

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

ALF031

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

B. WING: _____

(X3) DATE SURVEY COMPLETED

10/28/2025

NAME OF PROVIDER OR SUPPLIER

PLATTE COUNTY LEGACY HOME ASSISTED L

STREET ADDRESS, CITY, STATE, ZIP CODE

88 19TH 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S 000 General Comments

A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 10/28/2025.

Wyoming Department of Health Rules and Regulations for Licensure of Assisted Living Facilities Chapter 4, Section 10, Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules and regulation for Healthcare Facilities apply. Assisted Living Facilities in operation prior the effective date of those rules shall meet the Life Safety Code of National Fire Protection Association that was in effect at the time the facility was licensed as an Assisted Living Facility.

The facility was a fully sprinklered single story buildings of Type V (111) construction with a plan approval of 2014. The building was equipped with a supervised wet sprinkler system with a dry branch, and an addressable fire alarm system. The facility had a capacity of 16 licensed beds with a census of 14 residents.

All references are based on the requirements of NFPA 101, Life Safety Code, New Board and Care 2006 Edition, unless otherwise noted.

S 000

S8027 NFPA Life Safety - Nfpa Emergency Egress & Rel Dr

NFPA 101
Emergency Egress and Relocation Drills

This State Rule and Regulation is not met as evidenced by:
Based on document review, and staff interview, the facility failed to conduct all required emergency egress and relocation drills in accordance with the 2006 NFPA 101, Life Safety

S8027

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Logan Lahman, Nursing Home Administrator

TITLE

(X6) DATE 12/01/2025

STATE FORM

0000

8GA011

If continuation sheet 1 of 5

Called and informed Logan Lahman of their P.O.C. approval on 12-01-25 at 2:00 PM

Matt Langley

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PLATTE COUNTY LEGACY HOME ASSISTED L	STREET ADDRESS, CITY, STATE, ZIP CODE 98 19TH 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) COMPLETE DATE
S8027	<p>Continued From page 1</p> <p>Code, and Wyoming Department of Health (WDH) Ch 12: Program Administration. Failure to conduct all required emergency egress and relocation drills could result in delayed or improper evacuation of the building in the event of a fire, resulting in injury or death. The deficiency has the potential to affect all residents, staff, and visitors.</p> <p>The findings were:</p> <p>Document review on 10/28/2025 starting at 1:00 PM revealed the facility had conducted multiple emergency egress and relocation drills, but had not conducted at least two (2) drills during the night when residents were sleeping, in accordance with the 2006 NFPA 101, Section 32.7.3.1, and the WDH Ch 12, Section 7 (o) Evacuation Capability, Emergency Procedures, and Fire Safety.</p> <p>Fire exit drills shall be conducted monthly with a minimum of one drill conducted each quarter on each shift, including two at night while residents are sleeping. The drills shall involve the actual evacuation of all residents to an assembly point, as specified in the emergency plan, and shall provide all residents with an experience in egressing through all exits and means of escape required by code. The facility shall be responsible for recording fire exit drills on an evaluation form that includes at least the date of drill, time of day, type of drill (practice, announced, surprise), participants, time required to evacuate all residents including staff to a point of assembly as defined by the Life Safety Code.</p> <p>Interview with the facility administrator and the plant manager at the time of the observation acknowledged the deficiency.</p>	S8027		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PLATTE COUNTY LEGACY HOME ASSISTED L	STREET ADDRESS, CITY, STATE, ZIP CODE 98 19TH 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) COMPLETE DATE
S8027	Continued From page 2 Interview with the facility administrator and the plant manager at the time of exit confirmed the deficiency. REF: 2006 NFPA 101, 32.7.3, WDH Ch. 12 Section 7, (o)	S8027		
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide proper handling and storage of gas cylinders in accordance with 2005 NFPA 99, Healthcare Facilities Code. Failure to properly handle and store compressed gas cylinders could result in injury or death in the event of accident or fire. The deficiency could affect all residents, staff, and visitors within the affected area. The findings were: Observations on 10/28/2025 at 11:50 AM in resident room 3 revealed the facility failed to provide proper storage for nonflammable gases. The facility allowed for seventeen (17) E-cylinders of oxygen with a total volume greater than 300 cu. ft. compressed to be stored within the entry closet. The cylinders were stored within five (5) feet of combustibles. Five (5) cylinders inside the entry closet were freestanding, without a proper stand or cart. Storage for nonflammable gases greater than	S8030		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PLATTE COUNTY LEGACY HOME ASSISTED L	STREET ADDRESS, CITY, STATE, ZIP CODE 98 19TH 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) COMPLETE DATE
S8030	<p>Continued From page 3</p> <p>300 cu. ft. but less than 3,000 cu. ft. compressed shall comply with the 2005 NFPA 99, Section 9.4.2. Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles by a minimum distance of 20 ft., by a distance of 5 ft. if the entire storage location is protected with an automatic sprinkler system in accordance with NFPA 13, or an enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour.</p> <p>Storage of nonflammable gases with a total volume compressed equal to or less than 300 cu. ft. shall comply with the requirements of the 2005 NFPA 99, Section 9.4.3. Individual cylinder storage associated with patient care areas, not to exceed 22,500 sq. ft. of floor area, shall not be required to be stored in enclosures. Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. When cylinders are in use, they shall be attached to a cylinder stand or to a therapy apparatus of sufficient size to render the entire assembly stable. An individual cylinder may be placed in a patient room for immediate use.</p> <p>Interview with the facility administrator and the plant manager at the time of the observation acknowledged the deficiency.</p> <p>Interview with the facility administrator and the plant manager at the time of exit confirmed the deficiency.</p>	S8030		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PLATTE COUNTY LEGACY HOME ASSISTED L	STREET ADDRESS, CITY, STATE, ZIP CODE 98 19TH 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) COMPLETE DATE
S8030	Continued From page 4 REF: 2005 NFPA 99 Sections 9.4, 9.4.3, and 9.7.2.3(11)	S8030		

