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 _____	12/12/2017

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 was conducted by Healthcare Licensing and Surveys on December 12, 2017. 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 43 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 Residential Board and Care, of the National Fire Protection Association, and the Wyoming Department of Health Chapter 3 Construction Rules for Health Care Facilities.	S 000		
S7004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as evidenced by: 1. Based on observation and staff interview the	S7004		

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

DAVID SHEPPARD Executive Director JAN 5th 2018

Talked to David Sheppard, Executive Director, on 1/12/18 at 3:11 PM to inform him of The Plan of Correction Acceptance

33647.

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 _____	12/12/2017

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

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S7004	Continued From page 1 facility failed to maintain doors in accordance with the 2006 International Building Code. The findings were: Observation on 12/12//2017 at 10:25 AM in rooms C227 and C229 revealed that the door leading from the sleeping area to the corridor was self closing, but was held open by a magnet. Further observation indicated that all the doors leading from the resident's rooms to the corridor had the same arrangement. The doors were not connected to the fire alarm system, and would also not release upon power failure. Doors shall be self closing or automatic closing, and shall not be secured in the open position at any time. Failure to maintain doors in accordance with the requirements could result in injury or death during an emergency. Interview with the Facility Maintenance Manager at the time of observation indicated he was aware of the requirement, but thought the doors could be held open. REF: 2006 IBC 1017.1; 715.4.7 2. Based on observation and staff interview the facility failed to maintain doors in accordance with the 2006 NFPA 101, Life Safety Code. The findings were: Observation on 12/12/2017 at 10:21 AM at room C231 revealed a door chock at the corridor door. Further observation revealed door chocks throughout the facility located in hazardous areas. Doors shall be self closing or automatic closing, and shall not be secured in the open position at any time. Failure to maintain doors in accordance with the requirements could result in injury or death during an emergency. Interview with the Facility Maintenance Manager at the time of observation indicated he was aware of the	S7004		

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 _____	12/12/2017

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

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S7004	Continued From page 2 requirement, but thought the doors could be held open. REF: 2006 NFPA 101, Sections: 32.3.3.2.1; 8.7.1.3 3. Observation on 12/12/2017 at 11:06 AM at the elevator machinery room, C174 revealed that the door was provided with a self closing device, but would not latch into the door frame. Failure to maintain doors as required could result in fire spread resulting in injury or death. Interview with the Facility Maintenance Manager at the time of observation indicated he was aware of the requirement. REF: 2006 NFPA 101, Sections: 32.2.5.3, 9.4.2.1; ASME A17.1-2007, Sections 3.7.1, 2.7.1.1.1; 2006 International Building Code, Sections 3006.4, 706.	S7004		
S7019	NFPA Life Safety - Nfpa Det, Alarm & Comm Systems NFPA 101 Detection, Alarm and Communication Systems This State Rule and Regulation is not met as evidenced by: Based on observation and staff interviews, the facility failed to maintain fire detection systems in accordance with the 2006 NFPA 101, Life Safety Code. The findings were: Observation on 12/12/2017 at 1:09 PM at the fire alarm annunciator panel revealed that the Underwriter's Laboratory (UL) certification for the fire alarm had expired in March 2014. Failure to	S7019		

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	ALF030	A. BUILDING: _____ B. WING _____	12/12/2017

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PRIMROSE RETIREMENT COMMUNITY OF CH	1530 DOROTHY LANE CHEYENNE, WY 82009

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S7019	Continued From page 3 maintain the fire alarm system as required could result in injury or death during an emergency. Interview with the Facility Administrator at the time of observation indicated he was unaware of the requirement. REF: 2006 NFPA 101, Section: 9.6.1.3	S7019		
S7026	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: . Based on observation and staff interviews, the facility failed to maintain electric systems in accordance with the 2005 NFPA 70, National Electric Code. The findings were: Observation on 12/12/2017 at 10:40 AM in room C265 revealed a wardrobe sitting within 33 inches of an electrical panel. Further observation revealed boxes being stored on the floor in front of the electrical panels. Failure to maintain clearance around electrical panels as required could cause a fire resulting in injury or death. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2005 NFPA 70, Section 110-26	S7026		
S7029	NFPA Life Safety - Nfpa Evac&Reloc Plan & Fire Dr NFPA 101 Evaculation and Relocation Plan and Fire Drills	S7029		

