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

PRINTED: 02/23/2017
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	02/08/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR LIVING CENTER	4308 S POPLAR CASPER, WY 82601

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K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on 2/8/17. 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		
K 211 SS=D	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 18/19.2.2 through 18/19.2.11. 18.2.1, 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 provide ramps in accordance with NFPA 101. The findings were: 1. Observation on 2/8/17 at 1:00 PM located at the North exit exterior ramp leading to the parking lot revealed that the ramp for the means of egress was provided with newly equipped	K 211	K-211: NFPA 101 MEANS OF EGRESS Corrective Actions: A waiver has been submitted to the Office of Healthcare Licensure and Survey for a project which includes the construction of an egress ramp to meet NFPA standards. The project will be completed on or before August 31st 2017.	8/31/17 WAIVED

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Admin — (X6) DATE: 3/14/17

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.

RECEIVED
MAR 14 2017
Healthcare Licensing and Surveys

ACCEPTED POC VIA PHONE CALL WITH TEMPORARY MANAGER BRUCE ODENTHAL ON 4-6-17 WITH MODIFICATION TO DATES.

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K 211	Continued From page 1 handrails not in accordance with NFPA 101 section 7.2.2.4.4. Further observation revealed that several handrail details were missing such as the minimum required cross section dimension, continuously graspable surface, and handrail ends that return to the wall or a newel posts. A pre survey review indicated that this ramp was cited two consecutive times for the same issues. Interview with the Facility Administrator indicated that they were unaware of the specific requirements for the handrails. Ref: 2012 NFPA 101 - Sections 7.2.5 and 7.2.2.4 2. Observation on 2/8/17 at 1:10 PM located at the North exit exterior ramp leading to the parking lot revealed that the ramp was not provided with a landing at the bottom of the ramp, or at the door leave opening onto the ramp. Interview with the Facility Administrator at the time of the observation indicated that they were unaware of the landing details. Ref: 2012 NFPA 101 - Sections 7.2.5 and 7.2.5.3.2 3. Observation on 2/8/17 at 1:12 PM located at the North exit exterior ramp between the North exit exterior door and the gate leading to the second ramp revealed a ramp that had a rise greater than 6 inches and that there were no handrails provided for the ramp. Further observation revealed that there was not a landing at the bottom of the ramp where the gate is located. Interview with the Facility Administrator at the time of the observation indicated they missed putting up handrails for the ramp located between the North exit exterior door and gate. They also	K 211	**Identification of Others:** There are no other egress ramps that do not have hand rails and have a greater than 6 inch rise for the ramp. . **Systemic Changes:** The Maintenance Director was educated on the requirements for egress in accordance with NFPA chapter 7 by the Regional Director of Environmental Services. The Maintenance Director or designee will ensure any new construction will have an egress in accordance with Chapter 7 NFPA 101. **Monitoring:** Any new construction will be presented to the Monthly QAPI Committee for review and compliance.	

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K 211	Continued From page 2 indicated during the interview they were unaware of the landing requirements at this ramp. Ref: 2012 NFPA 101 - Sections 7.2.5, 7.2.5.3.2, and 7.2.5.4.2	K 211		
K 321 SS=D	NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)	K 321	**K-321: NFPA : HAZARDOUS AREAS-ENCLOSURE** **Corrective Action:** The storage room of the housekeeping office has had a self closing device installed. **Identification of Others:** The Maintenance Director has done a facility walkthrough for any areas that are used for storage and are greater than 50 square feet for self noncompliance were corrected when discovered. **Systemic Changes:** The Maintenance Director has been educated on the NFPA regulations on storage areas and self closure devices by the District Director of Environmental Services. The Maintenance Director or designee will monitor for any rooms greater than 50 square feet that are being used for storage for a self closure device. Noncompliance will be corrected when discovered.	3/21/17

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K 321	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide protection for hazardous areas in accordance with NFPA 101. The findings were: Observation on 2/8/17 at 1:22 PM located in the Secured Unit Area revealed that the storage room of the housekeeping office was greater than 50 square feet and had a large amount of combustible material deeming the room as hazardous. Further observation revealed that the door of the storage room was not equipped with a self-closing device. Interview with the Facility Administrator at the time of observation indicated that they were not aware that the door closing device had been removed. Ref: 2012 NFPA 101, Section 19.3.2.1.3	K 321	**Monitoring:** The Maintenance Director will present a report to the Monthly QAPI Committee for review and effectiveness and corrective actions taken where necessary.	
K 511 SS=D	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 19.6.1.1, 19.6.1.1, 9.1.1, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide panel boards in accordance with NFPA 70. The findings were:	K 511	**K-511: NFPA 101 UTILITIES-GAS AND ELECTRIC** **Corrective Actions:** The panel board adjacent to the outdoor generator has had the missing breakers filled with blanks and/or breakers and the existing breakers have been labeled. **Identification of Others:** There were no other panel boards that were not labeled or had missing breakers or blanks.	3/21/17

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K 511	Continued From page 4 Observation on 2/8/17 at 2:30 PM located at the panel board adjacent to the outdoor generator revealed that the panel board was missing breakers or blanks and that the circuitry was exposed. Further observation revealed that the breakers were not labeled. Interview with the Facility Administrator at the time of observation indicated that they were unaware that the panel board was missing blanks and labels. Ref: 2012 NFPA 101, Sections 19.5.1.1 and 9.1.2 2011 NFPA 70, Section 408.7 2011 NFPA 70, Section 408.4 (A)	K 511	**Systemic Changes:** The Maintenance Director was educated on the NFPA code regarding electrical panels by the District Director of Environmental Services. New panels installed will be examined for compliance with the current code. **Monitoring:** The Maintenance Director will present any new construction which requires a new electrical panel to the Monthly QAPI Committee for review and compliance.	