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 _____	02/07/2018

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	General Comments A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on 02/07/2018. 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 80 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		
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 follow the Wyoming Chapter 3 Construction Rules and Regulations for Healthcare Facilities. Thirteen out of 120 beds plus several nursing home staff and visitors have the potential to be affected by the non compliant practice. The following deficiencies are indicated below: Observation on 02/07/2018 at 1:26 PM located in the Secured Unit adjacent to the North smoke compartment revealed an attic access panel. Within the attic beyond the access panel revealed two truss members that had been modified.	S7999	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-7999 What corrective action(s) will be	3/25/18

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S7999	Continued From page 1 Modification included (2) 1-inch wood braces approximately 8 inches tall by 8 inches wide bolted together with 3 bolts of unknown grade. Further observation revealed that there were at least two areas on each truss that had this same type of modification. Interview with the Facility Administrator at the time of observation indicated that they did not have a set of engineered plans stamped by a licensed design professional in the State of Wyoming at the location. Interview with the Wyoming Department of Health, Aging, Construction Division, Project Manager indicated that Poplar Living Center located in Casper Wyoming had not submitted construction plans. Further interview with the Wyoming Department of Health Project Manager indicated that there had been no authorization for construction for structural truss members for Poplar Living Center. Per Wyoming Chapter 3 Construction Rules and Regulations for Healthcare Facilities Section 6(a)(i)(D) Routine maintenance does not include the removal or cutting of any structural beam or load-bearing support. Per Wyoming Chapter 3 Construction Rules and Regulations for Healthcare Facilities Section 6(a)(iii)(C) If the plans and specifications are prepared by an architect or engineer, that professional must be licensed in the State of Wyoming.	S7999	accomplished for those residents found to have been affected by the deficient practice. The work will be stopped at this time. Plans while completed were not submitted to the appropriate licensing agency. The engineers report will be submitted to the Wyoming Department of Health, Aging, Construction Division, Project Manager. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents, in some form and at some time, could be at potential risk to be affected by the same alleged deficient practice. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur. The NHA will no longer allow work by vendors arranged through the Corporate Engineering Department without having completed plans and verification of state approval. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change.	

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S7999	Continued From page 2	S7999	Any construction projects will be submitted to QAPI committee monthly for 3 months to ensure that all required plans/approvals have been obtained prior to start of work.	