Janelle Conlin, OTR/L
Acting State Survey Agency Director
Healthcare Licensing and Surveys

JC/ts
Healthcare Licensin | and Surve s

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (Xl) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ()Q) MULTIPLE CONSTRUCTION | 0(3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ALF007 | A. BUILDING: _____ B. WING | 09/24/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE. ZIP CODE |
|---|---|
| POINTE FRONTIER RETIREMENT COMMUNIT) | 1406 PRAIRIE AVENUE CHEYENNE, WY 82009 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDExrIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED-ro THE APPROPRIATE DEFICIENCY) | COMPLETE DATE |
|---|---|---|---|---|

S 000 General Comments s 000

A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on 09/24/2026.

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 41 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 Healtl Facilities apply. (II) Assisted Living Facilities operating prior to the effective date of these rules, shall meet the Life Safety Code (LSC) of the National Fire Protection Association (NFPA) that was in effect at the time the facility was licensed as an Assisted Living Facility.

All references are based on the requirements of the 1994 NFPA 101 LSC, Existing Board and Care, and Wyoming Department of Health Chapter 3, Construction Rules for Health Care Facilities, unless othennise noted.

NFPA Life Safety - Nfpa Utilities S8023

NFPA 101
Utilities

This State Rule and Regulation is not met as evidenced by:
Based on document review and staff interview,the

Wyoming ept of Health. Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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Healthcare Licensin and Surve s

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (XI) PROVIDER]SUPPLIER/CLIA IDENTIFICATION NUMBER: | 0Q) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ALF007 | A. BUILDING: _____ B. WING _____ | 09/24/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| POINTE FRONTIER RETIREMENT COMMUNIT) | 1406 PRAIRIE AVENUE CHEYENNE, WY 82009 |

| SUMMARY STATEMENT OF DEFICIENCIES PREFIX (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 COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) |
|---|---|---|
| S8023 Continued From page 1<br><br>facility failed to test fire dampers in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Failure to inspect and maintain fire dampers could result in injury or death in the event of a fire. The deficiency affected all fire dampers throughout the facility. The deficiency has the potential to affect all residents, staff, and visitors.<br><br>The findings were:<br><br>Document review on 09/24/2026 starting 8:45 AM revealed the facility failed to ensure fire dampers were tested and inspected every four (4) years.<br><br>Interview with the maintenance director at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement.<br><br>Interview with the facility administrator on 09/24/2026 at 10:40 AM during exit, acknowledged the deficiency.<br><br>Ref: 1999 NFPA 80, Section 19.4.1.1 | S8023 | I.ED pulled report from TELS which highlighted dampers 4 year testing was last performed in August of 2023 within compliance. (see attached) |
| S80301 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 staff interview, the facility failed to handle oxygen containers within resident and storage rooms in accordance with NFPA 99, Standard for Health Care Facilities. The failure to appropriately handle oxygen containers as required could result in injury or death. The deficiency affected two (2) rooms within the | S8030 | |

| 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 _____ | 09/24/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| POINTE FRONTIER RETIREMENT COMMUNITY | 1406 PRAIRIE AVENUE CHEYENNE, WY 82009 |

| SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | PREFIX TAG | COMPLETE DATE | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) |
|---|---|---|---|
| S8030 Continued From page 2 S8030 facility. The findings were:<br><br>Observation on 09/24/2026 at 9:33 AM in room #24 revealed a free-standing oxygen cylinder not in use. Oxygen storage containers must be secured against damage at all times.<br><br>Observation on 09/24/2026 at 9:37 AM in room #30 revealed a free-standing oxygen cylinder not in use. Oxygen storage containers must be secured against damage at all times.<br><br>Observation on 09/24/2026 at 9:41 AM in room #35 revealed a free-standing oxygen cylinder not in use. Oxygen storage containers must be secured against damage at all times.<br><br>Obsen'ation on 09/24/2026 at 10:20 AM in room #14 revealed a free-standing oxygen cylinder not in use. Oxygen storage containers must be secured against damage at all times.<br><br>Interview with the maintenance director at the time of each observation acknowledged the deficiency, and indicated he was aware of the requirement.<br><br>Inter./iew with the facility administrator on 09/24/2026 at 10:40 AM during exit, acknowledged the deficiency.<br><br>Ref: 1993 NFPA 99, Chapter 4-6.2.1 (hh) | | | Action steps S8030:<br>1. Inservice provided to nursing staff on 9/24/2026 to ensure oxygen tanks are in holders in complaince with state requirements<br>2. Weekly audit completed by RCD for next 30 days in AL apartments to ensure all oxygen tanks are in holders |

