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 _____	10/10/2013

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	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 October 10, 2013 by the office of Healthcare Licensing and Surveys, (HLS). The facility was on the garden level of a fully sprinklered, three story building of Type II (111) construction, built in 1988. The building was equipped with a supervised, automatic wet sprinkler system with dry and anti-freeze branches 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 facility staff		***A. Smoke Barrier Door Kitchen*:** **1. With Respect to the Specific requirement cited:** Smoke barrier door has been closed and will remain closed at all times as stated in NFPA 101, 1994 Edition. **2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action:** Door will be checked daily by our maintenance department and dining management staff to ensure compliance. **3. With Respect to What Systemic Measures have been put in place to address the Stated Concern:** Permanent written instructions have been placed upon each side of the door with instructions "Keep door closed at all times" for associate compliance. **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	**18 Oct 13**

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: J.W. Oliver | TITLE: General Manager | (X6) DATE: 10/18/2013

POC Accepted w/ James Oliver, G.M., on 10/23/13

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SALF	Continued From page 1 interview, the facility failed to ensure hazardous areas were separated from use areas in 1 of 5 smoke compartments. The findings were: Observation of the kitchen on 10/10/13 at 1:05 PM showed the front corridor door was equipped with a self-closing device. Further observation showed the front door was impeded by a wood wedge. At the time of the observation, the dietary manager reported the door was wedged open because staff walked through the door throughout the day. At the same time, the maintenance director reported he was aware doors to hazardous areas were prohibited from be held in the open position. Reference NFPA 101, 1994 Edition; 22-3.3.6.6 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.... ...Exception No. 2: In buildings protected throughout by an approved, automatic sprinkler system installed in accordance with 22-3.3.5, doors, other than doors to hazardous areas, vertical openings, and exit enclosures, shall not be required to be self-closing or automatic-closing. B. Based on record review and facility staff interview, the facility failed to perform 1 of 7 fire alarm system tests. The findings were: Review of the fire alarm system testing records showed the semi-annual fire alarm panel battery load voltage test was last performed on 1/31/13, more than six months ago. On 10/10/13 at 1 PM, the maintenance director could not explain why	SALF	corrected to ensure daily compliance with NFPA code. ***B. Semi-annual fire alarm panel battery load voltage test:*** **1. With Respect to the Specific requirements Cited:** New battery has been installed and load voltage test has been performed. Fire alarm panel is now within NFPA compliance. **2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action:** Maintenance Director will perform/check battery Voltage load test each monthly during Fire drill exercises and take necessary action to maintain 100% compliance. **3. With Respect to What Systemic Measures have been put in place to address the Stated Concern:** Semi-annual Battery load test will be entered into our TELS-facility and equipment monitoring system which alerts maintenance director of exact date to complete required test. **4. With Respect to How the Plan of Corrective Measures will be monitored:** Business Office Manager will include this requirement into our quarterly audits to eliminate reoccurrence and report Findings to General Manager to ensure NFPA compliance.	**18 Oct 13**

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SALF	Continued From page 2 the aforementioned test had not been performed. Reference NFPA 101, 1994 Edition, 22-3.3.4.1, 7-6.1.4, NFPA 72, 1993 Edition; Table 7-3.2 Testing Frequencies. 6. Batteries-Fire alarm systems d. Sealed Lead-Acid Type 1. Charge Test, ...annually (Replace batteries every 4 years.) 2. Discharge Test, ... annually (30 minutes) 3. Load Voltage Test, ... semi-annually	SALF		