

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535053	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Platte County Legacy Home			STREET ADDRESS, CITY, STATE, ZIP CODE 100 19th St , Wheatland, Wyoming, 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
F0000	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted by Healthcare Licensing and Surveys from 2/17/26 through 2/20/26. Also reviewed in the course of the survey were complaint intakes 2743020, 1900101, 1900095, 1900089, and 1900093.</p> <p>The following common abbreviations are used throughout this document:</p> <p>CNA: Certified Nursing Assistant</p> <p>MDS: Minimum Data Set</p> <p>DON: Director of Nursing</p> <p>RN: Registered Nurse</p> <p>LPN: Licensed Practical Nurse</p> <p>Less commonly used abbreviations will be annotated in each deficiency.</p>	F0000		03/12/2026
F0605 SS = D	<p>Right to be Free from Chemical Restraints</p> <p>CFR(s): 483.10(e)(1),483.12(a)(2),483.45(c)(3)(d)(e)</p> <p>§483.10(e) Respect and Dignity.</p> <p>The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(1) The right to be free from any . . . chemical restraints</p> <p>imposed for purposes of discipline or convenience, and not required to treat the</p> <p>resident's medical symptoms, consistent with §483.12(a)(2).</p>	F0605	<p>F605 – Right to be Free from Chemical Restraints (SS=D)</p> <p>Residents/Staff Affected: Residents receiving psychotropic medications (#2 and #10). Resident #10 discharged from facility 02/23/2026. Resident #2 target behavior monitoring has been added to PointClickCare 03/12/2026.</p> <p>Other Residents Potentially Affected: All residents receiving psychotropic medications.</p> <p>Correction:</p> <p>Ensure target symptoms and monitoring are documented for all residents receiving psychotropic medications.</p> <p>Provide education to licensed nursing staff on documentation requirements.</p>	04/01/2026

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0605 SS = D	<p>Continued from page 1 §483.12</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must- . . .</p> <p>§483.12(a)(2) Ensure that the resident is free from . . . chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms.</p> <p>. . . .</p> <p>§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:</p> <p>(i) Anti-psychotic;</p> <p>(ii) Anti-depressant;</p> <p>(iii) Anti-anxiety; and</p> <p>(iv) Hypnotic.</p> <p>§483.45(d) Unnecessary drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>(1) In excessive dose (including duplicate drug therapy); or</p> <p>(2) For excessive duration; or</p> <p>(3) Without adequate monitoring; or</p> <p>(4) Without adequate indications for its use; or</p>	F0605	<p>Continued from page 1</p> <p>Completion Date: 04/01/2026</p> <p>Monitoring:</p> <p>The Director of Nursing/designee will audit five residents monthly for a minimum of three months. Results will be reported to QAPI.</p>	

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F0605 SS = D	<p>Continued from page 2</p> <p>(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>§483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that--</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on medical record review, staff interview, and policy review, the facility failed to ensure adequate monitoring of psychotropic medications for 2 of 5 sample residents (#2, #10) reviewed for unnecessary medications. The findings were:</p>	F0605		

