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 _____ | 02/17/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| 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 |
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| S 000 | General Comments<br><br>A Life Safety Code survey was conducted at your facility on February 17, 2015 by the office of Healthcare Licensing and Surveys, (HLS).<br><br>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 45 residents.<br><br>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 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.<br><br>All references are based on the requirements of NFPA 101 Life Safety Code, New Board and Care, 1994 Edition, unless otherwise noted. | S 000 | ***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.*** | |
| S8004 | NFPA Life Safety - Nfpa Doors<br><br>NFPA 101<br>Doors<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to provide doors with latches or other | S8004 | **Facility will ensure all doors are provided with latches or other mechanisms suitable for keeping doors closed to resist passage of smoke-this will be accomplished by:**<br><br>**A. With Respect to the Specific requirement cited:** Both Janitor Closet and Dining Room doors will be adjusted to meet requirement as stated in NFPA 101, 1994 Edition. Estimated completion date 27 March 2015<br><br>**B. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action:** Proper releasing and positive latching devices will be installed to ensure doors fully close.<br><br>**C. With Respect to What Systemic Measures have been put in place to address the Stated Concern:** Monthly doors and latching devices will be added to our monthly TELS facility monitoring system to ensure we complete this task monthly. TELS ensures we meet all NFPA code.<br>**D. With Respect to How the Plan of Corrective Measures will be monitored:** Maintenance Director will annotate monthly observations using community *Fire Door Inspection Log*. Monthly logs will be submitted to General Manager to ensure | |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: GENERAL MANAGER — (X6) DATE: 3/19/2015

STATE FORM 6899 Z9XH11 If continuation sheet 1 of 8

RECEIVED
WY Dept of Health
MAR 13 2015
Healthcare Licensing and Surveys

POC Accepted VM Phone Call with Admnstrtor. James Oliver on 3-19-15 at 1:20pm. 31354

Healthcare Licensing and Surveys

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| S8004 | Continued From page 1<br>mechanisms suitable for keeping the door closed to resist the passage of smoke. The findings were:<br><br>1. Observation of the Janitor Closet door on 02/17/15 at 9:59 AM revealed that the door would not fully close and latch into the door frame to resist the passage of smoke. At the time of the observation, the Facility Maintenance Manager acknowledge the door would not close and latch into the door frame.<br><br>2. Observation of the Dining Room door on 02/17/15 at 10:05 AM revealed that when the door was released from the magnetic hold open devise, it would not fully close. The Facility Maintenance Manager acknowledged the door would not closed at the time of the observation.<br><br>Ref: 1994 NFPA 101, Section 22-2.3.6.3 | S8004 | compliance with NFPA code. Estimated date of compliance 5 April 2015. | |
| S8008 | NFPA Life Safety - Nfpa Arrange of Means of Egress<br><br>NFPA 101<br>Arrangement of Means of Egress<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to ensure exits are readily accessible at all times. The findings were:<br><br>1. Observation of the Northeast Corridor on 02/17/2015 at 10:42 AM revealed an electric scooter being stored in the corridor for the resident in room #5. At the time of the observation, the Facility Maintenance Manager | S8008 | **Facility will ensure compliance by ensuring all egress pathways are not obstructed--this will be accomplished by:**<br><br>**A. With Respect to the Specific requirements Cited:** Electric scooter, and plants in North East stairwell have been removed to permit proper egress. Additionally, TV and trash carts in maintenance corridor have been removed.<br><br>**B. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action:** Egress evacuation paths will be observed daily for compliance. Electric scooter has been moved to center of hallway out of egress path--all plants, TV and trash carts have been removed.<br><br>**C. With Respect to What Systemic Measures have been put in place to address the Stated Concern:** Checks will be completed monthly during our monthly fire extinguisher checks to ensure compliance with code.<br><br>**D. With Respect to How the Plan of Corrective Measures will be monitored:** Maintenance Director will perform and annotate compliance using our monthly Fire Extinguisher Log. Monthly logs will be submitted to General Manager to ensure compliance with NFPA code. | 02/19/15 |

