PRINTED: 01/26/2016
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 _____	01/12/2016

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 January 11, 2016 by 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 licensed beds with a census of 111 residents.	S 000		
S7035	IMC Life Safety - Int'l Mechanical Code This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview the facility failed to ensure the ventilation system was maintained in 1 of 8 smoke compartments. The findings were: Observation of the ventilation system on 01/11/16 at 4:35 PM revealed the ventilation system was no longer in service. Inspection of the 400 hall attic space showed the ventilation system was originally installed with 10-inch circular duct work that had been removed. Duct work from resident rooms had been crushed and abandoned in the attic. Interview with the Facility Maintenance Manager at the time of the observation confirmed the ventilation system had been altered, and was unaware when it had occurred. Ref: 04/03/08 WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities	S7035	S7035: IMC Life Safety-Int'l Mechanical Code. Corrective Actions: The ventilation in the 400 hallway had been re-routed previously. Each room has its own separate ventilation directly to the outside. Identification of Others: The Maintenance Director had checked the remaining 7 smoke compartments for compliance with S7035. No noncompliance was found. Systemic Changes: The Maintenance Director and/or designee will check the 8 smoke compartments quarterly for any maintenance required on the ventilation system. Monitoring: The QAPI Committee will evaluate effectiveness of the plan based on additional interventions as needed to ensure compliance then reassess the need for continued monitoring based on compliance until resolved.	2/23/16

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Admin	2/8/16

STATE FORM 6899 T6ZX11 If continuation sheet 1 of 2

POC Accepted ViA Phone Call with Administrator Tony Janusz on 2-10-16 @ 935AM

34354

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S7035	Continued From page 1 2006 IMC, Section 102.3	S7035		