STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535024	A. BUILDING 01 B. WING	10/20/2009

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) COMPLETION DATE
K 000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association (NFPA). The facility was a fully sprinkled single story building of Type V (111) construction built in 1967 and 1973. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze branch and a zoned fire alarm system. The facility has a capacity of 120 certified Medicare and Medicaid beds.	K 000	POC MODIFIED & ACCEPTED w/ TONYA BROWN, DON, ON 11/19/09.	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure 1 of 5 sprinkler system components was tested on a quarterly basis. The findings were: Review of the sprinkler system testing records	K 052	1. No residents were affected by the ~~alleged~~ deficient practice. 2. The Maintenance Supervisor along with outside contractor shall conduct a test of the supervisory signal device on or before 11/30/2009. Documentation for the afore mentioned test will be kept in life safety test records and completed quarterly per NFPA 70and 72 requirements. 3. The maintenance supervisor Will supply copies of said documents to the QA&A committee x 6 months.	11/30/09

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

Dennis Tonno — Administrator

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 052	Continued From page 1 documented that the supervisory signal device had not been tested on a quarterly basis over the past year. On 10/20/09 at 2:30 PM the maintenance supervisor reported the aforementioned test was conducted by an outside contractor. Interview with the said contractor confirmed the test had not been conducted over the past year.	K 052		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure sprinklers were not corroded and failed to ensure escutcheon plates were properly maintained in 2 of 8 smoke compartments. The findings were: 1. Observation on 10/20/09 at 10:07 AM showed the two sprinklers installed in the dish room were corroded. At the time of observation the maintenance director confirmed the sprinklers were corroded. The maintenance director further reported all sprinkler heads were inspected quarterly. 2. Observation on 10/20/09 at 11:35 AM showed 1 of 2 sprinkler escutcheon rings in the special care unit (SCU) soiled utility room were not maintained flush with the ceiling. The ring was 1/2 inch below the ceiling.	K 062	1. No residents were affected by the ~~alleged~~ deficiency. The maintenance supervisor will replace the two sprinkler heads in dish room and maintain scheduled inspections and repairs as per NFPA101 life safety requirements. Work shall be completed on or before 11/30/09. 2. The maintenance supervisor will secure the SCU soiled utility room escutcheons as per NFPA 101 life safety code standards. no residents were affected from the ~~alleged~~ deficient practice. A complete inspection of all escutcheons through out facility will continue and be logged in maintenance records. This work shall be completed on or before	11/30/09 11/30/09
K 069	NFPA 101 LIFE SAFETY CODE STANDARD	K 069		

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K 069 SS=E	Continued From page 2 Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure 4 of 8 hood filters were properly installed. The findings were: Observation in the kitchen on 10/20/09 at 10:32 AM revealed four hood filters were installed with the baffles running horizontally. With the filters installed horizontally the grease could not drain into the drip trays as designed. At the time of observation the maintenance supervisor reported that he was aware the grills were supposed to be installed vertically.	K 069	No residents were affected for the ~~Alleged~~ Deficient practice. The maintenance supervisor has corrected this deficient practice as of 11/10/09 and shall continue periodic in-services and training of staff. Copies of in-service form will be presented to QA&A committee x3 months	11/10/09
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure damaged electrical equipment was repaired in 1 of 8 smoke compartments. The findings were: Observation on 10/20/09 at 11:07 AM showed the electrical receptacle near bed "A" in resident room #408 was damaged. Further review showed live electrical parts were exposed because the center of the receptacle was missing. At the time of observation the maintenance supervisor reported all damaged equipment was reported through the maintenance log. Review of the	K 147	No residents were affected by the ~~alleged~~ deficiency. The maintenance supervisor has corrected this deficiency as of 11/10/2009 in accordance with NFPA 70 and further staff education and in-services shall continue in regards to reporting such deficient practices. Maintenance supervisor or designee shall continue to conduct weekly Inspections and keep log entry.	11/10/09

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K 147	Continued From page 3 maintenance log showed the aforementioned receptacle was not noted.	K 147		