

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  ALF030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/04/2024
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NAME OF PROVIDER OR SUPPLIER  PRIMROSE RETIREMENT COMMUNITY OF CH	STREET ADDRESS, CITY, STATE, ZIP CODE 1530 DOROTHY LANE CHEYENNE, WY 82009
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(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
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S 000	<p><b>OPENING COMMENTS</b></p> <p>Rules and Regulations utilized for this survey are:</p> <p>Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 08/24/2020.</p> <p>Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001.</p> <p>A Life Safety Code survey was conducted by the Healthcare Licensing and Surveys on 01/04/2024.</p> <p>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 41 residents.</p> <p>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 3, Construction Rules and Regulations for Healthcare Facilities apply. Assisted Living Facilities in operation prior to the effective date of these rules shall meet the Life Safety Code of National Fire Protection Association that was in effect at the time the facility was licensed as an Assisted Living Facility.</p> <p>All references are based on the requirements of the 2006 edition of NFPA 101, Life Safety Code, New Residential Board and Care, and the Department of Health Chapter 3 Construction Rules and Regulations for Healthcare Facilities.</p>	S 000		
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Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Rabyn Smith*

TITLE

*1-26-24*

(X6) DATE

*POC acceptance 1/30/24 @ 9:40 AM via phone call w/admin  
Don Coll*

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NAME OF PROVIDER OR SUPPLIER  <b>PRIMROSE RETIREMENT COMMUNITY OF CH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1530 DOROTHY LANE CHEYENNE, WY 82009</b>
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S8004 S8004	<p>Continued From page 1</p> <p>NFPA Life Safety - Nfpa Doors</p> <p>NFPA 101 Doors</p> <p>This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain doors with self-closing devices in accordance with the 2006 NFPA 101, Life Safety Code. Failure to maintain doors with self-closing devices as required could delay egress resulting in injury or death during an emergency. The deficiency affected multiple doors throughout the facility. The findings were:</p> <p>Observation on 01/04/2024 at 2:06 PM at the fire doors adjacent to the first floor nurse's station revealed that, when dropped with no initial motion, the door failed to latch and close. This deficiency was repeated at fire doors throughout the facility.</p> <p>Interview with the administrator at time of observation acknowledged the deficiency, and indicated that she was aware of the requirement.</p> <p>Interview with the administrator at the time of exit acknowledged the deficiency.</p> <p>Ref: 2006 NFPA 101 Ch. 8, Sec. 4.3.5</p>	S8004 S8004		
S8999	<p>State Miscellaneous Life Safety</p> <p>State Miscellaneous</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, the</p>	S8999		

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NAME OF PROVIDER OR SUPPLIER  
PRIMROSE RETIREMENT COMMUNITY OF CH

STREET ADDRESS, CITY, STATE, ZIP CODE  
1530 DOROTHY LANE  
CHEYENNE, WY 82009

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S8999	<p>Continued From page 2</p> <p>facility failed to comply with State Rule, Chapter 12: Program Administration of Assisted Living Facilities. Failure to comply with state rules and regulations as required could result in injury or death due to an increased risk of fire. The deficiency affected one (1) of multiple areas in the facility. The findings were:</p> <p>Observation on 01/04/2024 at 2:00 PM revealed a space heater in use in the activities lounge. Portable space heaters shall not be used.</p> <p>Interview with the administrator at time of observation acknowledged the deficiency, and indicated that she was aware of the requirement.</p> <p>Interview with the administrator at the time of exit acknowledged the deficiency.</p> <p>Ref: State Rule, Chapter 12: Program Administration of Assisted Living Facilities</p>	S8999		

## PROVIDER'S PLAN OF CORRECTION

**Date:** January 26, 2024 revised January 29, 2024

**Provider:** Primrose Retirement Community of Cheyenne  
1530 Dorothy Lane  
Cheyenne, WY 82009

**ALF Number:** 15390

**Survey Completed:** January 4, 2024

### **S8004 NFPA Life Safety – Nfpa Doors**

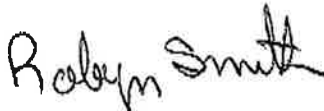
The malfunctioning fire doors adjacent to the first-floor nurse's station and other fire doors throughout the facility were adjusted on January 25, 2024 by a local vendor. The vendor tested the doors to ensure that all are in full working order. The maintenance team will check all fire door latching 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.

### **S8999 State Miscellaneous Life Safety**

On 1/4/24 a space heater was removed from the activities lounge. Staff to be in-serviced on 1/31/24 that space heaters are not allowed in facility. Staff to be in serviced annually and residents to be educated upon move-in that space heaters are not allowed.

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

Sincerely,



Robyn Smith  
Executive Director  
Primrose Retirement of Cheyenne