

PRINTED: 01/29/2016
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/15/2016
NAME OF PROVIDER OR SUPPLIER POPLAR LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S2924	Ch 11 Sec 6 (a)(iv) Physical Environment (a) The building(s) of the Nursing Care Facility shall be constructed, arranged and maintained to ensure the health and welfare of all residents. (iv) Shower/bath and resident lavatories shall be set to provide water of a temperature not to exceed 110 degrees Fahrenheit. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure water temperatures were maintained below 110 degrees Fahrenheit (F). The findings were: 1. During observation on 1/15/16 beginning at 10:45 AM, the following concerns were noted regarding water temperatures in resident areas: a. The sink in resident room 505 had a water temperature of 116 degrees F. b. The sink in resident room 504 had a water temperature of 117.7 degrees F. c. The sink in the common area of the secure unit had a water temperature of 119 degrees F. d. The sink in resident room 611 had a water temperature of 119 degrees F. e. The sink in resident room 612 had a water temperature of 115 degrees F. 2. Interview at that time with the maintenance director confirmed the water temperatures exceeded 110 degrees F and needed to be adjusted.	S2924	S2924: Physical Environment Corrective Action: The hot water temperatures in rooms 505, 504 common area sink, 611, and 612 have had the hot water supply adjusted to maintain a temperature at or below 110 degrees F. Identification of Others: The Maintenance Director has done a facility wide check on the hot water in the sinks. Those sinks not in compliance have been remedied. Systemic Changes: The Maintenance Director and/or Designee will do weekly random checks on water temperatures on the sinks in the facility. Sinks not in compliance will be remedied in a timely manner. 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

STATE FORM

WY Dept of Health

FEB 08 2016

Healthcare Licensing

LAB DIVISION

POC accepted. Call by June 22, 2016, NHA

on 7/18/16 @ 11:36 am.

Adm. W

2/8/16

If continuation sheet 1 of 1