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

PRINTED: 01/09/2017
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	12/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR LIVING CENTER	4208 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 A Life Safety Code complaint investigation was conducted by Healthcare Licensing and Surveys on December 22, 2016. The survey was prompted by complaint intake WY00002339. 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 2012 Edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association. The facility was a fully sprinkled, 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 101 residents.	K 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.	
K 211 SS=E	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 19/19.2.2 through 19/19.2.11. 19.2.1, 19.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain exits in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Observation on 12/22/16 at 8:30 AM revealed the	K 211	K-211: NFPA 101 MEANS OF EGRESS-GENERAL **Corrective Action:** The exit door located at the east end of the 600 hall had the sheet of plywood removed prior to the survey visit. **Identification of Others:** The Maintenance Director checked the facility fire exit doors for any obstructions. None was found.	1/24/17

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

Admin 1/31/17

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 JANISZ ON 1-31-2017 VIA PHONE CALL ACCEPTING THE POC.

RECEIVED
JAN 31 2017
Healthcare Licensing and Surveys

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POPLAR LIVING CENTER	4308 S POPLAR CASPER, WY 82601

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K 211	Continued From page 1 exit door located at the east end of the 600 hall had utilized a portable diesel-fired heater that was located outside and adjacent to the exit. Interview with the facility administrator throughout the survey confirmed that the portable heater was utilized during the timeframe of 12/13/16 to 12/19/16. Upon the surveyor's egress through this exit it was observed that a large sheet of plywood was located adjacent to the exit door and leaned against the building. Further review identified that (2) holes had been cut in the plywood with dimensions corresponding to that of the flexible ductwork utilized for the supply and return air of the portable heater. Additional observation of the plywood sheet and remaining associated framing and fasteners revealed that the sheet was utilized to provide a weather-proof means of attachment for the heater's ductwork to the building via the exit door opening, thus preventing use of the required exit throughout the timeframe that the portable heater was in use.	K 211	**Systemic Changes:** The Maintenance Director or designee will check the facility fire exit doors for any obstructions during their morning facility walk through. Any obstructions will be remedied immediately. **Monitoring** The Maintenance Director will report any non-compliance to the QAPI committee meeting for review and corrective actions where necessary.	
K 781 SS=E	NFPA 101 Portable Space Heaters Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to limit the use of portable space-heating devices to nonsleeping staff and employee areas in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Observation on 12/22/16 at 9:30 AM revealed that	K 781	**K-781: NFPA 101 PORTABLE SPACE HEATERS.** **Corrective Actions:** The heaters were removed from the facility **Identification of others:** The Maintenance Director did a sweep of the facility for any portable space heaters in the facility. None were found.	1/24/17

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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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K 781	Continued From page 2 portable space heaters had been collected near the east exit of the 600 hall. Interview with the facility administrator revealed that the portable space heaters had been used for the timeframe of 12/13/16 to 12/19/16 to provide heat within the 200, 500 and 600 patient sleeping halls while repairs were being made to the building's heating system. The facility administrator explained that the building's heating system repair was now complete and the portable heaters had been collected in the observed area to await pick-up and removal. Additional observation outside of the east egress doors from the 600 hall revealed that a portable diesel-fired heater had been provided at the exterior of the building and ducted to the 600 hall to provide additional heat. Interview with the facility administrator revealed that the smaller portable heaters located in the halls were inadequate to maintain appropriate space temperatures. Therefore, the larger fuel-fired unit was utilized for additional heat and circulation fans were provided throughout the 200, 500 and 600 halls to assist in the distribution of heat.	K 781	**Systemic Changes:** The Maintenance Director and or designee will check the facility for portable space heaters during their weekly rounds. Non-compliance will be remedied immediately. **Monitoring:** The Maintenance Director will report any non-compliance to the QAPI committee meeting for review and corrective actions where necessary.	