PRINTED: 08/10/2011
FORM APPROVED

WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF007	A. BUILDING _____ B. WING _____	06/01/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POINTE FRONTIER RETIREMENT COMMUNITY	1406 PRAIRIE AVENUE 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
SALF	LIC REGS FOR ASSISTED LIVING FACILITIES This State Rules and Regulations is not met as evidenced by: A survey was conducted at your facility on 5/31-6/1/11 by the Office of Healthcare Licensing and Surveys, (OHLS). The facility was on the garden level of a fully sprinkled three story building of Type II (111) construction, built in 1988. The building was equipped with a supervised automatic wet sprinkler system with a dry and anti-freeze branch and a zoned fire alarm system. The facility had a capacity of 50 licensed beds. --- 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 Health Facilities apply. (il) Assisted Living Facilities operating 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 NFPA 101, Life Safety Code, 1994 Edition, unless otherwise noted. This regulation was NOT MET as evidenced by: ---	SALF		

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

Alfred L. "Fred" Mullings for James Oliver TITLE Dining Services Director (X6) DATE 6-24-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM 6899 B40M11 If continuation sheet 1 of 4

POC ACCEPTED W/ JAMES OLIVER, G.M., ON 6/27/11.

RECEIVED
Wyoming Dept of Health
JUN 24 '11
Office of Healthcare Licensing and Surveys

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SALF	Continued From page 1 A. Based on observation and staff interview the facility failed to ensure walls were smoke resistant in 1 of 5 smoke compartments. The findings were: Observation of the central mechanical room on 5/31/11 at 2:41 PM showed the room had a 1 inch circular unsealed cable penetration. At the time of observation the maintenance director reported he was aware of the separation requirement. He stated he did not know why the hole had not been identified and repaired. Reference: 22-3.3.6.5 Walls and doors required by 21-3.3.6.1 and 21-3.3.6.2 shall be constructed to resist the passage of smoke.... --- B. Based on observation and staff interview the facility failed to ensure the stair towers in 2 of 5 smoke compartments were smoke resistant. The findings were: Observation of stair towers on 5/31/11 between 2:30 PM and 3 PM showed the corridor door to the central stair tower and north ramp were both obstructed and could not be completely closed. In both cases the doors were held open with wood wedges. At 2:35 PM the general manager reported he was aware of the separation requirement. He stated he did not know why staff had wedged the doors open. Reference: 22-3.2.2.4 Smokeproof Enclosures. Smokeproof enclosures complying with 5-2.3 shall be permitted. 5-2.3.4 Enclosure. A smokeproof enclosure shall	SALF	**Chapter 4, Section 10. Life Safety and Electrical Safety.** A. The facility will ensure compliance by sealing the 1 inch circular unsealed cable penetration: 1) The 1 inch circular unsealed cable penetration was filled with Red Fire Resistant Caulk. I have attached a picture (sample 1) indicating actual repair. 2) Additionally, Maintenance Director will ensure routine visual inspections of all facility walls are inspected to ensure all walls are smoke resistant and document inspections in Maintenance Director Binder. Maintenance Director will also ensure all cable penetration modifications are repaired immediately to prevent fire hazards. Director will complete and provide signed written verification of completed repair to the General Manager and a file copy will be kept in our Maintenance Director Binder. B. Facility will ensure compliance by closing all Smoke proof enclosures: 1) Each identified door has been closed to ensure compliance with NFPA requirement. 2) Maintenance Director will monitor compliance requirements each day using a Smoke Enclosure Log to prevent reoccurrence. Additionally, this log will be maintained at our front office desk to ensure	6/15/11

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SALF	Continued From page 2	SALF	24 hour observations by maintenance and Evening Attendant staff.	
	consist of a continuous stair enclosed from the highest point to the lowest point by fire barriers having a 2-hour fire resistance ratings ...		3) Written In-Service training will be Completed on 8 July 2011 for all associates. A copy of this training will be filed with this PoC as documentation of compliance and maintained in our Maintenance Director Binder and Business Office--In-Service Binder. I have provided a picture of our compliance with smoke proof doors Closed (sample 2).	7/08/11
	C. Based on observation and staff interview the facility failed to ensure the alarm-indicating devices/strobes were synchronized in 1 of 5 smoke compartments. The findings were:		C. Compliance with this requirement will be accomplished by:	
	Observations of the west smoke compartment on 6/1/11 at 10:05 AM showed the three alarm-indicating device/strobes were all in the same field of view, and they were not synchronized. At the time of observation the maintenance director reported he was aware of the aforementioned requirement; however, he did not know why this problem was not identified during routine rounds		1) Hire a professional alarm specialist to repair and perform routine maintenance to ensure all alarm-indicating devices/strobes are synchronized. This PoC will be completed by 1 August 2011.	8/01/11
	Reference: 22-2.3.4.1 Fire Alarm Systems. A manual fire alarm system shall be provided in accordance with Section 7-6. 7-6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with applicable requirements of ...NFPA 72, National Fire Alarm Code. NFPA 72, National Fire Alarm Code, 1993 Edition. 4-4.4.1.1 Strobe Spacing Shall be: 4. More than two in the same field of view shall be synchronized.		2) Upon completed repairs of current deficiency--maintenance director will complete visual inspection of all strobes during monthly fire drill and document same in Maintenance Binder. Maintenance Director will also schedule Semi-Annual preventative inspections by a qualified alarm technician to prevent reoccurrence and sustained compliance with this requirement.	
	D. Based on observation and staff interview the facility failed to ensure temporary wiring did not replace permanent fixed wiring in 1 of 5 smoke		3) File copies of semi-annual inspections will be maintained in our maintenance director's binder.	

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SALF	Continued From page 3	SALF	D. Compliance with this requirement will be accomplished by:	

compartments. The findings were:

Observation of the electrical system in resident room #33 on 5/31/11 at 3:48 PM showed the television set was plugged into a three way electrical adapter. At the time of observation the maintenance director reported he was aware electrical adapters were prohibited. Furthermore he reported the electrical system was inspected on a quarterly basis, but in this case the adapter had not been noticed and removed.

Reference:
22-3.6.1 Utilities. Utilities shall comply with provisions of Section 7-1.
7-1.2 Electrical wiring and equipment installed shall be in accordance with NFPA 70, National Electrical Code.
NFPA 70, National Electrical Code, 1993 Edition.
400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following:
(1) As a substitute for the fixed wiring of a structure
(2) Where run through holes in walls ...
(3) Where run through doorways, windows, or similar openings
(4) Where attached to building surfaces

1) Electrical system in resident room #33 has been corrected. Three way adapters have been removed. I have attached a picture for your review (sample 3).

2) In addition to our regular quarterly inspections, Certified Nurses Assistants (CNA) conduct daily observations then complete a facility incident report indicating any resident not in compliance with this requirement.

Incident Report will be coordinated with our maintenance director for immediate correction within 24 hours or next business day. This staff requirement will be implemented and completed by 24 June 2011.

6/24/11