| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ALF030 | A. BUILDING Healthcare Licensing and Surveys Hand-Delivered _____ B. WING _____ | 01/25/2021 |

| 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<br><br>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on January 25, 2021.<br><br>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 35 residents.<br><br>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 Healthcare Facilities apply. (ii) Assisted Living Facilities in 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.<br><br>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 | | |
| S8012 | NFPA Life Safety - Nfpa Emergency Lighting<br><br>NFPA 101<br>Emergency Lighting<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation and staff interview, the | S8012 | | |



Talked To Chris Allen, Executive Director, by Phone on 2/17/21 @ 2:30 PM and advised Him of The POC Acceptance
Call Pal
38730

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 _____ | 01/25/2021 |

| 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 |
|---|---|---|---|---|
| S8012 | Continued From page 1<br>facility failed to maintain emergency lighting in accordance with the 2006 NFPA 101, Life Safety Code. Failure to maintain emergency lighting as required could result in injury or death during an emergency. The deficiency affected one (1) of numerous rooms in the facility. The findings were:<br><br>Observation on 1/25/21 at 10:05 AM in the kitchen revealed an emergency light failed to operate when tested.<br><br>Interview with the facility executive director at the time of observation and exit acknowledged the deficiency and indicated awareness of the requirement.<br><br>REF: 2006 NFPA 101, Sections: 32.3.2.9; 7.9.2.1 | S8012 | | |
| S8999 | State Miscellaneous Life Safety<br><br>State Miscellaneous<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to maintain fire doors in accordance with the 2006 NFPA 101, Life Safety Code and the 1999 NFPA 80, Standard for Fire Doors and Other Opening Protectives. Failure to maintain fire doors as required could result in injury or death during an emergency. The deficiency affected one (1) of numerous fire doors in the facility. The findings were:<br><br>Observation on 1/25/21 at 10:15 AM in the hallway adjacent to room C228 revealed a fire doors that failed to close fully and latch when tested.<br><br>Interview with the facility executive director at the | S8999 | | |

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 _____ | 01/25/2021 |

| 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 |
|---|---|---|---|---|
| S8999 | Continued From page 2<br>time of observation, and exit, acknowledged the deficiency and indicated awareness of the requirement.<br><br>REF: 2006 NFPA 101, Section: 8.3.3.1<br>1999 NFPA 80, Section: 2-1.4.1 | S8999 | | |

## PROVIDER'S PLAN OF CORRECTION

| | |
|---|---|
| **Date:** | **February 14, 2021** |
| **Provider:** | **Primrose Retirement Community of Cheyenne**<br>**1530 Dorothy Lane**<br>**Cheyenne, WY 82009** |
| **Provider/ CLIA Number:** | **ALF030** |
| **Survey Completed:** | **January 25, 2021** |

**S8012 NFPA Life Safety – FNPA Emergency Lighting**

A malfunctioning emergency light in the kitchen was replaced with a new emergency light on February 12, 2021. Our maintenance team installed it. Both the maintenance team and the director tested it to ensure that it in full working order. The maintenance team has added checking and testing of all emergency lights to his monthly checklist. Any failed test will result in immediate battery or unit replacement going forward. The director will ensure that the checklist is completed monthly.

**S8999 State Miscellaneous Life Safety**

The malfunctioning fire door closer near apartment C228 was adjusted on February 10, 2021, by our maintenance team and a local vendor. Both the maintenance team and the director tested the door to ensure that it is in full working order. The maintenance team will check all fire door latching during our monthly activation of the fire alarm system to identify any deficiencies. Any failed closure of any fire door will result in immediate adjustment by the maintenance team going forward. The director will ensure that door checks are completed during each monthly fire alarm system test.

Please contact me at (307) 634-1530 if you have any questions or concerns. Thank you.

Sincerely,

Christopher W. Allen
Executive Director
Primrose Retirement of Cheyenne