DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/01/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535024	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	R 10/19/2016

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) COMPLETION DATE
{K 000}	INITIAL COMMENTS Requirements for Long Term Care Facilities section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2000 Edition of the Life Safety code, Existing Health Care, of the National Fire Protection Association. The facility was 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 111 residents.	{K 000}	K-038: NFPA LIFE SAFETY CODE STANDARD	10/27/16
{K 038} SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide exits that are readily accessible at all times in accordance with NFPA 101. The finding were: Observation on 10/19/16 at 1:35 PM of the courtyard adjacent to the 100 corridor revealed a west facing ramp to the public way that was greater than 6 inches of rise. Additional observation revealed that the ramp was provided with a hand rail on only one side. Documents review of prior surveys revealed that the facility was cited on 7/28/16 and 9/01/16 for having no handrails installed at the ramp. Interview with the Facility Maintenance Manager at the time of the observations revealed that the facility was not	{K 038}	**Corrective Actions:** A time sensitive waiver has been submitted for hand rails that meet NFPA Life Safety Code Standard to be installed along the west facing ramp adjacent to the 400 hallway. Completion date will be on or before 1/1/17. **Identification of Others:** There are no other areas affected by this. **Systemic Changes:** The Administrator has educated the Maintenance staff on the NFPA 101 Life Safety Code Standards regarding proper signage and accessibility of Exit doors and delayed egress doors. The Maintenance Director or designee will inspect the facility exits and delayed egress doors for compliance during his weekly facility rounds. The Administrator will randomly round to ensure compliance. **Monitoring:** The Maintenance Director or designee will present their weekly reports to the monthly Safety Committee for review and recommendations if necessary.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE
Admin | 11/4/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Spoke with Tony Janusz Administrator on 11/15/16 accepting the plan of correction Via phone call Time 7:56 33647 Lynd Pitt 11-15-16

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{K 038}	Continued From page 1 aware of the Life Safety Code requirements for handrails, and that those requirements were not reviewed prior to the installation of the single handrail.	{K 038}	The Safety Committee will present the recommendations and reports to the monthly QAPI for review and effectiveness. Corrective actions will be taken where necessary until resolved.	
{K 062} SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that the automatic sprinkler systems are installed, and continuously maintained per the requirements of NFPA 13 and 25 in 8 of 8 smoke compartments. The finding were: Observation on 10/19/16 at 1:40 PM of the sprinkler riser room revealed that the fire riser had been modified from the original installation for the addition of the backflow prevention device and isolation valves. Additional observation revealed that no hydraulic calculations were posted at the riser. Document review of prior surveys revealed that the facility was cited on 7/28/16 and 9/01/16 for the same observation. Interview with the Facility Maintenance Manager at the time of the observation revealed that the facility had been in contact with a fire protection contractor to perform the required calculations, but that they were having difficulty in acquiring the required information.	{K 062}	**K-062: NFPA 101 LIFE SAFETY CODE STANDARD** **Corrective Actions.** A time limited waiver has been requested with a completion date of 11/30/16. Photos and measurements have been completed. Engineering plans to be completed 11/8/16. **Identification of Others:** There are no other areas affected by this. **Systemic Changes:** The Maintenance Director or Designee will ensure that any modifications made to the sprinkler riser will have calculations provided. **Monitoring:** New modifications and calculations will be presented to the Safety Committee for approval and then presented to the QAPI committee for submission.	10/27/16