STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	536053	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY MEMORIAL NURSING HOME	204 15TH 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 42 residents.	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 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers shall be installed, inspected, and maintained in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6, 19.3.5.6 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide portable fire extinguishers in accordance with NFPA 10 in 1 of 5 smoke compartments. The findings were: Observation of the fire extinguisher in the dietary kitchen on 03/01/16 at 10:35 AM revealed the extinguisher was mounted on the wall with the top of the fire extinguisher approximately 69 inches from the floor. At the time of the observation the Facility Maintenance Manger acknowledge the height of the extinguisher.	K 064	K064 – The facility will move the fire extinguisher in the dietary kitchen down to the correct distance. Work will be completed by 04/16/2016. Maintenance or designee will conduct an audit of all fire extinguishers to ensure proper heights are maintained. The facility will be moving to a new building tentatively 4/13/16, Maintenance or designee will perform an audit in the new building to ensure that all fire extinguishers are at the proper height. Proper fire extinguisher	4/16/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 3/28/16

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.

WY Dept of Health
MAR 28 2016
Healthcare Licensing and Surveys

PDC Accepted V.A Phone Call with Administrator Shane Filip on 4/6/16 @ 2:16pm
34334

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535053	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY MEMORIAL NURSING HOME	204 15TH 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 064	Continued From page 1 Ref: 2000 NFPA 101, Sections 19.3.5.6 and 9.7.4.1 1998 NFPA 10, Section 1-6.10	K 064	heights will be monitored quarterly for one year through audits by maintenance to ensure correct heights are maintained, with results taken to QA&A for further analysis. K076 – The facility will secure the oxygen storage room by replacing the door handle to one that is capable of being locked to prevent unauthorized entry. Work will be completed by 04/16/2016. The facility will be moving to a new building tentatively 4/13/16, Maintenance or designee will perform an audit to ensure that the oxygen storage room is secured against unauthorized entry. Proper oxygen room storage security will be monitored quarterly for one year by maintenance to ensure safety with results taken to QA&A for further analysis.	4/16/16 4/16/16
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. 4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99), 18.3.2.4, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide an adequate medical gas storage area per the requirements of NFPA 99 in 1 of 1 oxygen storage locations. The findings were: Observation of the oxygen storage room on 03/01/16 at 10:20 AM revealed the door was not provided with a door that could be secured against unauthorized entry. At the time of the observation the Facility Maintenance Manager acknowledged the door was not provided with a means of keeping it secure. Ref: 2000 NFPA 101, Section 19.3.2.4 1999 NFPA 99, Section 8-3.1.11.2	K 076		

Resend03-28-16;03:33PM; 3/ 40