

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2024
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NAME OF PROVIDER OR SUPPLIER POINTE FRONTIER RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1406 PRAIRIE AVENUE CHEYENNE, WY 82009
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(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	<p>General Comments</p> <p>A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on 4/12/24.</p> <p>The facility was located 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 50 licensed beds with a census of 43 residents.</p> <p>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.</p> <p>All references are based on the requirements of the 1994 NFPA 101, Life Safety Code, Existing Residential Board and Care, and the Wyoming Department of Health Chapter 3 Construction Rules for Health Care Facilities unless otherwise noted.</p>	S 000		
S8002	<p>NFPA Life Safety - Nfpa Minimum Construction Req</p> <p>NFPA 101 Minimum Construction Requirements</p> <p>This State Rule and Regulation is not met as evidenced by:</p>	S8002		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Molly Sturman

TITLE

Executive Director

(X6) DATE

May 6, 2024

STATE FORM

4KC911

If continuation sheet 1 of 3

POC Accepted on 5/8/24 @ 4:00 PM via phone call w/ED

Da Col 5/8/24

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SB002	<p>Continued From page 1</p> <p>Based on observation and staff interview, the facility failed to maintain a smoke-resistive barrier in accordance with NFPA 101, Life Safety Code. Failure to maintain smoke-resistive barriers may lead to the propagation of smoke and fire resulting in injury or death. The findings were:</p> <p>Observation on 04/12/2024 at 11:13 AM in resident room 29 revealed an approximate 6x6 inch square that was cut out of the ceiling revealing structural components, reducing the facility construction type to type II (000). Further observation revealed this deficiency repeated throughout the facility.</p> <p>Interview with the administrator at the time of observation acknowledged the deficiency, and indicated that she was not aware of the requirement.</p> <p>Interview with the administrator at the time of exit acknowledged the deficiency.</p> <p>Ref: 1994 NFPA 101, Ch. 22 Sec. 3.1.3.1</p>	SB002		
SB004	<p>NFPA Life Safety - Nfpa Doors</p> <p>NFPA 101 Doors</p> <p>This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain doors with self-closing devices in accordance with NFPA 101, Life Safety Code. Failure to maintain doors with self-closing devices as required could delay egress resulting in injury or death during an</p>	SB004		

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S8004	<p>Continued From page 2</p> <p>emergency. The deficiency affected one door in the facility. The findings were:</p> <p>Observation on 04/12/2024 at 11:56 AM revealed the soiled and clean linen rated, self-closing doors, were propped open with a door stopper. The door was equipped with a magnetic releasing device tied to the fire alarm system. The device was found to be inoperable. Hazardous areas shall be separated from other parts of the building by construction having a fire-resistance rating of at least one hour with communicating openings protected by approved self-closing fire doors. Whenever or wherever any device or level of protection is required by the code, it should be permanently maintained.</p> <p>Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement.</p> <p>Interview with the facility owner at the time of exit acknowledged the deficiency.</p> <p>Ref: 1994 NFPA 101 Ch. 1 Sec. 7.1 and Ch. 22 Sec. 3.3.2.2</p>	S8004		

Plan of Correction

TAG# S8004

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 to be completed by:

May 30, 2024

A. NFPA 101 Doors

1. With Respect to the Specific requirement cited:

The community will ensure to maintain doors with self-closing devices in accordance with NFPA 101.

2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action:

Education will be provided to maintenance team to inspection door magnetic release components.

3. With Respect to What Systemic Measures have been put in place to address Stated concern:

Will develop checklist to inspect all magnetic release components monthly. Will discuss findings in monthly quality assurance meeting.

4. With Respect to How the Plan of Corrective Measures will be monitored:

Facility maintenance director will complete and maintain all required inspections for review by Executive Director monthly.

Plan of Correction

TAG# S8002

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 to be completed by:

May 30, 2024

A. NFPA 101 Minimum Construction Requirements

1. With Respect to the Specific requirement cited:

The community will ensure to maintain a smoke-resistive barrier in accordance with NFPA 101.

2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action:

Education will be provided to maintenance team and resident care team to report any penetrating holes to executive director.

3. With Respect to What Systemic Measures have been put in place to address Stated concern:

Will add ceiling and wall inspections to monthly audit checklist. Discuss audit checklist during monthly quality assurance meeting.

4. With Respect to How the Plan of Corrective Measures will be monitored:

Facility maintenance director will complete and maintain all required inspections for review by Executive Director monthly.