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FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0023	(X2) HEALTHCARE LICENSING AND SURVEYS A. BUILDING: B. WING:		(X3) DATE SURVEY COMPLETED C 12/15/2016
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	
S 000	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11, effective 08/26/2000 Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 08/26/2000 A complaint survey was conducted by the Office of Healthcare Licensing and Surveys on 12/13/16 through 12/15/16. The survey was prompted by complaint intakes WY00002332, WY00002330, WY00002331, and WY00002328 The following common abbreviations are used throughout this document: ADLs- Activities of Daily Living CAA- Care Area Assessment DON- Director of Nursing Services MDS- Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	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.		
S2921	Ch 11 Sec 6 (a)(i) 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. (i) An employee shall be designated responsible for services and for the establishment of policies and procedures in each of the following areas: (A) Plant maintenance; (B) Laundry operations; and	S2921	S-2921: PHYSICAL ENVIRONMENT Corrective Actions: Two new pumps have been installed on the boiler that supplies hot water to the heat registers in the 500 and 600 halls to maintain a temperature range between 71 and 81 degrees. The vents in the 600 hallway between room 602 and 612 and the main dining room have been covered. The 601 room window was cleaned and latched and the room temperature ranges between 71 and 81 degrees. Attempts to cover the window in room 602 were refused by the resident.	12/17/16	

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

If continuation sheet 1 of 7

CRNAH

Accepted, Tony Jones, NHA
 as signed by this one 1/23/17 @ 1:22pm
 [Signature]

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S2921	Continued From page 1 (C) General housekeeping. This STANDARD is not met as evidenced by: Based on observation, staff interview, resident interview, and review of maintenance notes, the facility failed to ensure the temperature in 3 of 7 resident areas (secured unit/500 hall, 600 hall, main dining room) was safe and comfortable. The findings were:	S2921	Identification of Others: Rounds were made by the Administrator and Maintenance Director to observe temperatures in the remaining hallways and to check drafts from vents. Areas not meeting the CMS temperature requirements were remedied. The water lines in the hallways were bled of air and a check of the boilers for any potential problems. No current evidence of problems noted at this time. Systemic Changes: Staff was educated on the need to notify the Administrator and/or Maintenance if the facility feels cold or the thermostat reads below 71 degrees. A protocol was put in place and staff educated on what to do if the facility temperature reaches 70 degrees or below. Maintenance or designee will check the temperatures twice per day to ensure temperatures are maintained between 71 and 81 degrees. Variances to these temperatures will be acted on immediately.	
	Observation of the secured unit/500 hall on 12/13/16 at 2:50 PM showed there were two thermostats on the wall, one near room 509 and one near the exit to the 600 hallway. The thermostat near room 509 showed 65 degrees Fahrenheit (F) when observed at 2:50 PM. The thermostat near the 600 hallway exit was digital and showed 72 degrees F when observed at 3:01 PM. The temperature of the area felt cold and the residents who were in bed were noted to have several blankets. Observation of the 600 hall on 12/13/16 at 3:04 PM showed a temperature measured with an infrared thermometer was 69.3 degrees F and a cold draft could be felt coming from a ceiling vent in the area between rooms 611 and 602. Observation in room 601 at 3:04 PM showed the room felt cold and the window in the room could not be fully closed or latched and leaked cold air into the room. The thermostat near the door of the room showed the temperature was 68 degrees F. Observation on 12/13/16 at 5:23 PM showed room 601 felt cold. The resident was not in the room, and there was no thermostat in the room, however, when measured with an infrared thermometer the wall by the head of the bed measured 65.5 degrees F. The window in this room was leaking cold air; a			

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S2921	Continued From page 2 draft at the bottom of the window could be felt. Observation of the main dining room on 12/14/16 at 4:35 PM showed the evening meal service was in process. There were 9 residents observed in the dining room wearing coats and some wore winter hats as well. Interview at that time with 2 of these residents revealed they were cold and had been for several days. There was an open vent on the ceiling in the room letting in the cold air from outside. The following concerns were identified with the prolonged cold temperatures: a. Confidential interview with staff #1 on 12/13/16 revealed the cold temperatures on the 500 hallway had been ongoing since Saturday 12/10/16. The staff member stated residents were uncomfortable and extra blankets were used for warmth. However, the blankets that were available were thin bath blankets and the staff member was concerned because they were not thick warm blankets. The staff member was unsure when the administration was made aware of the heat situation. The staff stated the temperatures were cold enough to require that resident #7 be brought out of his/her room into the main area to sleep on a mattress on the floor for 2 nights (12/10/16 and 12/11/16) and be warmed up. b. Confidential interview with staff #2 on 12/14/16 revealed residents on the secured unit had been uncomfortable and complaining of the cold temperatures in the 500 hall/secured unit. The staff member reported the temperatures were uncomfortably cold on Friday 12/9/16, Saturday 12/10/16, and Sunday 12/11/16. She was uncertain of the actual temperature, however, she stated residents were shivering and had to have many extra blankets, and resident #7 was brought into the milieu to sleep on a mattress on the floor Saturday and Sunday due to the resident's room being so cold.	S2921	Monitoring: Results of the temperature checks will be presented to the Monthly QAPI meeting for review and corrective actions if necessary.	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

