training to entire staff on the proper positon of door latch to ensure smoke barrier doors fully close and latch in to the frame. C) Executive Director will ensure the staff routinely practices the proper technique to reposition door latch after operation. D) Executive Director will conduct random weekly door checks to ensure mechanism was re-engaged and the door latches in to the door frame. E) Corrective actions will be completed by Aug 1, 2015 8/1/2015	