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F0605 SS = D	<p>Continued from page 3</p> <p>1. Review of the quarterly MDS assessment dated 2/2/26 showed resident #10 had short-term and long-term memory impairment and diagnoses which included non-Alzheimer's dementia. The MDS assessment showed the resident had physical and verbal behaviors directed towards others and other behavioral symptoms not directed towards other on 1 to 3 days during the look-back period. Further review showed resident received antipsychotic and antidepressant medications. Review of the current physician orders showed the resident was receiving lorazepam (antianxiety) 0.5 milligrams (mg) by mouth for pain and agitation daily. The following concerns were identified:</p> <p>a. Review of the medical record showed no evidence the facility had identified resident specific or medication specific target symptoms.</p> <p>2. Review of the quarterly MDS assessment dated 11/11/25 showed resident #2 had a brief interview for mental status score of 4 out 15, which indicated severe cognitive impairment, and had diagnoses which included non-Alzheimer's dementia, Parkinson's disease, anxiety, and depression. Further review showed no behavioral symptoms were present and the resident received antipsychotic and antidepressant medications. Review of the physician orders showed the resident received fluoxetine (antidepressant) 20 mg by mouth daily for depression, olanzapine (antipsychotic) 2.5 mg by mouth in the morning for anxiety, and olanzapine 5 mg by mouth in the evening for dementia without behavioral disturbance. The following concerns were identified:</p> <p>a. Review of the medical record showed no evidence the facility had identified resident specific or medication specific target symptoms.</p> <p>3. Interview with the DON on 2/20/26 at 9:36 AM revealed residents who received psychotropic medications should have identified target symptoms identified and staff should monitor the resident for the target symptoms. Interview with the DON on 2/20/26 at 10:31 AM confirmed there were no target symptoms identified for resident #2 and resident #10.</p> <p>4. Review of the policy titled "Assessment of Behavioral/Psychological Symptoms of Dementia" provided by the facility on 2/20/26 showed "...APA recommends that patients with dementia have a documented comprehensive treatment plan that includes appropriate person-centered nonpharmacological and pharmacological</p>	F0605		

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F0605 SS = D	Continued from page 4 interventions, as indicated..."	F0605		
F0628 SS = D	<p>Discharge Process</p> <p>CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2)(i)-(iii)</p> <p>§483.15(c)(2) Documentation.</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(iii) Information provided to the receiving provider must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>§483.15(c)(3) Notice before transfer.</p> <p>Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with</p>	F0628	<p>F628 – Discharge Process (SS=D)</p> <p>Residents/Staff Affected: Residents being discharged or transferred (#46). Resident #46 discharged 12/10/2025.</p> <p>Other Residents Potentially Affected: Any potential residents transferred without proper bed hold documentation.</p> <p>Correction:</p> <p>Nursing Home Transfer and Discharge Notice updated to include certified mailing timeline and incorporate the bed-hold policy.</p> <p>Hall Discharge Binder implemented with required discharge documents and POLST.</p> <p>Nursing and administrative staff trained on proper use of the checklist.</p> <p>Completion Date: 04/01/2026</p> <p>Monitoring:</p> <p>Social Services Director/designee will review all hospital transfers monthly for minimum of 3 months. Results will be reported to QAPI.</p>	04/01/2026

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F0628 SS = D	<p>Continued from page 5 paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and</p>	F0628		

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F0628 SS = D	<p>Continued from page 6 submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice.</p> <p>If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure</p> <p>In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p>	F0628		

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F0628 SS = D	<p>Continued from page 7</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.</p> <p>§483.21(c)(2) Discharge Summary</p> <p>When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <p>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.</p> <p>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on medical record review and staff interview, the facility failed to ensure a bed-hold policy was provided in writing at the time of transfer for 1 of 3 sample residents reviewed (#46) for transfer and discharge. The findings were:</p> <p>1. Review of a progress note dated 12/10/25 and timed</p>	F0628		

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F0628 SS = D	Continued from page 8 11:03 PM showed resident #46 had "small amounts of emesis at beginning of shift" and the facility received an order to transport the resident to the emergency department for evaluation and treatment. Review of a progress note dated 12/11/25 and timed 2 AM showed the resident was admitted to the hospital related to a small bowel obstruction, gastrointestinal bleed, sepsis, and supraventricular tachycardia. Review of a "Nursing Home Transfer and Discharge Notice" dated 12/10/25 showed the resident was provided the transfer notice related to "an immediate transfer or discharge required by the residents' urgent medical needs, which cannot be met in the facility." Further review showed the bed-hold policy was marked as attached to the notice; however, no bed-hold policy was attached. Review of the medical record showed no evidence the resident or resident representative was provided a written bed-hold policy at the time of transfer. 2. Interview with the administrator on 2/20/26 at 10:44 AM verified the facility had no evidence the resident received a written bed-hold policy at the time of transfer.	F0628		
F0644 SS = D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1) Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is NOT MET as evidenced by: Based on medical record review and staff interview, the facility failed to ensure preadmission screening was	F0644	F644 – Coordination of PASARR and Assessments (SS=D) Residents/Staff Affected: Residents with qualifying diagnoses for PASARR (#3). Resident #3 Significant change PASSR 1 submitted 02/24/2026, category 1. Resident #3 psychosocial completed 03/06/2026. Resident #3 level 2 PASSR screening tentatively scheduled 03/24/2026. Other Residents Potentially Affected: All residents with mental illness, intellectual disability, or related conditions. Correction: MDS Coordinator/Social Services Director/designee will monitor residents with qualifying diagnoses. MDS Coordinator/Social Services Director/designee will maintain the medical director's clinical list to track changes in diagnoses. Completion Date: 04/01/2026 Monitoring:	04/01/2026

