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 _____	02/08/2018

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 06/26/2000 Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000 . A licensure survey was conducted by Healthcare Licensing and Surveys from 2/5/18 to 2/8/18. Abbreviations used will be annotated in each deficiency.	S 000		
S2924	Ch 11 Sec 6 (a)(iv) Physical Environment (a) The building(s) of the Nursing Care Facility shall be constructed, arranged and maintained to ensure the health and welfare of all residents. (iv) Shower/bath and resident lavatories shall be set to provide water of a temperature not to exceed 110 degrees Fahrenheit. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the faciliy failed to ensure hot water temperatures did not exceed 110 degrees Fahrenheit (F) in 1 of 6 resident areas (600 hall). The findings were: Observation on 2/6/18 at 9:10 AM revealed the following hot water temperatures: a. In resident room 612 the sink water temperature measured 115.5 degrees F. b. In resident room 601 the sink water temperature measured 114.4 degrees F.	S2924	Disclaimer Clause Preparation and/or execution of this plan of correction does not constitute the provider□s admission of or agreement with 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.	3/25/18

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S2924	Continued From page 1 c. In resident room 608 the sink water temperature measured 116.5 degrees F. d. The water temperature at the sink in the 600 hall bath /shower room measured 115.3 degrees F. e. The water temperature at the bath tub in the 600 hall bath/ shower room measured 115.1 degrees F. Interview on 2/8/18 at 9:25 AM with the administrator and the maintenance assistant verified the water temperatures exceeded 110 degrees F. Additionally, the maintenance assistant revealed he made rounds each morning to take a sample of water temperatures in each resident area, but had not been keeping a log of the temperatures. He stated the goal was to have the water temperatures maintained at around 108 degrees F. The administrator added the maintenance supervisor had left his position several weeks earlier, and they were currently unable to access the water temperature logs kept by him. .	S2924	S-2924 CORRECTIVE ACTION FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: A plumber/mechanic was contracted by the facility and on 2/28/18 this vendor was able to fully rebuild/repair the boiler mixing valve that allowed the facility to better regulate the water temperatures throughout Hall 600. HOW THE FACILITY IDENTIFIED OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: Water temps were taken throughout the facility during the survey and no other areas were identified to be of concern. MEASURES OR SYSTEMIC CHANGES MADE TO ENSURE THE DEFICIENT PRACTICE WILL NOT OCCUR AGAIN: Education of Maintenance Staff to the requirements of the regulation S2924 specifically that water temperatures cannot exceed 110 degrees, the requirement of proper documentation of water temperatures, and the responsibility for timeliness of repair. A random audit of water temps will be conducted weekly. Maintenance Director or designee will record and report findings to NHA weekly.	

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S2924	Continued From page 2	S2924	HOW THE FACILITY PLANS TO MONITOR PERFORMANCE TO MAKE SURE THE SOLUTIONS ARE SUSTAINED: Results of audits will be submitted to the QAPI committee monthly for 3 months or until substantial compliance is achieved for input and direction to ensure continued compliance.	
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 and review of inservice documentation, the facility failed to ensure an advisory dentist was available. The findings were: Review of inservice documentation showed a local dental clinic provided training to facility staff on 4/13/17. Interview with the assistant manager on 2/6/18 at 3:10 PM revealed the dental clinic agreed to provide this inservice training, but would not agree in writing to provide consultation for the facility. She further confirmed the facility currently did not have an advisory dentist.	S3022	Disclaimer Clause Preparation and/or execution of this plan of correction does not constitute the provider□s admission of or agreement with 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. S-3022 CORRECTIVE ACTION FOR THOSE	3/25/18

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S3022	Continued From page 3	S3022	RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: There were no residents directly affected by this alleged deficient practice. Residents were appropriately seen by a dentist and care and services were provided as needed. HOW THE FACILITY IDENTIFIED OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: There were no residents directly affected by this alleged deficient practice. Residents were appropriately seen by a dentist and care and services were provided as needed. MEASURES OR SYSTEMIC CHANGES MADE TO ENSURE THE DEFICIENT PRACTICE WILL NOT OCCUR AGAIN: A local dentist was identified and offered a retainer in order to provide contracted services to the facility. NHA will review contract terms and collaborate with local dental provider(s) as needed. HOW THE FACILITY PLANS TO MONITOR PERFORMANCE TO MAKE SURE THE SOLUTIONS ARE SUSTAINED: Results of contract negotiation will be	

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S3022	Continued From page 4	S3022	submitted to the QAPI committee monthly for 3 months or until substantial compliance is achieved for input and direction to ensure continued compliance.	