

FEB 19 2021

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FORM APPROVED

Healthcare Licensing and Surveys

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/26/2021
NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF CAI			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 January 26, 2021. The facility was a two story fully sprinklered building of Type V (111) construction built in 2003. The building was equipped with a supervised automatic wet sprinkler system, and an addressable fire alarm system. The facility had a capacity of 42 licensed beds with a census of 20 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 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. All references are based on the requirements of the 2000 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			
S8006	NFPA Life Safety - Nfpa Capacity of Means of Egress NFPA 101 Capacity of Means of Egress	S8006			

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

STATE FORM

6899

BF4F11

TITLE

(X8) DATE

Executive Director

2/19/2021

If continuation sheet 1 of 3

POC accepted 2/23/21
by Bill Alexander

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 01/26/2021
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	
S8006	Continued From page 1 This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain means of egress in accordance with the 2000 NFPA 101, Life Safety Code. Failure to maintain means of egress as required could result in injury or death during an emergency. The deficiency affected one (1) of numerous exits from the facility. The findings were: Observation on 1/26/21 at 1:45 PM at the northeast exit door revealed that the egress door was extremely hard to open. Further observation revealed that when tested the door exceeded 30 pounds of force to set the door in motion. Interview with the facility maintenance director at the time of observation, and exit, acknowledged the deficiency and indicated awareness of the requirement. REF: 2000 NFPA 101, Section: 7.2.1.4.5	S8006			
S8999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with the 2000 NFPA 101, Life Safety Code, and the 1993 NFPA 70, National Electrical Code. . Failure to maintain electrical systems as	S8999			

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 01/26/2021
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	
S8999	Continued From page 2 required could result in injury or death during an emergency. The deficiency affected one (1) of numerous rooms in the facility. The findings were: Observation on 1/26/21 at 1:34 PM at the first floor nurse's station revealed a power strip plugged into a power strip plugged into another power strip creating a daisy chain. Further observation revealed an extension cord plugged into one of the power strips. Interview with the facility maintenance director at the time of observation and exit acknowledged the deficiency and indicated awareness of the requirement. REF: 2000 NFPA 101, Section: 9.1.2 1999 NFPA 70, Section: 400-8	S8999			

Name of Supplier or Provider: Primrose Retirement Community

Address: 1865 Beverly St.
Casper, WY 82601

Date Survey Completed: 1/26/2021

S8006 – Door tested for proper closure on 1/27/2021 by facility maintenance manager. Retest of system was completed on 2/14/2021 to ensure continued compliance and proper working of the door. Will continue regular monitoring with monthly fire drills.

Completion Date: 1/27/2021.

S8999 – Corrective Action: Power strips and extension cord were removed and replaced with an appropriate power supply that provided ample access for all necessary items needing plugged in. Staff education took place from the maintenance manager regarding proper use of electrical outlets and power strips on day of observation.

Completion Date: 1/26/2021