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 _____	12/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S7029	Continued From page 4 This State Rule and Regulation is not met as evidenced by: 1. Based on document review and staff interviews, the facility failed to conduct fire drills in accordance with the 2006 NFPA 101, Life Safety Code. The findings were: Document review on 12/12/2017 at 9:20 AM revealed that the facility failed to conduct required fire drills during the months of April, May and June of 2017. Failure to conduct fire drills as required could result in injury or death during an emergency. Interview with the Facility Administrator and Facility Maintenance Manager at the time of observation indicated they were aware of the requirement. REF: 2006 NFPA 101, Section: 32.7.3 2. Based on observation and staff interviews, the facility failed to provide an evacuation and relocation plan in accordance with the 2006 NFPA 101, Life Safety Code. The findings were: Observation on 12/12/2017 at 9:35 AM of a fire drill revealed that the second floor was declared clear while two residents remained on the floor, and all residents were evacuated to the Area of Refuge inside the stairwells instead of being removed from the building as required. Further observation revealed that the nurses at the nurse's station did not know where the fire plan was located, and were not familiar with RACE (Rescue, Alarm, Contain, Extinguish). As the facility took longer than 13 minutes to remove all the residents Healthcare Licensing and Surveys rated the fire drill as IMPRACTICAL. Failure to	S7029		

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 _____	12/12/2017

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

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S7029	Continued From page 5 implement a evacuation plan as required could result in injury or death during an emergency. Interview with the Facility Maintenance Manager at the time of observation indicated he was aware of the requirement. REF: 2006 NFPA 101, Sections: 32.7.1; 32.7.3	S7029		
S7031	NFPA Life Safety - Nfpa Smoking NFPA 101 Smoking This State Rule and Regulation is not met as evidenced by: . Based on observation and staff interviews, the facility failed to smoking regulation in accordance with the 2006 NFPA 101, Life Safety Code. The findings were: Observation on 12/12/2017 at 11:02 AM in room C119 revealed the smell of cigarette smoke throughout the room. The facility is a No Smoking facility and smoking is prohibited in resident rooms. Failure to maintain smoking regulations as required could result in a fire resulting in injury or death. Interview with the Facility Maintenance Manager at the time of observation indicated the facility was aware that the resident may be smoking, but that they had not been able to observe the smoking. Interview with the Administrator revealed that they had recently issued a warning to the resident. REF: 2006 NFPA 101, Section: 33.7.4	S7031		
S7036	IPC Life Safety - Int'l Plumbing Code	S7036		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S7036	Continued From page 6 This State Rule and Regulation is not met as evidenced by: . Based on observation and staff interview, the facility failed to provided tempered water for emergency fixtures in accordance with the 2006 International Plumbing Code. The findings were: Observation on 12/12/2017 at 11:09 AM in the laundry room revealed an eyewash fixture that was installed directly into the faucet, and required more than one action to operate. Additionally, the emergency fixture was not provided with an ASSE 1071 temperature limiting device to provide tempered water to the fixture. Failure to maintain plumbing as required could result in injury to residents and staff. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2006 IPC-Section 411.1	S7036		
S7999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: . 1. Based on observation and staff interviews, the facility failed to maintain storage requirements in accordance with the 2005 NFPA 99, Health Care Facilities. The findings were: Observation on 12/12/2017 at 11:10 AM in the oxygen storage room revealed 6 cylinders of oxygen not in racks or secured. Failure to maintain oxygen storage as required could result in damage to cylinders resulting in injury or death.	S7999		

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 _____	12/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S7999	Continued From page 7 Interview with the Facility Maintenance Manager at the time of observation indicated he was aware of the requirement. REF: 2006 International Fire Code, Section: 3003.5.3 2. Based on observation and staff interview, the facility failed to meet the storage regulations in accordance with the 2006 IFC. The findings were: Observation on 12/12/2017 at 11:06 AM in the elevator machinery room, C174 revealed a microwave oven being stored in the room. Failure to prevent storage in mechanical rooms could result in fire spread resulting in injury or death. Interview with the Facility Maintenance Manager at the time of observation indicated they were unaware of the requirement. Ref: 2006 IFC: Section 315.2.3 3. Based on observation and staff interviews, the facility failed to maintain decorations in accordance with the 2006 NFPA 101, Life Safety Code. The findings were: Observation on 12/12/2017 at 10:20 AM in rooms C234, C229 and C230 revealed Christmas trees in the rooms. Further observation revealed Christmas trees throughout the facility. The Facility Maintenance Manager could not confirm if the trees had been treated with a fire retardant as required. Failure to treat combustible decorations with a fire retardant as required could result in fire spread resulting in injury or death. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement.	S7999		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S7999	Continued From page 8 REF: 2006 NFPA 101, Sections: 32.7.5.1; 10.3.1; 10.3.6	S7999		

