PRINTED: 01/18/2018
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 _____	01/04/2018

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
S 000	General Comments A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on January 4, 2018. 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 a dry branch and anti-freeze branches and a zoned fire alarm system. The facility had a capacity of 60 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, Existing Board and Care, 1994 Edition, unless otherwise noted.	S 000		
S8015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain hazardous area	S8015		

Talked To James Oliver, Executive Director, on 1/30/18 @ 15:11 AM To Advise of Plan of Correction Acceptance.

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S8015	Continued From page 1 enclosures in accordance with the 1994 NFPA 101, Life Safety Code. The findings were: 1. Observation on 9:26 AM in the east HVAC Room revealed a section of the drywall was missing, which exposed combustible material. Further observation in the HVAC Room adjacent to the Dining Room revealed several holes in the ceiling drywall also exposing combustible material. The fire rating needs to be maintained at all times to prevent fire extension. Failure to maintain hazardous area enclosures as required could result in injury or death during and emergency. Interview with the Facility Maintenance Manager at the time of observation indicated awareness of the requirement. REF: 1994 NFPA 101, Section: 23-3.3.2.2; 6-4.1.1 2. Observation on 1/4/2018 at 11:00 AM in the Boiler Room revealed a large penetration in the concrete wall which exposed combustible material. The fire rating needs to be maintained at all times to prevent fire extension. Failure to maintain hazardous area enclosures as required could result in injury or death during and emergency. Interview with the Facility Maintenance Manager at the time of observation indicated awareness of the requirement. REF: 1994 NFPA 101, Section: 23-3.3.2.2; 6-4.1.1	S8015		
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements	S8018		

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S8018	Continued From page 2 This State Rule and Regulation is not met as evidenced by: . Based on observation and staff interview, the facility failed to maintain the sprinkler system in accordance with the 1994 NFPA 101, Life Safety Code. The findings were: Observation on 1/4/2018 at 10:50 AM in the sprinkler riser room revealed that the gauges had not been replaced or tested within the last 5 years. Last test was conducted in 06/2008. Failure to maintain sprinkler gauges as required could result in sprinkler malfunction. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 1994 NFPA 101, Sections: 23-2.3.5; 7-7.5	S8018		

TAG#-S8015 **POINTE FRONTIER RETIREMENT COMMUNITY** **Date of Survey:**
IDENTIFICATION NUMBER: ALF007 **01/04/2018**

Plan of Correction

TAG# S8015

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.

Date Completed

A. Drywall located in East HVAC and Dining room is missing and there is a hole in the Boiler-room (penetration wall) exposing combustible material in all three areas:

1. With Respect to the Specific requirement cited:
All HVAC areas identified are scheduled to be repaired to meet compliance standards.

Estimated date of compliance: 15 February 2018

2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action:
All other HVAC areas have been visibility inspected to ensure there are no damage to drywall to prevent exposure to combustible material and meet NFPA requirements.

3. With Respect to What Systemic Measures have been put in place to address the Stated Concern:
HVAC areas will be added to our quarterly maintenance inspection to Ensure Compliance with this requirement and prevent reoccurrence. Facility Maintenance manager will complete and maintain all required Inspections for review by Executive Director.

4. With Respect to How the Plan of Corrective Measures will be monitored:
HVAC areas will be added to our TELS's monitoring system which tracks monthly required facility maintenance task. TEL's is reviewed weekly by Executive Director to sustain compliance. Quarterly inspections will be tracked using our Quality Management Performance Improvement Program.

TAG#-S8018 **POINTE FRONTIER RETIREMENT COMMUNITY** **Date of Survey:**
IDENTIFICATION NUMBER: ALF007 **01/04/2018**

Plan of Correction

TAG# S8018

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.

Date Completed

A. Failed to maintain outdated dated sprinkler Gauges located in Riser Room which could result in sprinkler malfunction:

1. With Respect to the Specific requirement cited:
Replacement gauges for Sprinkler System have been ordered.

Estimated date of compliance: 15 February 2018

2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action:
Facility Maintenance Manager will inspect gauges annually then sign the Inspection tag each year to verify compliance with actual date of inspection.

3. With Respect to What Systemic Measures have been put in place to address the Stated Concern:
Sprinkler gauges will be added to our TELS's monitoring system which tracks monthly, semi-annual and annual required facility maintenance task. TEL's is reviewed weekly by Executive Director to sustain compliance.

4. With Respect to How the Plan of Corrective Measures will be monitored:
Annual inspections will be tracked and files maintained by Facility Maintenance Manager using our Quality Management Performance Improvement Program. TEL's is reviewed weekly by Executive Director to sustain compliance.