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 _____	03/03/2021

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 March 3, 2021. 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 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 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 2006 Edition of the Life Safety Code, NFPA 101, New Residential Board and Care, of the National Fire Protection Association unless otherwise noted.	S 000		
S8012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain emergency lighting in accordance with the 2006 NFPA 101, Life Safety	S8012		

I Talked To Kelli Hill, Executive Director ON 3/24/21 at 9:30 AM by PHode and Advised her of The Poc acceptance.

38730

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S8012	Continued From page 1 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: Observation on 3/3/21 at 8:51 AM in the kitchen revealed three (3) emergency lights that failed to operate when tested. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Sections: 32.3.2.9; 7.9.2.1	S8012		
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 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: Observation on 3/3/21 at 9:15 AM in the hallway adjacent to the beauty salon revealed a fire door that failed to close fully and latch when tested. Interview with the facility maintenance manager at	S8999		

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S8999	Continued From page 2 the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Section: 8.3.3.1 1999 NFPA 80, Section: 2-1.4.1	S8999		