STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535024	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	02/09/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR LIVING CENTER	4305 S POPLAR ST CASPER, WY 82601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 Surveyor #: 18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building- Type V (111) with a complete wet sprinkler system and antifreeze branch in the outside walk -in freezer. K6: Date of Plan Approval 1967, 1973 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=120;SNF/NF=120 K9: The facility meets the Life Safety Code standards based on acceptance of a plan of corrections "NFPA" National Fire Protection Association	K 000	It is the policy of Poplar Living Center to ensure that all applicable Life Safety Codes are met at all times. This will be assured by the following: The Maintenance Supervisor (MS) will monitor these areas and report to the QA Committee monthly for three months. MAR 04 2005	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by:	K 029	1) The M.S. will remove the plastic Vapor Shield. 2) The M.S. will install metal cabinets in the maintenance office tool area and ensure all flammable items are stored in it. 3) The M.S. will ensure that the door to the tool area is not impeded from closing by checking the door on a routine basis.	3-28-05

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Luke Johnson — TITLE: Administrator — (X6) DATE: 3-3-05

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.

ACTIONS/ACCEPTANCE OF THIS POC WITH Arlene Johnson, NHA, on 3/14/05 @ 3PM VIA TELECONFERENCE.

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A 3/16/05

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K 029	Continued From page 1 Based on observations and staff interview on 2/8/05 between 4 PM and 5 PM, the facility failed to provide 2 of 11 hazardous areas with proper separation in accordance with NFPA 101 Section 19.3.2.1. The findings were: 1. The kitchen dry storage room interior door was impeded from closing by a hanging plastic vapor shield that was draped over the top of the door. 2. The maintenance office/shop had 10 cans of flammable compressed lubricant and 1 can of flammable mineral spirits in the room. The interior door leading to the corridor was not equipped with a self-closing device as required for hazardous areas housing flammable liquids. 3. Maintenance staff verified the store room door was impeded from closing and the flammable liquids were housed in a room that did not have proper separation.	K 029		
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas, may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Except for self-testing systems, fire alarm systems are manually tested monthly. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained periodically and records of maintenance kept readily available. There is remote annunciation of the	K 051	1) Please see attachment #1 of smoke detector testing dated 1-28-05. M.S. will ensure that testing records are posted to the testing records file on an ongoing basis.	3-28-05

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K 051	Continued From page 2 fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: Based on record review and staff interview on 2/8/05 between 4 PM and 5 PM, the facility failed to maintain, test, and document the installed fire alarm system in accordance with NFPA 72 Table 7-3.2. The findings were: 1. Review of the maintenance records revealed the last annual smoke detector system test was conducted on January 15, 2004 more than one year ago. Maintenance staff verified the smoke detectors were last tested more than one year ago.	K 051		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5	K 056	1) The M.S. will install a sprinkler head in the fire equipment riser closet. 2) ~~The State Health Department~~ Will complete a plan review & final inspection to insure all requirements are met.	3-28-05

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K 056	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and staff interview on 2/8/05 between 4 PM and 4:30 PM, the facility was not fully sprinkled in accordance with NFPA 13 Section 5-1.1. The findings were: 1. The fire sprinkler riser closet did not have a sprinkler head installed to provide the required protection. Maintenance staff verified the closet did not have sprinkler coverage as required by the Code.	K 056		
K 062 SS=F	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 observations and staff interview on 2/9/05 between 11 AM and 1 PM, the facility failed to maintain the installed sprinkler system in accordance with NFPA 13 Section 5-6.5.3 and NFPA 25 Section 2-4.1.4 respectively. The findings were: 1. The closet in resident room #415 had blankets stored closer than the allowed 18 inches to the sprinkler head. 2. Several of the sprinkler heads in the attic crawl space above halls #5 and #6 had insulation falling down from the rafters onto the sprinkler heads obstructing their spray patterns. 3. The spare sprinkler cabinet only had one	K 062	1) The M.S. or designee will conduct monthly inspections of all closets to ensure that family member, residents, and employees do not place any item within 18 inches of any sprinkler head. 2) The M.S. will reinstall attic insulation in the proper locations and string wire to prevent the insulation from falling down. 3) The M.S. will ensure that at least 2 additional sprinkler heads of each type are on hand at all times. 4) As stated above.	3-28-05

