DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/06/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535053	A. BUILDING 01 B. WING	01/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY MEMORIAL NURSING HOME	204 16TH STREET WHEATLAND, WY 82201

(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 the 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. The facility was a fully sprinklered, single story building of Type V (111) construction built in 1965 and the east wing was a single story building of Type II (111) construction with a basement, built in 1978. The building was equipped with a supervised, automatic wet sprinkler system with an anti-freeze loop and an addressable fire alarm system. The facility had a capacity of 43 certified Medicare and Medicaid beds with a census of 39.	K 000	This plan of correction is submitted as required under State and Federal law. This plan does not constitute admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency or that the scope or severity regarding the deficiencies cited are correctly applied.	
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 with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide appropriate signage on the oxygen storage room per NFPA 99 in 1 of 3 smoke compartments. The finding were: Observation of the Medical Gas Storage Room on 01/20/15 at 12:13 PM revealed the signage posted on the outside of the room did not meet NFPA 99 requirments. At the time of the observation, the Facility Maintenance Manger acknowledged the signage on the door.	K 141	K141- The facility will ensure that the proper signage for the oxygen room is appropriately posted. The "Oxygen Storage Room" sign on the oxygen room door has been replaced with an "Oxygen Storage, No Smoking, No Open Flame" sign on 2/5/15. The Maintenance Supervisor or designee will audit all oxygen signs to ensure the appropriate signage is in place by 2/13/15. Maintenance Supervisor or designee will monitor the oxygen room signage quarterly to ensure proper signage is in place. All results will be taken to QA&A quarterly for one year for further review and analysis.	3/6/15

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

Administrator 2/16/15

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.

POC Accepted via phone call with Administrator Shane Filipi on 2/19/15 at 3:09pm

3455

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K 141	Continued From page 1 Ref: 2000 NFPA 101, Section 19.3.2.4 Ref: 1999 NFPA 99, Section 8-3.1.11.3	K 141		