January 4th, 2018

In re: Primrose Retirement Community
Ref: LH-2017-1323

S7004: NFPA Life Safety – Nfpa Doors: NFPA101-Doors

Plan of Correction – Primrose Retirement Communities will ensure that Facility Maintenance Manager at this facility, maintains doors in accordance with 2006 International Building Code with oversight by the Executive Director.

1) Facility Maintenance Manager will conduct, at minimum, a monthly check of all doors to ensure that self-closing hardware is functioning properly, no doors are held open by any means and doors latch in to the door frame in accordance with 2006 IBC 1017.1; 715.4.7.
2) Facility Maintenance Manager will remove magnets which hold open corridor doors from C227, C229, and all other apartments that have magnets in place on doors leading from the resident's rooms to the corridor.
3) Facility Maintenance Manager will conduct a room by room sweep of the building to physically remove any door chocks that are present.
4) During monthly checks, Facility Maintenance Manager will ensure no door chocks are present.
5) Facility Maintenance Manager will adjust door at C174, elevator machinery room, to ensurethat door will latch into the door frame.

All Items will be completed by February 9th, 2018

S7019: NFPA Life Safety - Nfpa Det, Alarm & Comm Systems

Plan of Correction – Primrose Retirement Communities will ensure that Facility Maintenance Manager inspects fire alarm annunciator panel to ensure Underwriter's Laboratory (UL) certification for the fire alarm is up to date in accordance with 2006 NFPA 101, Section: 9.6.1.3.

1) This deficiency was immediately corrected with our pre-planned conversion of fire systems monitoring companies. On December 26th, 2017 Primrose Retirement Communities changed fire systems monitoring service providers. APi National Service Group is the new service provider.
2) An up to date UL certification for the fire alarm has been placed inside the main fire alarm panel.
3) Facility Maintenance Manager will routinely conduct a check to ensure UL certification is up to date and present in the main fire panel
4) Executive Director will ensure monitoring company completes UL certification annually and up to date documentation is placed in the main fire panel and in the facility "Emergency Binder."

All Items will be completed by February 9th, 2018

January 4th, 2018

In re: Primrose Retirement Community
Ref: LH-2017-1323

S7026: NFPA Life Safety - Electric

Plan of Correction – Primrose Retirement Communities will ensure facility maintains electric systems in accordance with the 2005 NFPA 70, National Electric Code.

1) Facility Maintenance Manager will ensure wardrobe in C265 is moved and boxes are removed to maintain clearance around electrical panels as required so not to cause a fire resulting in injury or death. These actions will comply with 2005 NFPA, Section 110-26.
2) Facility Maintenance Manager will conduct, at minimum, a monthly inspection of all electrical panels to ensure adequate clearance is maintained in accordance with 2005 NFPA, Section 110-26.
3) Executive Director will conduct weekly random inspections of electrical panels to ensure adequate clearance is maintained in accordance with 2005 NFPA, Section 110-26.

All Items will be completed by February 9th, 2018

S7029: NFPA Life Safety – Nfpa Evac&Reloc Plan & Fire Dr

Plan of Correction – Primrose Retirement Communities will ensure to that fire drills are conducted in a manner that is compliant with 2006 NFPA 101, Life Safety Code.

1) Executive Director and Facility Maintenance Manager that fire drills are conducted and documented in accordance with 2006 NFPA 101, Life Safety Code.
2) Executive Director will coordinate fire drills and ensure documentation is organized and stored in a centralized location that is easily accessible and in compliance with 2006 NFPA 101, Section 32.7.3
3) Executive Director and Director of Nursing will ensure evacuation and relocation plan is accessible, up to date, and staff are trained in that plan in accordance with 2006 NFPA 101, Sections: 32.7.1; 32.7.3

All Items will be completed by Feruary 9th, 2018.