POPLAR LIVING CENTER

4305 S POPLAR
CASPER, WY 82601

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S2921	Continued From page 3 c. Confidential interview with staff #3 on 12/14/16 revealed on the afternoon of 12/10/16 resident #7 was so cold in his/her room staff couldn't get a temperature to register on the resident with a forehead temperature strip. She stated the resident was brought out of the room to be warmed up. The staff member said they placed the resident in a recliner and covered him/her with blankets. Also, she stated a temperature was gotten once the resident was warmed up and she remembered it was about 95 degrees F.	S2921		
	d. Interview with resident #4 on 12/13/16 at 3:04 PM in room 601, revealed "It [the temperature] got worse over the weekend. Because they don't care. They took all my blankets when they moved my bed over to the window. I use to have 10 now not many at all." The resident was wearing a stocking cap and an outdoor coat zipped up. Observation of the resident's room showed it was a single occupancy and the bed was by the window. The window seal had multiple dried leaves stuck under the bottom edge of the crank-out portion of window. The air temperature in the room read 62.9 degrees F when measured with an infrared thermometer; there was no thermostat in the room. e. Interview on 12/13/16 at 3:04 PM with resident #1 in room 602 revealed s/he was not satisfied with the temperature of the room. It was too cold and the facility did not have thick blankets to provide. The resident was concerned because the room had been cold for days and the weather outside was expected to be even colder in the coming week. The resident stated "They keep saying they're fixing it, [but] it never is." The thermostat in the room showed the temperature was 68 degrees F. f. Observation on 12/13/16 at 3:15 PM in			

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S2921	Continued From page 4 room 611 showed an air temperature of 63.7 degrees F when measured with the infrared thermometer g. Interview with the administrator on 12/14/16 at 2:59 PM verified there had been issues with the boiler system and the temperature in the back area of the building was affected by this. The first he was made aware of the situation was the morning of 12/12/16. The administrator stated the staff working over the weekend should have notified him or the maintenance director as soon as the temperature in the facility became uncomfortable. He stated there was no temperature tracking done over the weekend or currently. Further, there was no formal emergency procedure related to heat outage other than providing extra blankets to the residents affected and getting the repairs done to the heat system. The administrator verified there were 2 boiler rooms and there was a history of break downs which had affected the heat in the past. h. Interview with the maintenance staff member on 12/15/16 at 8:55 AM revealed she was the only maintenance staff member since the maintenance director's last day on 12/5/16. The staff member verified the boiler in the back area had gone down over the weekend. She stated she was notified by a CNA on Sunday evening at 11 PM concerning the cold temperatures. The staff member addressed the issue beginning Monday 12/12/16 and work was started to repair the boiler for heat. The maintenance staff further revealed the 5 evaporative cooling units on the roof had not been covered to prevent cold air from coming into the building. i. Interview with the administrator on 12/15/16 at 12:34 PM verified there was not a scheduled plan for when the cooling system was to be winterized.	S2921			

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S2921	Continued From page 5 J. Review of the maintenance "form of correction" dated 12/9/16 timed at 11:08 AM showed the maintenance staff arrived at 8 AM to the building and noted it was "cold in the facility due to -30 degrees[below zero] outside temperature." The note showed the thermostats were set at "75 degrees, and read 71 degrees." The temperature was adjusted up which resulted in an indoor temperature of 78 degrees F. Review of the 12/10/16 note timed at 8:20 AM showed the maintenance staff was called into work at 8 AM due to a heater leaking water in a resident room	S2921			
	in the 600 hall. The note showed "...still cool temperatures in hall 500." The maintenance staff documented she contacted a plumbing company to address the issue. According to the note, an announcement was made over the intercom that heaters for halls 500 and 600 would be down. The note did not document what the temperature was in the facility. Review of the 12/11/16, timed at 8 AM, maintenance note showed the maintenance staff was called into the facility at 7:53 AM due to a blown breaker. When she arrived she discovered standing water in the front 100 hall boiler room. The plumber was called and the "problem was fixed facility satisfied." There was no mention of the facility temperature on this note. Review of the 12/13/16 maintenance "form of correction" timed at 7:31 AM showed the maintenance staff was informed the 500 secured unit "was still remaining cold at night time." The note did not document any temperatures. The plumbers were called and the plumbing company's report showed there was heat to the 500 hall, "but both pumps in the boiler room on hall 600 are starting to show signs of stress." A bid to replace both pumps was being gotten, so the pumps could be replaced "as soon as possible." k. Observation on 12/13/16 at 6:30 PM				