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F0644 SS = D	Continued from page 9 performed and was accurate for 1 of 5 sample residents (#3) with qualifying diagnoses. The findings were: 1. Review of the quarterly MDS assessment dated 1/19/26 showed resident #3 had diagnoses which included post-traumatic stress disorder. The following concerns were identified: a. Review of a PASRR Level I completed on 7/30/23 showed no primary psychiatric diagnosis listed and the decision indicated a PASRR level II was not indicated due to no evidence of mental illness or intellectual disability. b. Interview with the social services director on 2/20/26 at 9:24 AM revealed the resident's diagnosis of post-traumatic stress disorder was identified after admission and a significant change was not completed. He confirmed a new PASRR should have been completed after the diagnosis was received.	F0644	Continued from page 9 Social Services Director/designee will audit significant changes every 60 days for minimum of six months. PASARR necessity will be reassessed with new admission, significant change or new diagnoses meeting PASARR qualifications. Results will be reported to QAPI.	
F0689 SS = G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on medical record review, resident representative and staff interview, and facility incident review, the facility failed to ensure adequate supervision was provided to prevent resident injuries for 1 of 4 sample residents (#10) reviewed for accident hazards. The failure resulted in actual harm to resident #10. The findings were: 1. Review of the quarterly MDS assessment dated 2/2/26 showed resident #10 had short-term and long-term memory impairment and diagnoses which included non-Alzheimer's dementia. The MDS assessment showed the resident had physical and verbal behaviors directed towards others, other behavioral symptoms not directed towards others, and wandering on 1 to 3 days during the look-back	F0689	F689 – Free of Accident Hazards/Supervision/Devices (SS=G) Residents/Staff Affected: Resident #10. Resident #10 discharged from facility 02/23/2026. Other Residents Potentially Affected: All residents who may be at risk for falls or other accident hazards. Correction: Implement the "Stop and Watch" function in PointClickCare to enhance communication between nursing staff and management for staffing adjustments, supervision needs, and other pertinent information. Educate staff on proper use of the Stop and Watch tool. Implement standard operating procedure regarding Stop and Watch usage. Review Stop and Watch submissions during IDT Standup meetings, multiple times weekly. This will allow management to receive relevant information from staff multiple times per week, ensuring timely awareness of resident needs, trends, or risks and enabling proactive interventions to prevent accidents and monitor supervision needs. Completion Date: 04/01/2026	04/01/2026