Healthcare Licensing and Surveys

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| S8008 | Continued From page 2<br>acknowledged the scooter in the corridor.<br><br>2. Observation of the East Fire Stairwell Exit on 02/17/2015 at 10:51 AM revealed several plants in the stairwell partially blocking the means of egress. At the time of the observation, the Facility Maintenance Manager acknowledged the plants in the stairwell.<br><br>3. Observation of the Maintenance Corridor on 02/17/2015 at 11:05 AM revealed trash carts and two TV's being stored in the corridor partially blocking the means of egress. At the time of the observation, the Facility Maintenance Manager acknowledged the trash carts and TV's being stored in the corridor.<br><br>Ref:<br>1994 NFPA 101, Sections 22-4.4 and 31-1.2.1 | S8008 | | |
| S8014 | NFPA Life Safety - Nfpa Prot of Vertical Openings<br><br>NFPA 101<br>Protection of Vertical Openings<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to ensure doors in stairway enclosures were self-closing and kept in the closed position in 5 of 8 stairway enclosures. The findings were:<br><br>1. Observation of the Southwest Stairwell on 02/17/15 at 9:53 AM revealed the door on the garden level was self-closing, but would not latch into the door frame. At the time of the observation, the Facility Maintenance Manager | S8014 | **Facility will ensure compliance by ensuring all Stairwell Openings work properly and kept close at all times--this will be accomplished by:**<br><br>**A. With Respect to the Specific requirements Cited:** Each stairwell Vertical Opening latches will be adjusted or replaced to ensure compliance.<br><br>**B. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action:** Positive latching devices will be installed to ensure each door fully close. Additionally, doors will be refitted to close within door frames.<br><br>**C. With Respect to What Systemic Measures have been put in place to address the Stated Concern:** Inspection of stairwells will be conducted during monthly Fire Drills exercises and place into our TELS monitoring system to ensure monthly checks are conducted.<br><br>**D. With Respect to How the Plan of Corrective Measures will be monitored:** Maintenance Director will perform and annotate compliance using our monthly Fire Door Monthly logs. Log will be submitted to General Manager to ensure compliance with NFPA code. Estimated date of repairs 10 April 2015. | |

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| S8014 | Continued From page 3<br>acknowledged the door would not latch into the frame.<br><br>2. Observation of the Middle Stairwell on 02/17/15 at 10:10 AM revealed the door on the garden level was self-closing, but would not latch into the door frame. At the time of the observation, the Facility Maintenance Manager acknowledged the door would not latch into the frame.<br><br>3. Observation of the Southeast Stairwell on 02/17/15 at 10:36 AM and 10:37 AM revealed the first floor door was self-closing, but would not latch into the door frame, and the second floor door was self-closing but would not fully close. At the time of the observations, the Facility Maintenance Manager acknowledged both doors in the stairwell would not latch and/or close.<br><br>4. Observation of the Northeast Stairwell on 02/17/15 at 10:45 AM revealed the doors on the first, second, and third floors were all self-closing, but would not latch into the door frames. At the time of the observations, the Facility Maintenance Manager acknowledged the doors would not latch into the door frames.<br><br>5. Observation of the East Stairwell on 02/17/15 at 10:50 AM revealed the door on the garden level was self-closing, but would not latch into the door frame. At the time of the observation, the Facility Maintenance Manager acknowledged the door would not latch into the frame.<br><br>Ref:<br>1994 NFPA 101, Section 23-2.3.1.1 | S8014 | | |

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| S8015 | Continued From page 4 | S8015 | | |
| S8015 | NFPA Life Safety - Nfpa Prot from Hazards<br><br>NFPA 101<br>Protection from Hazards<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to provide self-closing doors to hazardous areas in 1 of 5 smoke compartments. The findings were:<br><br>1. Observation of the Mechanical Room on 02/17/2015 at 10:11 AM revealed that the door was provided with a self-closing device, but when activated would not fully close the door into the frame. At the time of the observation, the Facility Maintenance Manager acknowledged the door would not fully close.<br><br>2. Observation of the West Kitchen Door on 02/17/2015 at 11:22 AM revealed that the door was provided with a self-closing device, but when activated would not fully close the door into the frame. At the time of the observation the Facility Maintenance Manager acknowledged the door would not fully close.<br><br>3. Observation of the Salad Bar Door on 02/17/2015 at 11:20 AM revealed the door was to the kitchen, but was not provided with a self-closing device. At the time of the observation, the Facility Maintenance Manager acknowledged the door was to an hazardous area and was not provided with a self-closing device.<br><br>Ref:<br>1994 NFPA 101, Section 22-3.3.2.2 | S8015 | **Facility will ensure compliance by ensuring self-closing doors perform correctly and provides protection in hazard areas--this will be accomplished by:**<br><br>**A. With Respect to the Specific requirements Cited:** The Mechanical room and West Kitchen door will be re-fitted/adjusted to ensure proper closure during emergencies. A fully operational closing device will be installed for our Salad Bar entrance.<br><br>**B. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action**. Monthly checks using TELS automatic system to track each will ensure compliance.<br><br>**C. With Respect to What Systemic Measures have been put in place to address the Stated Concern:** Inspection of these three hazard areas will be conducted during monthly Fire Drills exercises. Additionally, Safety Committee will be assigned to monitor doors each prior to their monthly meeting.<br><br>**D. With Respect to How the Plan of Corrective Measures will be monitored:** Maintenance Director will perform and annotate compliance using our monthly Fire Door Monthly logs. Log will be submitted to General Manager to ensure compliance with NFPA code. Estimated date of repairs 10 April 2015. | |

