PRINTED: 12/22/2015
FORM APPROVED

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 _____	12/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POINTE FRONTIER RETIREMENT COMMUNITY	1405 PRAIRIE AVENUE CHEYENNE, WY 82009

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S 000	General Comments A Life Safety Code survey was conducted at your facility on December 08, 2015 by 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 38 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 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. All references are based on the requirements of NFPA 101 Life Safety Code, Exsisting Board and Care, 1994 Edition, unless otherwise noted.	S 000	*Responses to cited deficiencies do not constitute an admission or agreement by Provider of the truth of facts alleged or conclusions set forth in our Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.* **S8017:** **Facility will ensure compliance by Obtaining our central station fire alarm Certificate as required by NFPA 101-this Will be accomplished by:** **A. With Respect to the Specific Requirement cited:** Central station fire alarm system UL certificate has been obtained and attached to our fire panel. **B. With Respect to How Facility Will identify Potential Concerns and Take Corrective Action:** Certificate will be reviewed annually and updated to Ensure compliance. **C. With Respect to What Systemic Measures have been put in place to Address the Stated Concern:** Monthly and quarterly inspections. Additionally, this item will be added to our TELS facility maintenance monitor. **D. With Respect to How the Plan of Corrective Measures will be monitored:** Facility Maintenance Manager will inspect quarterly using community *Fire Door Inspection Log*. Monthly logs will be reviewed by Executive Director for compliance.	12/30/15
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm Systems NFPA 101 Detection, Alarm and Communication Systems This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to provide documentation	S8017		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: EXECUTIVE DIRECTOR — (X6) DATE: 01/04/16

STATE FORM 6899 JS4311 If continuation sheet 1 of 5

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WY Dept of Health
JAN 04 2016
Healthcare Licensing and Surveys

POC Accepted VIA Phone Call w/ the Administrator James Oliver on 1/8/16 at 11:24 Am.

34354

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S8017	Continued From page 1 Identifying certification of the central station fire alarm system in accordance with NFPA 72. The findings were: Document review on 12/08/15 at 3:03 PM revealed the central station fire alarm system UL certificate was not posted at or near the station. Interview with the Facility Maintenance Manager at the time of the review acknowledged the certificate was not posted, and was unaware of the requirement. Ref: 1994 NFPA 101, Sections 23-3.3.4.1 and 7-6.1.4 1993 NFPA 72, Section 1-7.2.3.1.1	S8017	**S8018** **Facility will ensure compliance By ensuring both missing sprinkler head Escutcheon plates are installed-this Will be accomplished by:** **A. With Respect to the Specific requirements Cited:** Both missing plates have been installed as prescribed by NFPA Code. **B. With Respect to How Facility Will identify Potential Concerns and Take Corrective Action:** All escutcheon plates in facility have been check to ensure compliance.	12/10/15
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain automatic sprinklers systems per the requirements of NFPA 13. The findings were: Observation on 12/08/15 from 2:30 PM to 2:45 PM revealed sprinkler heads missing escutcheon plates in the following locations. Maintenance hall sprinkler head adjacent to the electrical room, and the sprinkler head located directly above the west nurses station. At the time of the observations the Facility Maintenance Manager acknowledged the missing escutcheon plates. Ref; 1994 NFPA 101, Sections 23-2.3.5.1 and 7-7.1.1	S8018	**C. With Respect to What Systemic Measures have been put in place to Address the Stated Concern:** All escutcheon plates will be included into our monthly TELS facility maintenance tracking system. **D. With Respect to How the Plan of Corrective Measures will be Monitored:** Facility Maintenance Manager will inspect- then annotate Quarterly results using facility *Fire Extinguisher Log*. Results will be submitted to Executive Director to ensure compliance with NFPA code.	