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F0689 SS = G	<p>Continued from page 10 period. The following concerns were identified:</p> <p>a. Interview with the resident's representative on 2/18/26 at 10:55 AM revealed the resident had an accident recently where s/he fell down and hit his/her head on a planter. The representative revealed the incident was being looked into and he felt the facility could have used some cameras in the area where the resident fell because there were 2 other residents in the room who had Alzheimer's dementia and it was unclear how the fall occurred.</p> <p>b. Review of a facility incident report dated 2/11/26 and timed 6:08 PM showed staff had completed shift briefing when the nurse heard a "crashing sound" and rushed to the family room where she observed resident #10 lying on the floor near a plant. Further review of the incident report showed LPN #1 and CNA #1 were assigned to the unit and responded to the incident.</p> <p>c. Review of a progress note dated 2/18/26 and timed 5:54 PM showed "Resident arrived at the facility approximately 1300 [1 PM] with [his/her] son [name] and two EMT's. Resident is DNR [do not resuscitate], bed-bound, and under comfort care. Resident has HTN [hypertension], memory loss, osteoporosis. Resident was re-admitted from the hospital in Colorado due to a fall that occurred last week on 02/11/2026 1830 [6:30 PM]. Resident developed a facial fracture (left eye) and had some bruising on [his/her] left hip. Resident is able to move all [his/her] extremities and can turn [him/herself] back and forth. Resident had fentanyl 12 mcg [microgram] patch on [his/her] left neck/ear placed at 0800 [8 AM] from the hospital and needed to be replace every 3 days (72 hours). A foley catheter was present when [s/he] arrived at the facility. Resident will be on thickened liquids (nectar thick). Resident's medication can be crushed or diluted..."</p> <p>d. Interview with CNA #1 on 2/20/26 at 8:49 AM revealed she did not see resident #10 fall as staff were assisting resident's out of the dining room. The CNA revealed she had answered a call light and when she returned, she heard resident #10 yelling "oh god, oh god." The CNA revealed prior to the incident resident #10 was walking around.</p> <p>e. Interview with LPN #1 on 2/20/26 at 8:53 AM revealed on the day of the incident, residents had just finished dinner and the CNAs were assisting residents out of dining room. The LPN revealed she heard a loud noise and ran to the family room, where resident #10 was found on the floor. She revealed resident #10 could not say what happened and later indicated the injuries</p>	F0689	<p>Continued from page 10</p> <p>Monitoring:</p> <p>Director of Nursing/designee will audit monthly for minimum of three months. Results will be reported to QAPI.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535053	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Platte County Legacy Home			STREET ADDRESS, CITY, STATE, ZIP CODE 100 19th St , Wheatland, Wyoming, 82201	
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F0689 SS = G	Continued from page 11 occurred during a motor vehicle accident. f. Interview with the social services director on 2/20/26 at 9:27 AM confirmed there were no staff present who observed the incident and revealed there was no actual witnesses to the incident other than the residents, who had cognitive impairment.	F0689		
F0761 SS = E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, review of manufacturer's instructions, and policy and procedure review, the facility failed to label medications with the date medications were opened and/or expired in 1 of 2 medication storage areas (south medication room). The census was 42. The findings were: 1.Observation of the south medication storage room on 2/19/26 at 8:45 AM showed the general stock for PPD Tubersol vial had been opened, partially used, and no use by date had been written on vial. Further observation showed the general over the counter stock	F0761	F761 – Label/Store Drugs and Biologicals (SS=E) Residents/Staff Affected: All residents receiving medications. The unlabeled tuberculin and expired suppository medications were removed and destroyed at time of survey. Other Residents Potentially Affected: All residents receiving medications. Correction: Ensure all medications are properly labeled, dated, and expired medications are promptly removed. Provide staff education on medication storage and labeling procedures. Implement monthly medication audit sign-off checklist to verify compliance and accuracy. Completion Date: 04/01/2026 Monitoring: Director of Nursing/designee will conduct monthly audits of all medication storage for a minimum of 3 months. Results will be reported to QAPI.	04/01/2026

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F0761 SS = E	Continued from page 12 supply of acetaminophen suppositories had expired on 1/2026, and were still available for use. 2. Interview with RN #1 on 2/19/26 at 8:45 am confirmed the Tubersol vial was in use and should have been labeled with a use by date. Further interview confirmed the acetaminophen suppositories were expired and available for use by residents and revealed they should have been discarded. 3. Review of facility policy titled "Storage of Medication" dated April 2007 showed "...4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals...". 4. Review of manufacture's package insert, page 10, for Tubersol date last revised 3/18/22 showed "A vial of TUBERSOL which has been entered and in use for 30 days should be discarded."	F0761		