PRINTED: 05/13/2015
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
	WY0023	A. BUILDING: _____ B. WING _____	04/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
~~POPLAR LIVING CENTER~~	4305 S POPLAR CASPER, WY 82601

(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 at your facility on April 29, 2015 by the office of Healthcare Licensing and Surveys. (HLS) The facility was a fully sprinklered, single story building of Type V (111) construction with plan approval in 1967 and 1973. The building was equipped with a supervised, automatic wet sprinkler system with an anti-freeze branch and an addressable fire alarm system. The facility had a capacity of 120 certified Medicare and Medicaid beds with a census of 95 residents. Wyoming Department of Health, Rules and Regulations for Licensure of Nursing Care Facilities Chapter 19, Section 8 Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules and Regulations for Health Care Facilities apply.	S 000	Preparation and/or execution of this plan of correction does not constitute 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 and/or executed solely because it is required by the provisions of federal and state law.	
S7015	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 ensure that medical gas storage areas were protected in accordance to the 2006 International Building Code (IBC) in 2 of 8 smoke compartments. The findings were: 1. Observation of the Oxygen Storage Room on #6 Hallway on 04/29/15 at 10:05 AM revealed 7 41 liter liquid oxygen tanks and 20 E cylinders of compressed gas. The total cubic feet of oxygen located in the room was approximately 9,200	S7015	**S7015 NFPA LIFE SAFETY** **Corrective Actions;** Plans for an external Medical gas storage and administration area and a waiver including timeframe for completion will be submitted to the State Engineers for approval and completion. **Identification of Others:** None found **Systemic Actions:** The Facility Maintenance Director or designee will maintain an a medical gas	6/12/15

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

Administrator 6/4/15

STATE FORM 6899 NDKV11 If continuation sheet 1 of 3

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WY Dept of Health
JUN 04 2015
Healthcare Licensing and Surveys

POC Accepted VIA Phone call with Administrator Tony Juncsz on 6-11-15 @ 10:58 AM.

34354

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S7015	Continued From page 1 cubic feet. Further observation revealed the room had an 1 hour separation in lieu of the required 2 hour separation in accordance to the 2006 IBC. At the time of the observation, the Facility Maintenance Manager acknowledged the amount of oxygen stored in the room and the existing 1 hour separation. 2. Observation of the Oxygen Storage Room on #1 Hallway on 04/29/15 at 10:55 AM revealed 6 41 liter liquid oxygen tanks. The total cubic feet of oxygen located in the room was approximately 7,475 cubic feet. Further observation revealed the room had an 1 hour separation in lieu of the required 2 hour separation in accordance to the 2006 IBC. At the time of the observation, the Facility Maintenance Manager acknowledged the amount of oxygen stored in the room and the existing 1 hour separation. Ref: 2006 IBC, Tables 307.1(1), 508.3.3, and Section 307.5	S7015	storage and administration area incompliance with NFPA 101, Life Safety Code Standard. **Monitoring:** A report on compliance for the facility's medical gas storage and administration will be submitted to the monthly Safety Committee meeting with the minutes reviewed at the monthly QAPI committee meeting for review and corrective actions taken where necessary.	
S7036	IPC Life Safety - Int'l Plumbing Code 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: 1. Observation of the Janitor Closet on #1	S7036	**S7036 IPC LIFE SAFETY** **Corrective Action:** The janitor closet on the #1 hallway has had a backflow prevention device installed on the wall-mounted chemical dispensing system in compliance with IPC Life Safety Code. The Emergency Eyewash station has had a temperature actuating mixing valve installed in compliance with ANSI A358.1.	6/12/15

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S7036	Continued From page 2 Hallway on 04/29/15 at 10:45 AM revealed that a hose connection to the wall-mounted chemical dispensing system had been installed without a means of backflow prevention. The chemical dispensing system was connected to the faucet discharge via a hose connection which had the ability to be under constant pressure. This can disabled the atmospheric vacuum breaker creating a potential means for cross connection. The Facility Administrative Assistant at the time of the observation acknowledged that the connection was not provided with an acceptable means of backflow prevention. 2. Observation of the Emergency Eyewash Station located in the main foyer area on 04/29/15 at 11:25 AM 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 - 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 observations confirmed that the eyewash was not provided with a tempering valve in compliance with the requirements of ANSI Z358.1. (Reference 2006 IPC, Section 411) Ref: 2006 IPC, Sections, 411, 608.6, and 608.13	S7036	**Identification of others:** The Facility Maintenance Director has rounded the facility for any chemical dispensing systems requiring a backflow prevention device. None were found. The Facility Maintenance Director has rounded the facility for any Emergency Eyewash Stations for temperature actuating mixing valves. One was located in the Dietary Department and had a tempering valve installed to meet ANSI A358.1.. **System Changes:** The Facility Maintenance Director will conduct quarterly rounds of the facility to ensure that all chemical dispensing systems meet IPC Life Safety code and the Emergency Eyewash stations are in compliance with ANSI A358.1. **Monitoring:** The Facility Maintenance Director will report the results of the rounds to the monthly Safety Committee and the minutes will be presented to the monthly QAPI meeting for review and corrective actions where necessary.	