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 _____	**05/28/2021**

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
E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on May 28, 2021. .	E 000		
E 031 SS=F	Emergency Officials Contact Information CFR(s): 483.73(c)(2) §403.748(c)(2), §416.54(c)(2), §418.113(c)(2), §441.184(c)(2), §460.84(c)(2), §482.15(c)(2), §483.73(c)(2), §483.475(c)(2), §484.102(c)(2), §485.68(c)(2), §485.625(c)(2), §485.727(c)(2), §485.920(c)(2), §486.360(c)(2), §491.12(c)(2), §494.62(c)(2). [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following: (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance. *[For LTC Facilities at §483.73(c):] (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) The State Licensing and Certification Agency. (iii) The Office of the State Long-Term Care Ombudsman. (iv) Other sources of assistance. *[For ICF/IIDs at §483.475(c):] (2) Contact	E 031		6/29/21

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

Electronically Signed | 06/16/2021

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E 031	Continued From page 1 information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance. (iii) The State Licensing and Certification Agency. (iv) The State Protection and Advocacy Agency. This REQUIREMENT is not met as evidenced by: Based on document review and staff interview the facility failed to develop and maintain the emergency preparedness contact information in accordance with §483.73(c). Failure to develop and maintain the emergency preparedness contact information could result in the supervising agency not being notified in an emergency. The deficiency affected the contact list in the emergency preparedness plan. The findings were: Document review on 5/28/21 at 2:30 PM revealed that the contact list in the emergency preparedness plan was missing contact information for the State Licensing and Certification Agency and the Office of the State Long-Term Care Ombudsman. Interview with the plant manager at the time of observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency.	E 031	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. E031 – All emergency preparedness communication plans have been updated to add the missing contact information for the State Licensing and Certification Agency and the Office of the State Long-Term Care Ombudsman on June 16th, 2021. The plant manager was made aware of the required contacts needed in the emergency preparedness plan on May 28th, 2021. All current staff will be educated on the requirement on June 29th, 2021. The emergency preparedness plan will be reviewed and updated immediately with any contact information changes. The	

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E 031	Continued From page 2	E 031	EPP will be include in the facility assessment to check for accuracy yearly in QA&A.	
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on May 28, 2021. 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 2012 Edition of the Life Safety Code, Existing Health Care of the the National Fire Protection Association. The facility was a fully sprinklered, single story building of Type V (111) with plan approval in 2014. The building was equipped with a supervised automatic wet and 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 45 residents. .	K 000		
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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced	K 345		7/11/21

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K 345	Continued From page 3 by: Based on document review and staff interview the facility failed to test and maintain the fire alarm system in accordance with the 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to test and maintain the fire alarm system could result in injury or death in the event of a fire. The deficiency affected the fire alarm system. The findings were: 1. Document review on 5/28/21 at 2:00 PM revealed that the fire alarm system batteries were load voltage tested once in the last 12 months. The fire alarm system batteries are required to have a load voltage test conducted every six months. Interview with the operations manager at the time of observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Reference 2010 NFPA 72 Table 14.4.5(6) 2. Document review on 5/28/21 at 2:00 PM revealed that the batteries were visual battery inspected once in the last twelve (12) months. The fire alarm batteries are required to be inspected every six (6) months. Interview with the operations manager at the time of observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency.	K 345	K345 – The fire alarm system batteries were load voltage tested on June 16th, 2021. Comtronix tests the fire alarm system batteries load voltage each January and their next scheduled visit is January 2022. Plant manager was educated on the requirement for the fire alarm system batteries to be load voltage tested every 6 months. The plant manager will add the load voltage testing to the TELS system to schedule the testing for every 6 months. A log of load voltage testing on the fire alarm system will be started and plant manager or designee will document each time the load voltage testing takes place. The log will be taken to QA&A until found to be in compliance.	

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K 345	Continued From page 4 Reference 2010 NFPA 72 Table 14.3.1 (3)	K 345		