# Annual Test and Maintenance

**Smoke Damper** Garden Level

1. Check to assure that the damper will close completely and latch if latch is provided.
2. Check to assure that the damper is securely anchored in place and the duct work (if provided) is properly attached with break-away joints.
3. Lubricate all moving parts as required to assure proper operation.

| DAMPER NUMBER OR LOCATION | DATE | INSPECTOR | 1 | 2 | 3 |
|---|---|---|---|---|---|
| #1 HEATER - MECHANICAL ROOM (CENTER HALL) | 8/25/23 | MA DR | ✓ | ✓ | ✓ |
| #2 HEATER - MECHANICAL ROOM (CENTER HALL) | | MA DR | ✓ | ✓ | ✓ |
| #3 HEATER - MECHANICAL ROOM BY OFFICE (WEST END) | 8/25/23 | MA DR | ✓ | ✓ | ✓ |
| #4 HEATER - MECHANICAL ROOM BY ROOM 33 (SOUTH HALL) | 8/25/23 | MA DR | ✓ | ✓ | ✓ |
| #5 HEATER - MECHANICAL ROOM BY ROOM 42 (NORTH HALL) | 8/25/23 | MA DR | ✓ | ✓ | ✓ |
| #6 HEATER - MECHANICAL ROOM BY MED ROOM (SOUTHEAST HALL) | 8/25/23 | MA DR | ✓ | ✓ | ✓ |
| #7 HEATER - MECHANICAL ROOM BY ROOM 12 (SOUTHEAST HALL) | 8/25/23 | MA DR | ✓ | ✓ | ✓ |
| #8 HEATER - MECHANICAL ROOM BY ROOM 7 (NORTHEAST HALL) | 8/25/23 | MA DR | ✓ | ✓ | ✓ |
| #9 HEATER - MECHANICAL ROOM (BEHIND LAUNDY ROOM, NORTHEAST HALL IN STORAGE ROOM) | 8/25/23 | MA DR | ✓ | ✓ | ✓ |
| #10 HEATER - T.V. LOUNGE (CENTER HALL) | 8/25/23 | MA DR | ✓ | ✓ | ✓ |
| #11 HEATER - T.V. LOUNGE (CENTER HALL) | 8/25/23 | MA DR | ✓ | ✓ | ✓ |
| #12 Laundry Room heater Maint. | 8/25/23 | MA DR | ✓ | ✓ | ✓ |

hall.

USE REVERSE FOR COMMENTS

| | |
|---|---|
| Date: | 9/24/2026 |
| Presenter: | Diana Gumm, RCD |
| Topic: | Oxygen bottles arc required to be secured in their holders per Life safety requirements. This inservice is you acknowledging You will assist and ensure they stay in their holders |

In-service Sign-in
Sheet

☐ Agenda Attached

| Attendee – Printed Name | Position | Attendee - Signature |
|---|---|---|
| Diana Gumm | | |
| Mariah Segovia | CNA | |
| Jessica Mainwaring | LPN | |
| Aspen Apodaca | CNA | |
| Lanell Watson | RN | |
| Dana West | CNA | |
| Almaz Ghebru | CNA | |
| Adrianna Medina | CNA | |
| Selena Landa | LPN | |
| Laurine Espinoza | LPN | |
| Valerie Pisano | CNA | |
| Lesa LaFave | LPN | |
| | | |
| | | |
| | | |
| | | |
| | | |

## Weekly Oxygen Tank Room Audit

Date:10/1/2026 Completed By: Diana Gumm, RCD

Oxygen Tank Safety Check

Resident does not have oxygen equipment

Oxygen tank is secured in approved holder/cart

Oxygen tank is upright and stable

Tu ing is free from trip hazards

Oxygen equipment appears in good condition

No safety concerns identified

Follow-Up Needed

No follow-up required

☐ Staff education needed

☐ Maintenance follow-up needed

☐ Equipment needs to be secured immediately

C] Other:_____

Comments:

_____

_____

Auditor Signature:

Diana Gumm Date: 10.1.26

Room Status: Compliant Non-Compliant

## Weekly Oxygen Tank Room Audit

Date:10/8/2026 Completed By: Diana Gumm, RCD

Oxygen Tank Safety Check

—Zfiesident does not have oxygen equipment _Z6xygen tank is secured in approved holder/cart

_P'Oxygen tank is upright and stable

zØfubing is free from trip hazards

z.%xygen equipment appears in good condition safety

concerns identified

Follow-Up Needed

o follow-up required

☐ Staff education needed

☐ Maintenance follow-up needed

☐ Equipment needs to be secured immediately

☐ Other:_____

Comments:

_____

_____

Auditor Signature: D. RamaGunnath Date: \

Room Status: C] Compliant Non-Compliant