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 _____	06/08/2016

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 surevey was conducted at your facility on June 8, 2016 by Healthcare Licensing and Surveys. (HLS) The facility was a two story, fully sprinklered facility of TypeV (111) construction built in 2003. The building was equipped with a supervised automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 42 licensed beds with a census of 38 residents. Wyoming Department of Health, Rules and Regulations for Licensure of Assistend Living Facilities Chapter 4, Section 10 Life Safety and Electrical Safety. The requirements in 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 Proctection Association that was in effect at the time the facility was licensed as an Assisted Living Facility. All referencese are based on the requirements of the NFPA 101 Life Safety Code, New Board and Care, 2006 Edition, unless otherwise noted.	S 000		
S8013	NFPA Life Safety - Nfpa Marking of Means of Egress NFPA 101 Marking of Means of Egress This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide approved exit signs where	S8013	An electrician was called to consult with us on the installation of lighted egress signs. Electrician installed lighted EXIT signs above doors in question. *See attached pictures.* No further action should be required regarding this deficiency.	7/1/16 7/8/16

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eileen Mond TITLE: Exec. Director (X6) DATE: 8/4/16

Spoke with Eileen Ford on 8/16/16 accepting their plan of Correction.

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S8013	Continued From page 1 the exit was not obvious and clearly identifiable. The findings were: Observation of the direction of travel West through the corridor adjacent to nurse's station on the assisted living side heading away from the main entrance on 06/08/2016 at 1:34 PM revealed three exits that were not obvious and clearly identifiable from the main corridor. At the time of the observation the Facility Maintenance Manager acknowledged the exit was not obvious and clearly identifiable. Ref: 2000 NFPA 101, Section 32.3.2.10 and 7.10	S8013		
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 ensure hazardous areas were smoke resistant to other areas. The findings were: Observation on 06/08/2016 at 12:00 PM in the mechanical room on the 2nd floor adjacent to the activities room revealed an approximate 8x8 penetration in the smoke barrier. At the time of the observation the Facility Maintenance Manager acknowledged the penetration. Ref: 2000 NFPA 101, Section 32.3.3.2.2 and 8.2.4	S8015	Primrose's Property Maintenance Technician filled the penetration in the smoke barrier in the mechanical room with fire caulk. No further action should be required regarding this deficiency. PMT will be on the lookout for any other potential violations of this code. *See attached picture.*	6/28/16
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm Systems	S8017		

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S8017	Continued From page 2 NFPA 101 Detection, Alarm and Communication Systems This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview the facility failed to ensure the fire alarm system was maintained in accordance with NFPA 72. The findings were: 1) Document review of the fire alarm testing and maintenance records on 06/08/2016 at 12:37 PM revealed the last battery test load voltage was completed 08/2015. At the time of the document review the facility manager stated they were unaware of the semiannual required battery load voltage test. 2) Document review of the testing and maintenance of the fire alarm system on 6/08/2016 at 1:12 PM revealed no documentation could be provided for the activation of the fire alarm system for the months of April, May of 2016 and July, August, October, and December 2015. At the time of document review the facility Administrator acknowledged the alarm system had not been activated during those months. 3) Document review of the fire alarm testing and maintenance records on 06/08/2016 at 12:37 PM revealed the smoke sensitivity tests were missing. At the time of the document review the facility manager stated he was unaware of the required bi-annual smoke sensitivity test. Ref: 2000 NFPA 101, Section 32.3.3.4.1 and 9.6 1999 NFPA 72, Section 7-3.2	S8017	1)A rep from our fire suppression company conducted a battery voltage load test. Results of his findings are pending. He will contact our PMT and corrective action will be taken if necessary. System will be checked bi-annually in the spring and fall. 2)A review of the fire drill schedule was conducted during our monthly Q & A meeting. Some adjustments were made to insure a drill is conducted once per month and that they allow for testing during every shift, every quarter. The next drill will take place during night shift on July 21, 2016. 3)A rep from our fire suppression company was consulted about smoke sensitivity tests during his visit to the facility on 6/30. The last test was done in February of 2016, so we will conduct another test in July or August. Moving forward, we will maintain a Feb/Aug. testing schedule. Test was conducted.	6/30/16 7/14/16

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S8018	Continued From page 3	S8018		
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements 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 were installed, and continuously maintained per the requirements of NFPA 13 and NFPA 25. The findings were: 1) Observation of the sprinkler system on 06/08/2016 at 11:18 AM revealed a sprinkler head was obstructed by a ceiling fan in room 121 and room 123. At the time of the observation, the Facility Maintenance Manager acknowledged the obstruction of the sprinkler head. 2) Observation on 06/08/2015 at 1:12 PM revealed that the riser room was missing a sprinkler wrench critical of replacing sprinkler heads. At the time of observation the facility Maintenance Manager acknowledged the missing wrench. Ref: 2000 NFPA 101, Sections 32.3.3.5.1 and 9.7.5 1998 NFPA 25, Section 2-2.1.1	S8018	1)An electrician visited the facility to discuss options for correction of the obstruction to the sprinkler head in apt. 121. It was determined that a new light fixture will be installed at an appropriate distance from the sprinkler head. He will use a low profile fixture in place of the ceiling fan. In apt. 123, the distance between the fixture and the sprinkler is in compliance with code; however, the blades of the ceiling fan create the obstruction, so the ceiling fan will be replaced with a standard, lower profile fixture. PMT will watch for other potential obstruction violations Work was completed. By electrician. *See attached photos.* No further correction or monitoring should be required. 2)PMT ordered a sprinkler wrench, and the implement has been received.	7/1/16 7/8/16 7/1/16
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 in accordance with the WDH Chapter 3 Rules and Regulations, in	S8032		

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S8032	Continued From page 4 accordance with the original design, and in a safe and sanitary condition. The findings were: Observation on 6/08/2016 at 11:50 AM in the janitorial room next to the elevator on the 2nd floor revealed a wasting tee. Interview with the Facility Maintenance Manager at the time of the observation revealed he was unaware that cross connections are prohibited except where approved protective devices are installed. Ref: IPC 2006, Section 608.6	S8032	Primrose's PMT installed a quick-disconnect faucet connector on the sink in question in the janitorial room on the 2nd floor. No further correction action or monitoring should be needed to address this deficiency. Staff will be on the lookout for any other possible violations of this nature.	6/27/16
S8999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on document review and staff interview the facility failed to ensure the kitchen hood had a semiannual inspection and that the fire alarm system was maintained in accordance with NFPA 96. The findings were: Document review of the fire alarm testing and maintenance records on 06/08/2016 at 12:37 PM revealed the last kitchen hood inspection was completed 08/2015. At the time of the document review the facility manager stated they were unaware of the required semiannual kitchen hood inspection. Ref: 2000 NFPA 101, Section 32.3.6.2 and 9.2.3 1998 NFPA 96, Section 8-2	S8999	An agent from our fire suppression company conducted an inspection of the kitchen hood. In compliance with the regulations, we will establish a bi-annual inspection schedule, with testing to occur each year in June and December.	6/30/16