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 _____	01/10/2018

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 was conducted by Healthcare Licensing and Surveys on 1/10/2018. 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 of 18 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		
S8004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as evidenced by: . Based on observation and staff interview the facility failed to maintain doors in accordance with the 2006 International Building Code. The	S8004		

Talked TO NANCY Mills, ADMINISTRATOR, TO Advise her of POC ACCEPTance. Called at 10:15 AM ON 2/5/18

2-5-18

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S8004	Continued From page 1 findings were: Observation on 1/10/2018 at 9:53 AM of the cross-corridor doors at the Dining Room revealed that the right wing east facing door was provided with a self closing device, but it 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, Section: 32.3.2.2.2; 7.2.1.8	S8004		
S8017	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 the maintain fire detection systems in accordance with the 2006 NFPA 101, Life Safety Code. The findings were: Observation on 1/10/2018 at 9:36 AM at the fire alarm annunciator panel revealed that the Underwriter's Laboratory (UL) certification for the fire alarm was missing. Failure to maintain the fire alarm system 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 unaware of the requirement. REF: 2006 NFPA 101, Section: 9.6.1.3	S8017		

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S8017	Continued From page 2 Based on document review and staff interview, the facility failed to maintain fire detection system in accordance with the 2006 NFPA 101, Life Safety Code. The findings were: Document review on 1/10/2018 at 10:32 AM revealed that the facility could not verify that the fire alarm system had been inspected on an annual basis. Further observation revealed that the facility could not produce any fire alarm system inspections for any year. Failure to maintain the fire alarm system 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, Section: 9.6.1.3	S8017		
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: . Based on document review and staff interview, the facility failed to maintain fire extinguishment equipment in accordance with the 2006 NFPA 101, Life Safety Code. The findings were: 1. Document review on 1/10/2018 at 10:32 AM revealed the that the facility could not verify that the waterflow alarm, and supervisory alarm had been quarterly tested during the first quarter of 2017. Documentation showed the system had been tested during the second, third, and fourth	S8018		

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S8018	Continued From page 3 quarters of 2017. Failure to test fire sprinkler equipment as required could result in sprinkler failure resulting in injury or death. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2006 NFPA 101, Sections: 32-3.3.5; 9.7.1.1 2. Document review on 1/10/2018 at 10:32 AM revealed that during the May 2017 annual sprinkler system inspection several deficiencies were noted by the inspecting contractor. Further observation revealed that the facility could not verify that the deficiencies had been corrected. Failure to test fire sprinkler equipment as required could result in sprinkler failure 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: 32-3.3.5; 9.7.1.1 Based on observation and staff interview, the facility failed to provide automatic sprinkler systems in accordance with the 2006 NFPA 101, Life Safety Code, and the 2002 NFPA 13, Installation of Sprinkler Systems. The findings were: Observation on 1/10/2018 at 9:10 AM revealed the sprinkler system drains were labeled as inspector test valves. Further observation revealed they did not terminate in an orifice giving a flow equivalent to one sprinkler head. The inspector test orifice was larger than the smallest sprinkler orifice observed in the building. Failure to provide sprinkler systems as required could result in injury or death during an emergency. Interview with the Facility Maintenance Manager	S8018		

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S8018	Continued From page 4 at the time of observation indicated he was unaware of the requirement. REF: 2006 NFPA 101, Sections: 32.3.3.5.1; 9.7.1.1 2002 NFPA 13, Section: 8.16.4.2	S8018		
S8027	NFPA Life Safety - Nfpa Emergency Egress & Rel Dr NFPA 101 Emergency Egress and Relocation Drills This State Rule and Regulation is not met as evidenced by: . 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 1/1/2018 at 9:00 AM revealed that the facility failed to conduct required fire drills during the months of January, April, May, June, September, and October 2017. Failure to conduct fire drills as required could result in delayed egress during an emergency resulting in injury or death. 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	S8027		
S8028	NFPA Life Safety - Smoking NFPA 101 Smoking	S8028		

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S8028	Continued From page 5 This State Rule and Regulation is not met as evidenced by: . Based on observation and staff interview, the facility failed to maintain smoking regulations in accordance with the 2006 NFPA 101, Life Safety Code. The findings were: Observation on 1/10/2018 at 9:51 AM at the main entrance revealed that the facility did not post a No Smoking sign despite being a no smoking facility. No Smoking signs need to be posted at all main entrances to the facility to insure residents safety. Further observation revealed that the facility did not provide secondary signs with the language that prohibits smoking or the international symbol for no smoking. Interview with the Facility Maintenance Manager at the time of observation indicated awareness of the requirement. REF: 2006 NFPA 101 Section 32.7.4	S8028		
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 provide plumbing systems in accordance with the 2006 International Plumbing Code. The findings were: 1. Observation on 1/10/18 at 9:13 AM revealed that all hand wash sinks were missing ASSE 1070 mixing valves throughout the facility. Failure to provide mixing valves as required could cause burns from extremely hot water resulting in injury.	S8032		

