

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/08/2019
NAME OF PROVIDER OR SUPPLIER POPLAR LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 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 January 8, 2019. 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 Department of Health Chapter III, Construction Rules and Regulations for Health Care Facilities apply. 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 67 residents.	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 protect potable water in accordance with the Wyoming Department of Health Chapter 3, Construction Rules and Regulations for Healthcare Facilities. Failure to provide potable water as required could result in the spread of infection. The deficiency affected approximately 50% of the facility. The findings were: Observation on 1/08/2019 at 10:20 AM in room 407 revealed an aerator on the sink. Further observation revealed aerators in rooms 406, 405	S7999	Immediate Correction: Removal of sink aerators were removed from rooms 405, 406, and 407 and completed. on 01/09/2019. Identification of Others: All rooms identified with having sink aerators were removed within the facility and was completed on 01/09/2019 System Measures: To ensure that the deficient practice is being corrected and will not occur in the	1/31/19

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/31/19

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S7999	Continued From page 1 and throughout the facility. Interview with the facility maintenance staff at the time of observation acknowledged the aerators, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: WDH Chapter 3 Section 5 (b)(iv)(E)	S7999	future, all faucets that need replaced will have the aerator removed before installation. Monitor: Any work orders submitted for faucet replacement, Maintenance supervisor will ensure the aerator has been removed before installation.	