PRINTED: 02/23/2017
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0023	A. BUILDING: _____ B. WING _____	02/08/2017

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) COMPLETE DATE
S 000	General Comments A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on 2/8/17. 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. Wyoming Department of Health, Rules and Regulations for Licensure of Nursing Care Facilities Chapter 19, Section 8 Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules and Regulations for Health Care Facilities apply.	S 000		
S7003	NFPA Life Safety - Nfpa Means of Egress Components NFPA 101 Means of Egress Components This State Rule and Regulation 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 handrails not in accordance with NFPA 101	S7003	**S7003: NFPA LIFE SAFETY MEANS OF EGRESS COMPONENTS.** **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

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Admin — (X6) DATE: 3/14/17

RECEIVED
MAR 14 2017
Healthcare Licensing and Surveys

ACCEPTED PLAN OF CORRECTION WITH MODIFICATION TO COMPLIANCE DATE WITH ~~SANUSZ OB~~ TEMPORARY MANAGER BRUCE ODENTHAL ON 4-06-2017

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S7003	Continued From page 1 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: 2006 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: 2006 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 indicated during the interview they were unaware of the landing requirements at this ramp.	S7003	**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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S7003	Continued From page 2 Ref: 2006 NFPA 101 - Sections 7.2.5, 7.2.5.3.2, and 7.2.6.4.2	S7003	**S7015: NFPA LIFE SAFETY PROT FROM HAZARDS** **Corrective Actions:** The storage room of the housekeeping office has had a self closing device installed.	3/20/17
S7015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation 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: 2006 NFPA 101, Section 19.3.2.1.3	S7015	**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 closing devices. Areas of 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. **Monitoring:** The Maintenance Director will present a report to the Monthly QAPI Committee for review and effectiveness and corrective actions taken where necessary.	
S7026	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by:	S7026		

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S7026	Continued From page 3 Based on observation and staff interview, the facility failed to provide panel boards in accordance with NFPA 70. The findings were: 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: 2006 NFPA 101, Sections 19.5.1.1 and 9.1.2 2005 NFPA 70, Section 408.7 2005 NFPA 70, Section 408.4	S7026	**S7026 NFPA LIFE SAFETY NFPA ELECTRIC** **Corrective Action:** The panel board has had breakers installed and labeled. **Identification of Others:** No other areas were affected by this. **Systemic Changes:** The Maintenance Director has been educated on S7026 by the Administrator. Any newly installed panels will not have any open spaces and will have the breakers labeled. **Monitoring:** A report will be submitted by the Maintenance Director to the Monthly QAPI Committee for review of effectiveness and corrective actions made where necessary until resolved.	3/21/17
S7036	IPC Life Safety - Int'l Plumbing Code This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview the facility failed to protect potable water in accordance with the International Plumbing Code. The Findings were: 1. Observation on 2/8/17 at 2:15 PM located in the environmental services room across from the boiler room revealed a janitors sink that had a split flow device attached to it. Further observation revealed that the split flow device provided valves that could be closed allowing the hot and cold water to be on and allowing system interconnection between the hot and cold water lines. Interview with the Facility Administrator at the time of observation indicated they were	S7036	**S7036: IPC LIFE SAFETY-INT'L PLUMBING CODE.** **Corrective Actions:** The janitors sink had the water system put in compliance with the IPC code. The eye wash stations have had ASSE 1071 mixing valves installed to replace the ASSE 1017 valves.	3/21/17

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S7036	Continued From page 4 unaware of the requirement. Ref: 2006 IPC - Section 604.2 2. Observation on 2/8/17 at 2:10 PM located at the eye wash station in the waiting area of the main corridor revealed that the eyewash fixture was equipped with a ASSE 1017 mixing valve and not an ASSE 1071 mixing valve. Interview with the Facility Administrator at the time of observation indicated they were unaware of the requirement. Ref: 2006 IPC - Section 411.1	S7036	**Identification of Others:** There are no other areas noncompliant. **Systemic Changes:** The Maintenance Director was educated on the IPC requirements regarding potable water by the District Director of Environmental Services. The Maintenance Director or designee will inspect janitor closets and eye wash stations for compliance. Noncompliance will be addressed as discovered. **Monitoring:** The Maintenance Director will present a report to the monthly QAPI Committee for review and effectiveness and corrective actions taken where necessary.	