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WY Dept of Health
AUG 30 2012
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 _____	07/31/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POINTE FRONTIER RETIREMENT COMMUNITY	1406 PRAIRIE AVENUE CHEYENNE, WY 82009

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SALF	LIC REGS FOR ASSISTED LIVING FACILITIES	SALF	***Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.***	

A Life Safety Code survey was conducted at your facility on July 31, 2012 by the office of Healthcare Licensing and Surveys, (HLS).

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 with a census of 44 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 Health Facilities apply.
(ii) 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, Existing Board and Care. 1994 Edition, unless otherwise noted.

This regulation was NOT MET as evidence by:

A. Based on observation and staff interview, the

(A). Smoke Barrier Door: 10 Aug 12

1. With Respect to the Specific requirement cited: Smoke barrier door has been repaired and meets requirements as stated in NFPA 101 Life Safety Code.

2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action: Proper releasing and positive latching will be checked during fire drills. Additionally, hardware such as hinges and crash bar will be inspected during monthly fire drills.

3. With Respect to What Systemic Measures have been put in place to address the Stated Concern: Maintenance Director will inspect smoke barrier doors monthly to ensure compliance with NFPA code.

4. With Respect to How the Plan of Corrective Measures will be monitored: Maintenance Director will annotate monthly observations using community *Fire Door Inspection Log*. Any deficiencies will be immediately corrected to ensure compliance with NFPA code.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: GENERAL MANAGER — (X6) DATE: 8/24/12

STATE FORM 6899 XVVD11 If continuation sheet 1 of 6

POC ACCEPTED w/ JAMES OLIVER, GM, ON 9/5/12

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SALF	Continued From page 1	SALF	**(B). Emergency Back-up Generator:**	**30 Sep 12**

facility failed to ensure 1 of 4 smoke barrier doors was smoke resistant. The findings were:

Observation of the smoker barrier door near resident room #22 on 7/31/12 at 2:08 PM showed the self-closing device was unable to fully latch the door into the door frame, with three attempts. At the time of the observation the maintenance director could not explain why the door had not been noticed and repaired during the quarterly inspection.

Reference;
23-3.3.6.4 Doors in fire barriers required by 22-3.3.6.1 or 22-3.3.6.2 shall have a fire protection rating of not less than 20 minutes.
23-3.3.6.6 Doors in walls required by 22-3.3.6.1 and 22-3.3.6.2 shall be self-closing or automatic-closing in accordance with 5-2.1.8 doors in walls separating sleeping rooms from corridors shall be automatic-closing in accordance with 5-2.1.8....

B. Based on record review and staff interview, the facility failed to ensure the corridor lights backup power source was properly maintained in 5 of 5 smoke compartments. The findings were:

Review of the emergency generator testing records showed the generator supplied backup power for the corridor lights. On 8/2/12 at 9:15 AM the maintenance director reported the generator ran at 20% of the nameplate during monthly exercise, as confirmed by an outside contractor. A load bank test had not been performed as required for diesel generators that run at less than 30% of the nameplate. The maintenance director reported the load bank test

1. With Respect to the Specific Residents Cited: Back-up Generator will be tested monthly and annually load test will be conducted within compliance of NFPA code of 30% EPS nameplate KW rating.

2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action: Generator is scheduled to be tested monthly by our maintenance Director.

3. With Respect to What Systemic Measures have been put in place to address the Stated Concern: Annual EPPS name plate KW rating test load will be accomplished by certified outside technician for corrective actions and log results in our *Maintenance Call-In,* Log by our maintenance Director.

4. With Respect to How the Plan of Corrective Measures will be monitored: Maintenance Director will log monthly 2 hour EPSS load results using community *Maintenance Call-in Log,* to track compliance requirement. This log will be maintained in our maintenance safety binder with copies of actual in-house and outside source certification.

(C). Sprinkler Heads: **30 Sep 12**

1. With Respect to the Specific requirement Cited: Corroded sprinkler heads will be replaced. Estimated completion date 30 September 2012.

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had not been performed because he believed the generator ran at 33% of the nameplate.

Reference;
23.3.2.9 Emergency Lighting. Emergency lighting in accordance with Section 5-9 shall be provided ...
5-9.2.3 Emergency Generators used to provide power to Emergency lighting systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems ...
NFPA 110, 1993 Edition;
8.4.2 Generator sets in level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using the following methods:
(1) Under operating conditions and at not less than 30 percent of the EPS nameplate KW rating ....
8.4.2.3* Diesel-powered EPS installations that do not meet the requirements of 6.4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours.

