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

PRINTED: 03/13/2017
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 - MAIN BUILDING 01 B. WING _____	02/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY LEGACY HOME	100 19TH ST 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 A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on February 28, 2017. The facility was a fully sprinkled, single story building of Type V (111) construction with plan approval in 2014. The building was equipped with a supervised, automatic wet/dry sprinkler system and an addressable fire alarm system. The facility had a capacity of 50 certified Medicare and Medicaid beds with a census of 46 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 222 SS=E	NFPA 101 Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.6.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is	K 222	K222- The facility installed delayed egress signage on all doors with delayed egress capability on 3/17/17. Maintenance or designee will conduct an audit of all egress doors to ensure proper delayed egress signage is installed when required by 4/16/17. Maintenance or designee will perform an audit quarterly of all egress doors to ensure proper delayed egress signage is installed when required. All results will be taken to QA&A for further review and analysis for one year.	4/16/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 4/3/17

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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APR 03 2017
Healthcare Licensing and Surveys

SPOKE WITH SHANE FILPI THE ADMINISTRATOR ON 4-6-17 AND ACCEPTED THE PLAN OF CORRECTION.

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K 222	Continued From page 1 protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide readily visible signs at delayed egress exits in accordance with 2012 NFPA 101. The findings were:	K 222		

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K 222	Continued From page 2 Observation on 02/28/2017 at 9:46 AM located at the exit adjacent to room 206, and throughout the facility, revealed at all delayed egress exit doors that signage was not provided to describe delayed egress door operation. Interview with Facility Administrator at the time of observation revealed awareness of the requirement, but he did not know why the signage was not at the locations. REF: 2012 NFPA 101 Life Safety Code section 7.2.1.6.1.1 (4); 19.2.2.2.4 (2)	K 222		
K 291 SS=D	NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide emergency lighting in accordance with 2010 NFPA 110. The findings were: Observation on 02/28/2017 at 11:05 AM in the emergency generator transfer switch room revealed that no battery powered emergency lighting was provided. Interview with the Facility Administrator and Facility Maintenance Manager at the time of observation revealed they were not aware of the requirement. REF: 2010 NFPA 110 Emergency and Standby Power Systems Section 7.3.1	K 291	K291- The facility installed emergency lighting in the emergency generator transfer switch room on 3/20/17. Maintenance or designee will conduct an audit of all emergency generator areas to ensure proper emergency lighting is provided by 4/16/17. Maintenance or designee will perform an audit quarterly of all emergency generator areas to ensure proper emergency lighting is provided. All results will be taken to QA&A for further review and analysis.	4/16/17
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing	K 353		

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K 353	Continued From page 3 Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to test the sprinkler system in accordance with 2012 NFPA 101 and 2011 NFPA 25. The findings were: Document review on 02/28/2017 at 1:40 PM revealed that the facility failed to test the sprinkler system for the required water flow test. Interview with the Facility Maintenance Manager at time of observation revealed awareness of the requirement. REF: 2012 NFPA 101 Life Safety Code section 19.3.5.1; 9.7.5; 9.7.7; 9.7.8; 2011 NFPA 25 Water Based Fire Protection Systems section 4.3; 5.3.3.1; 6.3.3	K 353	K353- The facility will conduct/complete a quarterly test/inspection on the water flow for the sprinkler system. The facility signed a contract on 3/2/17 to retain a contractor to perform quarterly sprinkler inspections/test for the required water flow. Maintenance or designee will perform quarterly audits on quarterly sprinkler test/inspections to ensure the system has the required water flow. All results will be brought to QA&A for one year for further review and analysis.	4/16/17
K 355 SS=D	NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers	K 355		

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K 355	Continued From page 4 Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to inspect and maintain portable fire extinguishers in accordance with 2012 NFPA 101 and 2010 NFPA 10. The findings were: Observation on 02/28/2017 at 10:40 AM revealed a fire extinguisher in the dining room by the pantry door that had not been inspected or maintained since 2015. Interview with the Facility Administrator at time of observation acknowledged awareness of the requirement. REF: 2012 NFPA 101 Life Safety Code section 9.7.4.1; 19.3.5.12 2010 NFPA 10 section 6.3.1	K 355		