latte County Legacy Home

icense#15231

urvey Date: October 28th, 2025

ate of Compliance: December 31th, 2025

ag #S8027

1. Immediate Correction:

The Administrator and Maintenance Director have scheduled an overnight emergency egress and relocation drill to be completed by December 31, 2025. This drill will be conducted while residents are sleeping, and documentation will include time, date, participating staff, and duration of time to safely complete.

2. Audit of Past Drills:

A review of the previous 12 months of drill documentation was completed on 11/13/2025 to verify compliance on all other shifts. No additional deficiencies were identified.

3. Systemic Prevention:

- The facility already maintains a fire drill tracking log to ensure drills are conducted monthly, with one drill per quarter on each shift and at least two overnight drills annually.
- The Maintenance Director will schedule and document all drills.
- The Administrator will review to verify compliance.
- All department heads were re-educated on fire drill scheduling requirements on October 29th, 2025.

4. Ongoing Monitoring:

Ongoing compliance with fire drills will be monitored through the facility's weekly Risk Management meetings, where drill documentation, scheduling, and any issues are reviewed and addressed promptly.

ompletion Date: December 31, 2025

ig #S8030

1. Immediate Correction:

70 oxygen cylinders in resident rooms have been relocated to a secure storage closet, effective October 29th 2025 that complies with NFPA 99, Section 9.4.2.

- Cylinders are now stored in a noncombustible, enclosed storage closet, secured against unauthorized access.
- All cylinders are now on approved stands or carts, with proper separation from combustibles.

2. Audit of Other Areas:

- Maintenance and Nursing staff completed a full inspection of all other areas of the facility to verify proper storage of all compressed gas cylinders.
- No additional deficiencies were identified.

3. Systemic Prevention (Ongoing Practice):

- The facility clarified expectations with Nursing and Maintenance regarding immediate placement of oxygen cylinders into the approved storage closet upon delivery or when removed from resident use.
- Approved stands and carts were added to the designated oxygen storage closet to ensure all cylinders remain secured upright and separated from combustibles.

4. Ongoing Monitoring:

Maintenance and/or Nursing staff will visually inspect the oxygen storage closet and surrounding areas during normal daily rounds to ensure cylinders remain in the approved location.

Administrator:



Date: 12/01/2025