C. Based on observation and staff interview, the facility failed to ensure sprinkler heads were free of corrosion in 1 of 5 smoke compartments. The findings were:

Observation of the gym office on 7/31/12 at 12:05 PM showed two of the three sprinkler heads were corroded. At the time of the observation the

2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action: Safety committee will perform random monthly inspections and report their findings to our maintenance Director for compliance with NFPA code. Each inspection will be annotated using our *Maintenance Sprinkler Head Log.*

3. With Respect to What Systemic Measures have been put in place to address the Stated Concern: Maintenance Director will conduct quarterly observations using our *Maintenance Sprinkler Head Log,* to monitor conditions of each sprinkler.

4. With Respect to How the Plan of Corrective Measures will be monitored: Maintenance Director will coordinate with certified technician to ensure annual test are conducted in accordance with NFPA code. All sprinkler heads found deficient will be replaced immediately to ensure operational sustainability.

(D). Fire Retardant Curtains: **1 Aug 12**

1. With Respect to the Specific requirement Cited: Fire retardant has been applied to window curtains in room #36 with documentation.

2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action: Residents will be informed prior to admission of this requirement. Maintenance director will verify that each curtain meets NFPA code retardant code upon the first day of residency—with documentation.

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maintenance director reported the heads were inspected annually by an outside contractor. The last inspection occurred on 6/29/12 and it did not indicate any sprinkler heads needed to be replaced.

Reference;
23.3.3.5.1 Automatic Extinguishing Systems. Where an automatic sprinkler system is installed either for total or partial building coverage, the system shall be installed in accordance with Section 7-7 ...
7-7.5 Maintenance and Testing. All automatic sprinkler and stand pipe systems required by the Code shall be inspected, tested, and maintained in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.
NFPA 25, 1992 Edition;
2-2.1.1* Sprinklers shall be visually inspected from the floor level annually. Sprinklers shall be free of corrosion, obstructions to spray pattern, foreign materials, paint, and physical damage. Any automatic sprinklers shall be replaced that are painted, corroded, damaged or loaded with foreign material.

D. Based on observation and staff interview, the facility failed to ensure window curtains were flame retardant in 1 of 5 smoke compartments. The findings were:

Observation of resident room #36 on 731/12 at 11:38 AM showed the window curtains did not have flame retardant documentation attached to them. At the time of the observation the maintenance director reported he did not have flame retardant documentation for the

3. With Respect to What Systemic Measures have been put in place to address the Stated Concern: Residents will be instructed to advise our maintenance director when replacing any curtain. Housekeeping Director will conduct weekly checks to verify that each compartment meets NFPA code. Documentation will be maintained with our Housekeeping Weekly Cleaning Checklist.

4. With Respect to How the Plan of Corrective Measures will be monitored: Maintenance Director and Safety Committee Chairperson will designate a committee member to conduct monthly checks to ensure sustainability. This will ensure that each compartment is inspected a minimum of once each week. Documentation will be maintained by Maintenance Director for quality assurance.

(E). Face Plate, Electrical Outlet **31 July 12**

1. With Respect to the Specific requirement Cited: Face Plate in apartment # 14 was replaced and meets NFPA code.

2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action: Maintenance Director and Housekeeping staff will inspect apartments weekly to ensure compliance with NFPA code. All damaged receptacles will be annotated using our community *Receptacle Testing Log*. All damage covers will be tagged and replaced immediately.

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SALF	Continued From page 4	SALF	**3. With Respect to What Systemic Measures have been put in place to address the Stated Concern:** Maintenance Director will conduct an annual test of all Electrical Receptacles and document results using our community *Receptacle Testing Log.* **4. With Respect to How the Plan of Corrective Measures will be monitored:** Maintenance Director and Safety Committee Chairperson will designate a committee member to conduct monthly checks to ensure safety and sustainability. Findings will be reported to our General Manager for quality assurance.	

aforementioned curtains. He could not explain why the curtains had not been noticed and treated with a flame retardant solution during the quarterly safety inspections.

Reference;
23-3.5 Operating Features. (See Chapter 31.)
31-7.5.1 New draperies, curtains and other similar loosely hanging furnishings and decorations in board and care facilities shall be in accordance with the provisions of 31-1.4.1.

E. Based on observation and staff interview, the facility failed to ensure temporary electrical wiring did not replace fixed permanent wiring in 2 of 6 smoke compartments. The findings were:

Observation of resident room #14 on 7/31/12 at 11:42 AM showed the face plate for the electrical outlet near the bed was damaged. A ½ inch piece was missing from the corner. At the time of the observation the maintenance director could not explain why the face plate had not been noticed and replaced during the maintenance quarterly inspections or by the housekeeping staff during the daily rounds. The face plate was replaced before the survey was completed.

Reference;
23-3.6.1 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, 1993 Edition;
410-56. Rating and Type.
(e) Position of Receptacle Faces.
.... Face plates shall be installed so as to

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completely cover the opening and seat against the mounting surface.