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S8032	Continued From page 6 Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2006 IPC, Section: 416.5 2. Observation on 1/10/2018 at 9:22 AM located in the laundry room revealed that the washing machines were not equipped with water-hammer arrestors. Failure to equip water-hammer arrestors in accordance with the 2006 IPC may result in a catastrophic failure in the plumbing system. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. Ref: 2006 IPC Section 604.9 3. Observation on 1/10/2018 at 9:58 AM in the Kitchen revealed that the dishwasher sink sprayer did not have a backflow preventer. Further observation revealed that the hot water side was bleeding into the cold water side, which may impact the effectiveness of the hot water recirculation system. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2006 IPC, Section: 608.3 4. Observation on 1/10/2018 at 10:08 AM in the 2nd floor Shower/Bathroom revealed that the shower spray wand did not have a backflow preventer. Failure to provide plumbing equipment as required could result in the contamination of the potable water. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2006 IPC, Section: 424.2	S8032		

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S8032	Continued From page 7 5. Observation on 1/10/2018 at 10:02 AM in the Kitchen revealed that the 3 bay sink was directly piped to the sewer, and lacked an indirect waste pipe or air gap. Failure to provide plumbing equipment as required could result in the contamination of the food preparation area. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2006 IPC, Section: 802.1	S8032		
S8999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: . 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 1/10/2018 at 9:44 AM in Room C120 revealed (6) 24 cubic foot oxygen tank, (1) 15 cubic foot oxygen tank, and (8) 6 cubic foot oxygen tanks in a closet that were not in racks or secured. Failure to maintain oxygen storage as required could result in damage to cylinders resulting in injury or death. Interview with the Facility Maintenance Manager at the time of observation indicated he was aware of the requirement. REF: 2005 NFPA 99, Section: 5.1.3.3.2 (7) Based on observation and staff interview, the facility failed to meet the storage regulations in	S8999		

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S8999	Continued From page 8 accordance with the 2006 International Fire Code. The findings were: Observation on 1/10/2018 at 9:46 AM in the elevator machinery room revealed snow shovels and cardboard boxes 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	S8999		

S8004: NFPA Life Safety – Nfpa Doors: NFPA101-Doors

Plan of Correction – Primrose Retirement Community of Gillette 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.
2) Facility Maintenance Manager will adjust the Dining Room cross corridor doors to ensure door will latch into the door frame. This deficiency was immediately corrected.

All Items will be completed by March 8, 2018

S8017: NFPA Life Safety - Nfpa Det, Alarm & Comm Systems

Plan of Correction – Primrose Retirement Community of Gillette 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."
5) Executive Director will ensure the fire alarm system is inspected annually and documentation is organized and stored in a centralized location that is easily accessible.

All Items will be completed by March 8, 2018

S8018: NFPA Life Safety - Nfpa Extinguinishment Requirement

Plan of Correction – Primrose Retirement Community of Gillette will ensure that sprinkler systems are inspected and labeled correctly in accordance with NFPA 101.

1) Executive Director will ensure the fire sprinkler equipment is inspected quarterly and retain records for each inspection.
2) Executive Director will ensure deficiencies identified in the May 2017 annual sprinkler system inspection are corrected in accordance with 2006 NFPA 101, Sections: 32-3.3.5; 9.7.1.1
3) Executive Director and Facility Maintenance Manager will ensure sprinkler system orifice sizes are corrected and labeled correctly in accordance with REF:2006 NFPA 101, Sections: 32.3.3.5.1; 9.7.1.1.

All Items will be completed by March 8, 2018

S8027: NFPA Life Safety – Nfpa Egress & Rel Dr

Plan of Correction – Primrose Retirement Community of Gillette 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 will ensure 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 March 8, 2018.

S8028: NFPA Life Safety – Nfpa Smoking

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

1) Executive Director and Facility Maintenance Manager will ensure No Smoking signs with secondary language that prohibits smoking in the facility will be posted al all main entrances to the facility in accordance with REF: 2006 NFPA 101 Section 32.7.4

All items will be completed by March 8, 2018

S8032: IPC Life Safety – Int'l Plumbing Code

Plan of Correction – Primrose Retirement Community of Gillette will ensure the facility provides tempered and back-flow preventers in accordance with the 2006 International Plumbing Code.

1) Executive Director and Facility Maintenance Manager will ensure ASSE 1070 mixing valves are installed on all hand wash sinks throughout the facility in accordance with REF: 2006 IPC, Section: 416.5.
2) Executive Director and Property Maintenance Manager will ensure facility washing machines are equipped with water-hammer arrestors in accordance with REF: 2006 IPC Section 604.9.
3) Executive Director and Property Maintenance Manager will ensure the installation of a back-flow preventer for the dishwasher sink sprayer in accordance with REF: 2006 IPC, Section 608.3.
4) The Executive Director and Facility Maintenance Manager will ensure the installation of a back-flow preventer on the 2nd floor Shower/Bathroom spray wand in accordance with REF: 2006 IPC, Section: 424.2.
5) The Executive Director and Facility Maintenance Manage will ensure installation of an indirect waste pipe or air gap for the Kitchen 3 bay sink in accordance with REF: 2006 IPC, Section 802.1.

All items will be completed by March 8, 2018

S8999: State Miscellaneous Life Safety

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

1) Director of Nursing will ensure unsecured oxygen tanks in C120 are secured in a rack appropriate for the size of oxygen tanks in accordance with REF: 2005 NFPA 99 Section: 5.1.3.3.2 (7). This was corrected immediately.

   Executive Director and Director of Nursing will coordinate education and training to nursing staff pertaining to appropriate oxygen storage and instruction content will be compliant with 2006 International Fire Code, Section: 3003.5.3.

2) 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

All Items will be completed by March 8, 2018