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 _____	04/29/2021

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 A Life Safety Code complaint investigation survey was conducted by Healthcare Licensing and Surveys on April 29, 2021. The survey was prompted by complaint Intake LIC-21-012. 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. Wyoming Department of Health Rules and Regulations for licensure of Assisted Living Facilities, Chapter 4, Section 10, Life Safety and Electrical Safety apply. Wyoming Department of Health Rules and Regulations for Administration of Assisted Living Facilities, Chapter 12, Section 7(o), Evacuation Capability, Emergency Procedures, and Fire Safety apply. The requirements in the Department of Health Chapter III, Construction Rules and Regulations 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 NFPA 101, Life Safety Code, of the National Fire Protection Association.	S 000		
S7029	NFPA Life Safety - Nfpa Evac&Reloc Plan & Fire Dr NFPA 101 Evacuation and Relocation Plan and Fire Drills	S7029	Executive Director Primrose Retirement Community - cheyenne MAY 5, 2021	

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

PoC accepted via phone call w/ administrator Christopher Allen on 5/19/21 @ 3:35 PM

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S7029	Continued From page 1 This State Rule and Regulation is not met as evidenced by: Based on observation, document review, staff interview, and resident interview, the facility failed to conduct emergency egress and relocation drills, and fire drills (emergency drills), to ensure that residents are able to meaningfully assist in their own evacuation in accordance with the 2006 NFPA 101, Life Safety Code (LSC), and the Wyoming Department of Health Rules and Regulations for Administration of Assisted Living Facilities, Chapter 12 (WDH Chapter 12). Failure to properly conduct emergency drills may result in injury or death in the event of an emergency. The deficiency affected the facility wide emergency response plan. The findings were: Document review of emergency drill records on 04/29/21, starting at 9:45 AM, revealed the facility could only demonstrate performance of emergency drills dating to October of 2020. No additional records were provided. Review of these records, and interview with the facility administrator at the time of the document review, revealed residents were not required to participate in an evacuation, but were instead encouraged to return to their rooms and shelter in place. The administrator stated that the facility planned to perform an evacuation drill sometime during the summer months when the weather was more conducive to residents leaving the building. Per the LSC, emergency drills may be announced, but must involve the actual evacuation of residents to an assembly point. These drills must be conducted monthly as amended by the Chapter 12 Rules, with two (2) drills occurring at night while residents are sleeping. Additionally, per the WDH Chapter 12 Rules, drill records are required to be maintained	S7029		

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S7029	Continued From page 2 for a two-year period, and shall be available upon request. Interview with resident A on 04/29/21, starting at 10:20 AM, revealed s/he resided with his/her spouse, who is ambulatory without assistance. The spouse accompanies resident A a majority of the time, and is available to assist in egress as necessary. After speaking with resident A about the egress concerns, s/he agreed to demonstrate his/her egress capability by exiting from the location of the interview, which was the second floor chapel. Resident A then proceeded to exit the second level via the nearest stairwell and exited the facility via the westward facing entrance doors; however, it was observed that Resident A was not familiar with the path of egress, and required assistance in locating the stairway. Per the WDH Chapter 12 Rules, residents are required to be instructed in the proper action of the emergency drills on their first day of admission, and this instruction must include the location of all exits. Additionally, the LSC requires that emergency drills provide residents with experience in egressing through all exits and means of escape. Interview with resident B on 04/29/21, starting at 10:05 AM, indicated that s/he has been a resident in the facility for approximately two (2) years. Resident B indicated that s/he has participated in emergency drills, but has never been required to evacuate the facility. After discussing egress concerns, resident B indicated s/he would not be comfortable attempting to negotiate the stairwell to demonstrate egress capability. As such, it could not be established that resident B was capable of egressing from his/her second floor apartment. As referenced above, monthly emergency drills must include evacuation of the	S7029		

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S7029	Continued From page 3 facility, and residents must be instructed on the proper action of the emergency drills on their first day of admission. Resident B's inability to egress during an emergency drill would result in an evacuation capability rating of impractical. Per the WDH Chapter 12 Rules, facilities with 9 or more residents must meet an evacuation capability of prompt or slow. Additionally, the LSC will require facilities with nonparticipating residents to comply with portions of LSC Chapters 18 and 19 for New/Existing Health Care Occupancies. Interview with the Assistant Director of Nursing (ADON) and administrator on 04/29/21 at 10:40 AM revealed that both the ADON and administrator were not comfortable asking resident C to attempt an evacuation from his/her second floor apartment, as they believed it would risk injury to the resident. Both the ADON and administrator agreed that resident C was incapable of evacuating without staff assistance from the second floor. As referenced above, resident C's inability to egress during an emergency drill would result in an evacuation capability rating of impractical. Interview with the administrator and ADON on 04/29/21 at 10:55 AM confirmed the findings and observations noted above. The administrator stated that he would begin work to coordinate with families regarding relocation of residents B and C to first level apartments. REF: LSC 33.3.1.2.1; 33.3.1.2.2; 19.2.2.5.1.1; 19.2.3.6; 19.2.3.7; 19.3.6.1(5); 19.3.7.6.1; 32.7; 18.7 Chapter 12, Section 7(o)	S7029		