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| S8017 | Continued From page 5<br>S8017 NFPA Life Safety - Nfpa Det, Alarm & Comm Systems<br><br>NFPA 101<br>Detection, Alarm and Communication Systems<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on document review, the facility failed to provide documentation identifying that the fire alarm systems have been tested in accordance with NFPA 72. The findings were:<br><br>Document review of the testing and maintenance of the fire alarm system on 02/17/2015 from 1:12 PM to 1:45 PM revealed no documentation could be provided to demonstrate the testing of the semi-annual battery load voltage for the last part of 2014. At the time of the document review, the Facility Maintenance Manager acknowledged the missing documentation.<br><br>Ref: 1993 NFPA 72, Table 7-3.1 section 2d. | S8017<br>S8017 | **Facility will ensure compliance by ensuring test are documented twice each year for our alarm and communication systems--this will be accomplished by:**<br><br>**A. With Respect to the Specific requirements Cited:** Battery test will be conducted twice annually to meet NFPA code.<br><br>**B. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action**. Semi-annual checks using TELS automatic system to track due dates will ensure compliance.<br><br>**C. With Respect to What Systemic Measures have been put in place to address the Stated Concern:** Maintenance Director will schedule testing and maintenance for March and September annual.<br><br>**D. With Respect to How the Plan of Corrective Measures will be monitored:** Maintenance Director will perform and annotate compliance using our semi-annual log. Log will be submitted to General Manager to ensure compliance with NFPA code. Testing and maintenance compliance have been scheduled for 23 March 2015 and 23 September 2015. | |
| S8018 | S8018 NFPA Life Safety - Nfpa Extinguishment Req<br><br>NFPA 101<br>Extinguishment Requirements<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to maintain and inspect the automatic sprinkler system per NFPA 25. The findings were:<br><br>1. Observation of Resident Room #41 on 02/17/2015 at 9:30 AM revealed the sprinkler head located in the bathroom had been painted | S8018 | | |

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| S8018 | Continued From page 6<br>over. At the time of the observation, the Facility Maintenance Manager acknowledge the paint on the sprinkler head.<br><br>2. Observation of the Sprinkler Riser on 02/17/2015 at 11:02 AM revealed no hydraulic design information was posted. At the time of the observation, the Facility Maintenance Manager acknowledged the missing hydraulic information.<br><br>Ref:<br>1994 NFPA 101, Sections 22-3.3.5 and 7-7.5<br>1994 NFPA 25, Section 2-2.1.1<br>1994 NFPA 13, Section 8-5 | S8018 | **S8018**<br><br>**Facility will ensure compliance by ensuring Extinguishment requirements are met and Sprinkler Riser information will be obtained from manufacturer--this will be accomplished by:**<br><br>**A. With Respect to the Specific requirements Cited:** Sprinkler Head in apartment #41 will be replaced. We will contact supplier of our Sprinkler Riser for hydraulic data.<br><br>**B. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action.** All newly painted apartments will be check after the apartment has been remodel. This will ensure all sprinklers are visible and not obstructed in any manner.<br><br>**C. With Respect to What Systemic Measures have been put in place to address the Stated Concern:** Quarterly sprinkler and smoke detector inspections are conducted by Simplex Grinnell. Additionally, maintenance director will perform monthly routine inspections. Sprinkler Riser will be tag with data placed visible on the equipment.<br><br>**D. With Respect to How the Plan of Corrective Measures will be Monitored:** Maintenance Director will submit monthly Room Inspection Log to General Manager to ensure compliance with NFPA code. We expect both deficiencies to be completed no later than 10 April 2015. | |
| S8022 | NFPA Life Safety - Nfpa Electric<br><br>NFPA 101<br>Electric<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to ensure that the electrical wiring and equipment was in accordance with NFPA 70. The findings were:<br><br>Observation of resident rooms #1, #4, #16 and the Nurses Station on 02/17/2015 from 9:38 AM to 10:40 AM revealed extension cords being utilized by residents and staff. At the time of the observations, the Facility Maintenance Manager acknowledged the use of the extension cords in the resident rooms and the nurses station.<br><br>Ref:<br>1994 NFPA 101, Sections 22-3.6.1 and 7-1.2<br>1993 NFPA 70, Article 305 | | | |

