PRINTED: 02/24/2017
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 _____	02/09/2017

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	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 licensure survey was conducted by the Healthcare Licensing and Surveys on 2/6/17 through 2/9/17 at Poplar Living Center in Casper, Wyoming.	S 000		
S3022	Ch 11 Sec 14 (a) Dental Services (a) The facility shall have an advisory dentist who shall provide consultation, develop and participate in inservice education, and recommend policies concerning oral hygiene. Records of in-service education meetings shall be in writing. This State Rule and Regulation is not met as evidenced by: Based on staff interview the facility failed to ensure a dental in-service was provided to nursing staff who provide oral hygiene to residents. The following concerns were identified: Interview on 2/9/17 at 9:35 AM with the administrator revealed the facility did not have a signed contract with an advisory dentist, however, they did have an agreement with a local dentist to provide routine and emergency dental care to the residents. Interview with the social services director on 2/9/17 at 10:15 AM confirmed the facility had an agreement with a local dentist, however, no evidence of in-service training was	S3022	**S3022 CH 11 SEC. 14 (a) DENTAL SERVICES** **Corrective Actions:** A dental in-service training was given to the current staff by the local dentist. **Identification of others:** There are no other areas affected by this. **Systemic Changes:** The SDC was educated on the need to have a dental in-service training annually by the District Director of Clinical Services. An annual calendar of in-service training will be developed by the	4/12/17

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		4/17/17

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over

4/21/17

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S3022	Continued From page 1 available.	S3022	SDC or designee to ensure the denial in-service training will occur per regulations. **Monitoring:** The SDC or designee will present a report to the Monthly QAPI Committee for review for effectiveness and corrective actions taken where necessary until resolved.	

4/21/17 The POC accepted between Bruce Odental, Temp Mgr and Tom Madden, Health Surveyor

4/21/17