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S8018	Continued From page 2 1994 NFPA 13, Section 2-2.5	S8018	S8022 **Facility will ensure compliance by Ensuring extension cords are not used In facility and ensure main electrical room is not used for storage--this will be accomplished by:** **A. With Respect to the Specific requirements Cited:** (1) Extension cord has been removed. (2) Main electrical room has been cleared of all stored items. **B. With Respect to How the Facility Will identify Potential Concerns and Take Corrective Action:** Each facility department director will daily ensure their common areas are complaint with NFPA 70. All infractions will be reported immediately to our facility maintenance manager. **C. With Respect to What Systemic Measures have been put in place to Address the Stated Concern:** Facility Safety Committee Chairperson will inspect a minimum of 8 apartments, all common areas and main electrical room each month using facility *Apartment Inspection Log* to ensure compliance. **D. With Respect to How the Plan of Corrective Measures will be Monitored:** Facility Maintenance Manager will perform and annotate compliance monthly of all common areas and main electrical room using facility monthly *Apartment Inspection Log*. Results will be submitted to Executive Director for compliance.	12/08/15
S8022	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: 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: 1. Observation of Activities Room on 12/08/15 at 2:20 PM revealed an extension cord plugged into to a table lamp. At the time of the observation the Facility Maintenance Manager acknowledged the extension cord in use. Ref: 1994 NFPA 101, Sections 23-2.5.1 and 7-1.2 1993 NFPA 70, Article 305 2. Observation of Main Electrical Room on 12/08/15 at 2:30 PM revealed the required 36" workspace in front of the electrical panels was utilized for storage. At the time of the observation the Facility Maintenance Manager acknowledged the space was utilized for storage. Ref: 1994 NFPA 101, Sections 23-2.5.1 and 7-1.2 1993 NFPA 70, Table 110.34(a)	S8022		
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous	S8030		

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S8030	Continued From page 3 This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the required 5 ft separation of oxygen cylinders from combustible materials. The findings were: Observation of the Oxygen Storage Room on 12/08/15 at 2:48 PM revealed (9) E cylinders and (8) M6 cylinders being stored within 1 ft of card board boxes and plastic oxygen supplies. At the time of the observation the Facility Maintenance Manager acknowledged the combustible materials were not separated from the oxygen cylinders by at least 5 ft. Ref: 1993 NFPA 99, Section 4-3.1.2.1(g)	S8030	**Facility will ensure compliance by Ensuring all combustible materials are separated 5 ft. away from all oxygen cylinders-this will be accomplished by:** **A. With Respect to the Specific requirements Cited:** Oxygen cylinders and combustible material have been separated by more than 5 ft. in compliance with NFPA Code. **B. With Respect to How the Facility Will identify Potential Concerns and Take Corrective Action.** Facility Maintenance Manager will coordinate inspection of oxygen storage room each day with our nursing staff. **C. With Respect to What Systemic Measures have been put in place to Address the Stated Concern:** Facility Nursing staff will ensure oxygen cylinders and combustible material are separated according to NFPA code during all shifts. **D. With Respect to How the Plan of Corrective Measures will be Monitored:** Nursing staff will annotate their results using facility *Certified Nursing Assistant Checklist* (CNA). Resident Care Director (DON) and Facility Maintenance Manager will conduct random visual inspections each week. They will time, date and sign CNA checklist verifying facility compliance. All results will be reported to our safety committee for review and further actions when necessary.	12/08/15
S8032	IPC Life Safety - Int'l Plumbing Cod This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the existing plumbing systems in a manner that is in accordance with the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities, in accordance with the original design, and in a safe and sanitary condition. The findings were: Observation of the emergency eyewash station located in the laundry area on 12/08/15 at 2:27 PM revealed that tepid water was not provided to the eyewash via an ASSE 1071 - Performance Requirements for Temperature Actuated Mixing Valves for Plumbed Emergency Equipment -	S8032		

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S8032	Continued From page 4 mixing valve in compliance with ANSI Z358.1 - Standard for Emergency Eye Wash and Shower Equipment. An interview with the Facility Maintenance Manager at the time of the observation confirmed the eyewash station was not provided with a tempering valve in compliance with the requirements of ANSI Z358.1. Ref: 2006 IPC, Section 411	S8032	**Facility will ensure compliance by Ensuring the correct water tempering eyewash station valve is installed ensuring compliance with the requirements of ANSI Z358.1.:** **A. With Respect to the Specific requirements Cited:** Mixing valve has been purchased and scheduled for installation on 1 February 2016 (see attach purchase order from LK Plumbing & Heating LLC. **B. With Respect to How the Facility Will identify Potential Concerns and Take Corrective Action.** Facility will ensure laundry eyewash station meets requirements by initiating monthly inspections. **C. With Respect to What Systemic Measures have been put in place to Address the Stated Concern:** Facility Maintenance Manager will conduct monthly inspections using facility *Fire Extinguisher Log* to check water temperature. **D. With Respect to How the Plan of Corrective Mensures will be Monitored:** Facility Maintenance Manager will perform water temperature results using facility *Fire Extinguisher Log*. Log will be maintained by Facility Maintenance Manager and verified by facility Safety Committee Chairperson. Chairperson will verify and sign ensuring compliance.	**02/01/16**