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JL 3/16/05

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K 062	Continued From page 4 spare sprinkler heads to replace the sidewall type installed in the outside walk-in freezer. The Code requires two spare sprinkler heads for each type installed in the building. 4. Maintenance staff verified the facility only had one spare sidewall sprinkler head, the storage was closer than 18 inches to the sprinkler, and several attic sprinkler heads had insulation draped over them.	K 062	3A) PLANS FOR AUTOMATION OF THE BUILDING SYSTEM WILL BE SUBMITTED TO THE STATE HEALTH DEPARTMENT & FINAL INSPECTION CONDUCTED BY BUILDING INSPECTOR. JL	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations and staff interview on 2/9/05 between 9 AM and 11 AM, the facility failed to provide an electrical system installed in accordance with NFPA 70 Section 400-8 and NFPA 99 Sections 3-5.2.2.3 and 7-6.2.2.4 respectively. The findings were: 1. An electrical razor was plugged into a prohibited electrical extension cord in resident room #206. 2. The special care unit nurses station had a power strip bar attached to the wall replacing permanent wiring with temporary wiring. 3. The special care unit's medication refrigerator was not supplied with emergency power as required by the Code. 4. The dining room coffee machine and the employee break room refrigerator both had exposed electrical wires at the connection of the electrical wire and the plug. 5. Maintenance staff verified the extension	K 130	1) The M.S. will remove the non-acceptable electrical device and continue to in-service new employee as to the LS code requirement on an ongoing basis. 2) The M.S. will remove all the power strips that are permanently installed. 3) All medication refrigerators will be connected to the emergency power supply. 4) The coffee pot and refrigerator electrical cords will be repaired or replaced as needed. 5) As stated as above.	3-28-05

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K 130	Continued From page 5 cord was in use, the power strip was attached to the wall, the refrigerator was not on emergency power, and the power cords had exposed defective wires.	K 130		
K 135 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Flammable and combustible liquids are used from and stored in approved containers in accordance with NFPA 30, Flammable and Combustible Liquids Code, and NFPA 45, Standard on Fire Protection for Laboratories Using Chemicals. Storage cabinets for flammable and combustible liquids are constructed in accordance with NFPA 30, Flammable and Combustible Liquids Code, NFPA 99. 4.3, 10.7.2.1. This STANDARD is not met as evidenced by: Based on observation and staff interview on 2/9/05 between 10 AM and 10:30 AM, the facility failed to restrict flammable liquids from egress corridors in accordance with NFPA 101 Section 8.4.3.2. The findings were: 1. An alcohol based hand rub dispenser was attached to the wall in special care unit corridor near the kitchen pass thru window. Maintenance staff verified the dispenser was attached to the corridor wall.	K 135	1) See attachment #2, Request for Wavier	3-28-05
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance	K 141	1) The M.S. will ensure that oxygen is not temporarily stored in an unauthorized room by routine inspection of the area.	3-28-05

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K 141	Continued From page 6 with NFPA 99. 8.6.4.2 This STANDARD is not met as evidenced by: Based on observation and staff interview on 2/8/05 between 5 PM and 5:30 PM, the facility failed to post areas were oxygen was stored with NO SMOKING signs in accordance with NFPA 99 Section 8.6.4.2. The findings were: 1. The hydrotherapy room near resident room #116 was storing 8 "H" size oxygen cylinders and 12 "E" size oxygen cylinders and the corridor door was not posted with a required NO SMOKING sign. Maintenance staff verified the room was not posted with a NO SMOKING sign.	K 141		
K 143 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2	K 143	1) All NFPA 99 codes will be met with the inspection of the liquid oxygen room by Milton Werner, PE, State Health Department Engineering Consultant. 2) THE CORRIDOR DOOR TO THE LIQUID OXYGEN RM, RM RESIDENT RM #609 & RM THE LAUNDRY, WERE REPLACED W/ NON-COMBUSTIBLE 1-HR DOORS. THE CORRIDOR DOORS WERE POSTED W/ NO SMOKING SIGNS.	3-28-05

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K 143	Continued From page 7 This Standard is not met as evidenced by: Based on observations and staff interview on 2/9/05 between 4 PM and 5 PM, The facility failed to provide liquid oxygen transfer rooms in accordance with NFPA 99 Section 8-6.2.5.2. The findings were: 1. The liquid oxygen transfer rooms by the laundry on hall #1 and near resident room #609 on hall #6 were not equipped with non-combustible 1-hour rated corridor doors. The corridor doors were not posted with NO SMOKING signs. The maintenance staff could not verify the installation of the liquid oxygen transfer room had been inspected and approved by the Wyoming Department of Health Licensing Agency. Maintenance staff verified the rooms were not equipped with fire rated doors and the rooms were not posted with NO SMOKING signs.	K 143		