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| S8022 S8030 | Continued From page 7<br>NFPA Life Safety - Nfpa Miscellaneous<br><br>NFPA 101<br>Miscellaneous<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation and facility staff interview, the facility failed to ensure that racks are provided to protect oxygen cylinders from accidental damage or dislocation in accordance with NFPA 99. The findings were:<br><br>1. Observation of resident rooms #29, #33, #37, #38 and #49 on 02/17/2015 from 9:30 AM to 10:00 AM revealed oxygen cylinders being stored on the floor without racks or fastenings. At the time of the observations, the Facility Maintenance Manager acknowledged the unsecured cylinders.<br><br>Ref: 1993 NFPA 99, Section 4-6.2.2.1 | S8022 S8030 | **Facility will ensure compliance by ensuring electrical codes are met-this will be accomplished by:**<br><br>**A. With Respect to the Specific requirements Cited:** Extension cords in apartments #1, #4, #6 and Staff west nursing station have been corrected.<br><br>**B. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action:** Inspection of each apartment will be conducted upon move-in and once per quarter to ensure compliance by Maintenance Director.<br><br>**C. With Respect to What Systemic Measures have been put in place to address the Stated Concern:** Apartment inspection will be placed in TELS to track compliance. Additionally, Maintenance will use Monthly Apartment Inspection checklist to sustain compliance.<br><br>**D. With Respect to How the Plan of Corrective Measures will be Monitored:** Maintenance Director will inspection apartments each quarter and annotate and correct results using apartment inspection checklist. Additionally, Safety Chairperson will assign two committee members to conduct one monthly inspection each quarter. Results will be maintained by director and submitted to General Manager for review.<br><br>*****IF ACCEPTABLE PLEASE NOTE: PREFIX TAG-S8022 HAS BEEN INSERTED TO PAGE 8 0f 8 FOR CONTINUITY.** | 2-17-15 |

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| S8030 | Continued From page 7<br>NFPA Life Safety - Nfpa Miscellaneous<br><br>NFPA 101<br>Miscellaneous<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation and facility staff interview, the facility failed to ensure that racks are provided to protect oxygen cylinders from accidental damage or dislocation in accordance with NFPA 99. The findings were:<br><br>1. Observation of resident rooms #29, #33, #37, #38 and #49 on 02/17/2015 from 9:30 AM to 10:00 AM revealed oxygen cylinders being stored on the floor without racks or fastenings. At the time of the observations, the Facility Maintenance Manager acknowledged the unsecured cylinders.<br><br>Ref: 1993 NFPA 99, Section 4-6.2.2.1 | S8030<br>S8030 | **Facility will ensure compliance by ensuring all oxygen cylinders are stored in racks and fasten securely-this will be accomplished by:**<br><br>**A. With Respect to the Specific requirements Cited:** Apartments #29, #33, #37, #38 and #49 have been place in their racks and secured.<br><br>**B. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action:** Resident Care Staff will notify all oxygen providers when racks are not sufficient to properly store oxygen cylinders securely.<br><br>**C. With Respect to What Systemic Measures have been put in place to address the Stated Concern:** Resident Care Staff Director (RCD) will add this requirement as a daily task. Certified Nurses Assistants (CNA) will monitor all residents using oxygen on their shift. Furthermore, they will ensure oxygen cylinders or stored properly in racks and secured at all times.<br><br>**D. With Respect to How the Plan of Corrective Measures will be Monitored:** Office Manager will randomly audit 5 apartments each week for compliance. Results will be maintained by Office Manager and reported to RCD and General Manager for compliance.<br>Start date 20 March 2015. | |