

RECEIVED

JUL 25 2018

PRINTED: 07/20/2018
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF005	(X2) MULTIPLE LOCATION IDENTIFICATION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/11/2018
NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF CA:			STREET ADDRESS, CITY, STATE, ZIP CODE 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 survey was conducted by Healthcare Licensing and Surveys on July 11, 2018. The facility was a two story, fully sprinklered facility of Type V (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 33 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 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 NFPA 101, Life Safety Code, New Board and Care, 2000 Edition, unless otherwise noted.	S 000			
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 perform sprinkler maintenance and testing in accordance with the 2000 NFPA 101, Life Safety Code, and the 1998 NFPA 25,	S8018			

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Eileen M. Ford

TITLE

Exec. Dir.

(X8) DATE

7/24/18

STATE FORM

0899

6HYT11

If continuation sheet 1 of 3

Talked to Eileen Ford, Executive Director and advised her by phone on 7/26/18 @ 9:30 AM of Plan of Correction Acceptance.

Will P. Allende

2018

900/006 P.003/006

(FAX)3072664853

07/25/2018 15:05 Primrose

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/11/2018
NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF CA			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
S8018	Continued From page 1 Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. Failure to maintain sprinkler systems as required could result in injury or death during an emergency. The deficiency affected less than 10% of the testing requirement, as well as the 62 residents and staff. The findings were: Observation on 7/11/2018 at 2:37 PM at the sprinkler riser in the mechanical room revealed that the sprinkler gauges had not been replaced or recalibrated within the last 5 years. The gauges were last tested in 2012. Interview with the facility maintenance supervisor at the time of observation acknowledged the gauges had not been replaced or recalibrated since 2012, and indicated unawareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2000 NFPA 101, Sections: 32.3.3.5.1; 9.7.5 1998 NFPA 25, Section: 2.3.2	S8018			
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 maintain electrical equipment in accordance with the 2000 NFPA 101, Life Safety Code and the 1998 NFPA 70, National Electrical Code. Failure to maintain electrical equipment as required could result in injury or death during an	S8022			

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/11/2018
NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF CA:			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
S8022	Continued From page 2 emergency. The deficiency affected less than 10% of the facility, as well as the 62 residents and staff. The findings were: Observation on 7/11/2018 at 1:52 PM at the first floor nurse's station revealed a power strip plugged into a second power strip creating a daisy chain. Further observation revealed several items plugged into the power strips. Interview with the facility maintenance supervisor at the time of observation acknowledged the power strips plugged into each other, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2000 NFPA 101, Section: 9.1.2 1999 NFPA 70, Section: 400-8	S8022			

Primrose Retirement Community-Casper, WY
Plan of Correction for Life Safety Survey Conducted 7/11/18
Ref: LH-2018-0856

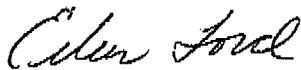
Tag S8018

Effective 7/13/18, the monitoring company contracted to inspect and maintain the fire suppression system at this facility was on site for their quarterly inspection. During this process, the technician replaced the system valves and gauges at the sprinkler riser in the mechanical room. Facility maintenance supervisor and facility administrator are now aware of this requirement; and talked with monitoring company to insure replacement and recalibration of gauges will be included in the service plan in the future, at the time intervals specified in State Code NVPA 101 Extinguisher Requirements.

Tag S8022

Effective 7/11/18, the violation observed at the first-floor nurses' station of a power strip plugged into a second power strip was corrected. One power strip was removed completely from the area, and all equipment in need of power is now plugged into a single strip. Staff was re-educated regarding the proper use of power strips, during two subsequent morning "stand-up meetings" on July 12 and July 16. This will also be reviewed during the next monthly all-staff meeting on 8/8/18; as well as during the monthly Q & A meeting on 7/24/18. Continual monitoring for any misuse of power strips and electrical cords by staff and residents will be discussed during review of the Environmental Safety Inspection check-list at all monthly Q & A meetings in the future.

Respectfully submitted,



Eileen Ford
Executive Director
Primrose Retirement Communities