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Healthcare Licensing and Surveys

PRINTED: 08/30/2017
FORM APPROVED

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 _____	08/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR LIVING CENTER	4805 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 8/16/2017. The facility was a fully sprinklered, 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 79 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 Departments of Health Chapter III, Construction Rules and Regulations for Health Care Facilities apply.	S 000	S7016 Preparation and execution of this response and plan of correction does not constitute an admission or agreement by Poplar Living Center of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegations that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with the state operations manual. 1. On 09/07/2017 the eyewash station was removed, 2. All residents have the potential to be affected by this deficient practice	9/7/17
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 2009 International Plumbing Code. The findings were: Observation on 8/16/2017 at 11:01 AM in the medication room in the Secured Care Unit revealed an eyewash fixture that was installed directly on to the faucet, and required more than one action to operate. Further observation revealed that the eyewash station was not equipped with an ASSE 1071 mixing valve, to provide tempered water at the fixture. Failure to maintain plumbing as required could result in	S7036	3. On 09/11/2017 maintenance staff will be educated on the requirements of this regulation.. Weekly environmental rounds will be completed to ensure that all eye wash stations are maintained per regulation. 4. The Director of Maintenance or designee will be responsible to report to the QA committee any findings of weekly rounds for review and recommendations. The Director of Maintenance or designee will be responsible to follow up on any recommendations. These reports will be required until a period of compliance of 90 days is reached.	9/12/17 9/30/17 9/30/17

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 9/10/17

STATE FORM 6899 7DHB11 If continuation sheet 1 of 1

ACCEPTED POC VIA PHONE CALL WITH ADMINISTRATOR BRUCE ODENTHAL ON 9-15-2017.

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	WY0023	A. BUILDING: _____ B. WING _____	08/16/2017

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POPLAR LIVING CENTER	4308 S POPLAR CASPER, WY 82601

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S7036	Continued From page 1 Injury to residents and staff. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2006 IPC-Section 411.1	S7036	S7999 Preparation and execution of this response and plan of correction does not constitute an admission or agreement by Poplar Living Center of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegations that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with the state operations manual	
S7999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to protect potable water in accordance with the Wyoming Department of Health Chapter 3, Construction Rules and Regulations for Health Care Facilities. The findings were: Observation on 8/16/2017 at 10:45 AM in the utility room adjacent to room 501 revealed an aerator on the sink. Further observation revealed aerators on sinks in rooms 110, 210, 212, and throughout the facility. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: WDH Chapter 3 Section 5(b)(III)(E)	S7999	1. On 09/07/2017 aerators were removed from all of the sinks. 2. All residents have the potential to be affected by this deficient practice 3. On 09/11/2017 maintenance staff will be educated on the requirements of this regulation. 4. The Director of Maintenance or designee will be responsible to report to the QA committee any concerns with proper function of the sinks within the facility. The Director of Maintenance or designee will be responsible to follow up on any recommendations. These reports will be required until a period of compliance of 90 days is reached.	9/7/17 9/12/17 9/30/17