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 _____	**12/05/2017**

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 December 5, 2017. The facility was a fully sprinklered, 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 48 residents.	K 000		
K 211 SS=E	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to inspect door openings in accordance with the 2012 NFPA 101, Life Safety Code and the 2010 NFPA 80, Standard for Fire Doors and Other Opening Protectives. The findings were: During document review on 12/5/2017 at 10:30 AM revealed that the facility could not verify that the required annual fire door assembly inspection had been completed. Failure to maintain fire door assemblies as required could result in injury or death during an emergency. Interview with the	K 211	K211- The facility maintenance supervisor received certified fire door assembly inspection training on 12/22/17. An inspection will be completed by the maintenance supervisor on the fire doors by 1/3/18. A tracking system has been developed to ensure the fire doors are inspected yearly and are in proper working order. The tracking system will be audited quarterly by maintenance supervisor or designee to ensure inspection of fire doors are being completed timely. All results will be taken	1/20/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/27/2017

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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K 211	Continued From page 1 Facility Administrator and Facility Maintenance Manager at the time of observation indicated they were aware of the requirement. REF: 2012 NFPA 101, Section: 8.3.3.1 2010 NFPA 80, Section: 5.2.1	K 211	to QA&A for one year for further review and analysis.	
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain exit signage in accordance with the 2012 NFPA 101, Life Safety Code. the findings were: Observation on 12/5/2017 at 9:10 AM in the dining room revealed a door opening into a courtyard that was locked from the inside with an exit sign. Further observation revealed an actuating bar on the courtyard side allowing residents to enter the facility. During discussion it was discovered that the courtyard was an assembly area, and the dining room exit was not considered an exit. Failure to provide exit signage as required could result in injury or death during an emergency. Interview with the Facility Administrator and Facility Maintenance Manager at the time of observation indicated they were	K 293	K293- The exit sign in the dining room by the courtyard doors was removed on 12/5/17. Maintenance supervisor or designee will conduct an audit of all assembly areas to ensure proper exit signage is present by 12/29/17. Maintenance supervisor or designee will perform an audit quarterly of all assembly areas to ensure correct signage is in place. All results will be taken to QA&A quarterly for one year for further review and analysis.	1/20/18

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K 293	Continued From page 2 aware of the requirement. REF: 2012 NFPA 101, Sections: 19.2.10.1; 7.10	K 293		
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain fire alarm notification in accordance with 2012 NFPA 101, Life Safety Code and 2010 NFPA 72, National Fire Alarm and Signaling Code. The findings were: Document review on 12/05/2017 at 10:13 AM revealed that the facility was unable to verify that each strobe and horn had passed visual and audible inspection on an annual basis. Failure to provide annual testing for fire alarm components as required increases the risk of death or injury due to fire. Interview with the Facility Administrator and Facility Maintenance Manager at the time of observation indicated they were unaware of the requirement.	K 345	K345 □ Facility contacted a fire alarm testing vendor to schedule an inspection/test on the fire system to ensure each strobe and horn is meeting the visual and audible requirements. Inspection for strobes and horns is scheduled for 1/5/18. A tracking system has been developed to ensure the fire systems strobes and horns are inspected yearly and are in proper working order. The tracking system will be audited quarterly by maintenance supervisor or designee to ensure inspection of the fire systems strobes and horns are being completed timely. All results will be taken to QA&A for one year for further review and analysis.	1/20/18

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K 345	Continued From page 3 REF: 2012 NFPA 101, Sections: 19.3.4.4; 9.6.3 2010 NFPA 72, Section: 14.4.2.2	K 345		
K 711 SS=E	Evacuation and Relocation Plan CFR(s): NFPA 101 Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide an Evacuation and Relocation Plan in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Documentation review on 12/5/2017 at 10:25 AM revealed that the fire plan did not contain the element of evacuating residents from one smoke compartment to the next smoke compartment. Failure to provide a fire plan as required could result in injury or death during an emergency. Interview with the Facility Administrator and Facility Maintenance Manager at the time of observation indicated they were unaware of the requirement. REF: 2012 NFPA 101, Section: 19.7.2.1	K 711	K711 □ The fire plan was updated on 12/22/17 to include evacuating residents from one smoke compartment to another. Staff will be in-serviced on the updated fire plan on 1/11/18. Maintenance supervisor or designee will audit the fire plan during monthly fire drills to ensure the updated fire evacuation plan to the different smoke zones is being adhered to. All results will be taken to QA&A for one year for further review and analysis.	1/20/18

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