January 4th, 2018

In re: Primrose Retirement Community
Ref: LH-2017-1323

S7031: NFPA Life Safety – Nfpa Smoking

Plan of Correction – Primrose Retirement Communities will ensure the facility remains a No smoking facility and is compliant with 2006 NFPA 101, Section: 33.7.4

1) Executive Director and Director of Nursing will provide training to all staff so they can easily identify signs of smoking within the facility. Training will also include the instruction that if staff notice any signs of smoking within the facility; that should be immediately reported to either Executive Director or Director of Nursing.
2) Facility Staff has identified that resident in C119 could potentially be smoking with their apartment. Executive Director and Director of Nursing will conduct monthly random inspections of apartment to inspect for signs of smoking in the apartment.
3) Based on the fact that warning notice and No Smoking policy re-education was completed by Executive Director, any physical evidence found in the apartment would result in the issuance of a 30- day notice issued by the facility to the resident.

All items will be completed by February 9th, 2018

S7036: IPC Life Safety – Int'l Plumbing Code

Plan of Correction – Primrose Retirement Communities will ensure the facility provides tempered water for emergency fixtures in accordane with the 2006 International Plumbing Code.

1) Executive Director will ensure an eyewash fixture is purchased and installed which does not require more than one action to operate and is in compliance with 2006 IPC-Section 411.1

All items will be completed by February 9th, 2018

January 4th, 2018

In re: Primrose Retirement Community
Ref: LH-2017-1323

S7999: State Miscellaneous Life Safety

Plan of Correction – Primrose Retirement Communities will maintain storage requirements in accordance with the 2005 NFPA 99, Health Care Facilities.

1) Executive Director and Director of Nursing will coordinate education and training to nursing staff pertaining to appropriate oxygen storage. Conducted by Lincare Oxygen Company and instruction content will be compliant with 2006 International Fire Code, Section: 3003.5.3
2) Director of Nursing and Assistant Director of Nursing will conduct weekly inspections of oxygen storage room to ensure oxygen storage is compliant with 2006 International Fire Code, Section: 3003.5.3
3) Facility Maintenance Manager will conduct, at a minimum, monthly storage room inspections to ensure storage rooms, to include elevator machinery rooms, are compliant with 2006 IFC: Section 315.2.3
4) Executive Director and Facility Maintenance Manager will provide training and education to all staff to be able to identify and report holiday decorations present in resident apartments.
5) Facility Maintenance Manager will ensure Christmas trees and combustible decorations are treated with a fire retardant in accordance with 2006 NFPA 101, Sections: 32.7.5.1; 10.3.1;10.3.6

All Items will be completed by February 9th, 2018

Applicant ID No: **100523-727**
Service Center No: **0**
Expires: **31-MAR-2018**

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY that the Alarm Service Company indicated below is included by Underwriters Laboratories Inc. (UL) in its Product Directories as eligible to use the UL Listing Mark in connection with Certificated Alarm Systems. The only evidence of compliance with UL's requirements is the issuance of a UL Certificate for the Alarm System and the Certificate is current under UL's Certificate Verification Service. This Certificate does not apply in any way to the communication channel between the protected property and any facility that monitors signals from the protected property unless the use of a UL listed or Classified Alarm Transport Company is specified on the Certificate.

Listed Service From: OGDEN, UT (OGDEN)

Alarm Service Company: (100523-727)

AVANTGUARD MONITORING CENTERS
4699 HARRISON BLVD STE 100
OGDEN UT 84403-4368

Service Center: (100523-727)

AVANTGUARD MONITORING CENTERS
4699 HARRISON BLVD STE 100
OGDEN UT 84403-4368

The Alarm Service Company is Listed in the following Certificate Service Categories:

File - Vol No.	CCN	Listing Category
BP10390-1	CRZM	Monitoring Stations, National Industrial Security
S3955-1	UUFX	[Signal and Fire Alarm Equipment and Services] (Protective Signaling Services) Central Station

*****THIS CERTIFICATE EXPIRES ON 31-MAR-2018*****

"LOOK FOR THE UL ALARM SYSTEM CERTIFICATE"

UL LLC

CERTIFICATE OF COMPLIANCE
COVER PAGE

MR R GARNER
AVANTGUARD MONITORING CENTERS
4699 Harrison Blvd Ste 100
Ogden UT 84403-4368

Applicant Subscriber No: 100523-727
Service Center Number: 0
Service Contract No: -

ACTIVE LISTINGS

CCN	File No.	Vol. No.
CRZM	BP10390	1
UUFX	S3955	1

Listed Service From: OGDEN, UT (OGDEN)

Alarm Service Company:

AVANTGUARD MONITORING CENTERS
4699 HARRISON BLVD STE 100
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