

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535053	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 02/24/2026
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
K0000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 02/24/2026. Requirements for Long Term Care Facilities Section 42 CFR 483.90, 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 National Fire Protection Association. 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 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 44 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K0000		03/12/2026
K0345 SS = F	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 STANDARD is NOT MET as evidenced by: Based on observation, documentation review, and staff interview, the facility failed to test and maintain fire alarm systems in accordance with the 2012 NFPA 101, Life Safety Code, and the 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to test and maintain fire alarm systems as required could result in injury or death in the event of an emergency. The deficiency affected the fire alarm system, and could affect all residents, staff, and visitors utilizing the	K0345	K0345 – Fire Alarm System Testing and Maintenance (SS=F) Affected Systems/Staff/Residents: All fire alarm systems in the facility. All residents, staff, and visitors could be affected. Potential Impact: Any resident, staff, or visitor could be at risk if fire alarms fail. Correction: Contractor has been scheduled to correct the water-flow alarm activation time exceeding 90 seconds to ensure compliance with NFPA standards. Additionally, the facility has implemented a schedule to ensure water-flow alarm devices are tested semi-annually (February and August) in accordance with NFPA requirements. Semi-annual testing has been scheduled for calendar year 2026 to maintain ongoing compliance. Completion Date: 04/01/2026	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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K0345 SS = F	Continued from page 1 facility. The findings were: Document review on 02/24/2026 started at 12:00 PM revealed that the facility failed to provide documentation of testing and maintenance for the fire alarm system. Review of documentation revealed that testing of water flow alarm devises was being preformed annually in lieu of the required semi-annual testing. Additionally, it was noted that the activation time for the water-flow alarm serving the attic (unit #1) was measured with an activation time of 94 seconds. The maximum permissible time for activation is 90 seconds. REF: NFPA 72, Tables 14.4.2.2(14)(j), 14.4.5(15)(l), and Section 17.12.2.	K0345	Continued from page 1 Monitoring: The Maintenance Manager/designee will verify completion of required fire alarm system testing and maintenance and maintain documentation of all inspections and testing to ensure continued compliance.	
K0353 SS = F Bldg. 01	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing 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 observation, document review, and staff interview, the facility failed to maintain and provide documentation of required maintenance for the water-based fire protection systems in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to test and maintain water-based fire	K0353	K0353 – Sprinkler System Maintenance (SS=F) Affected Systems/Staff/Residents: Sprinkler system throughout facility. All residents, staff, and visitors could be affected. Potential Impact: Inadequate sprinkler system maintenance could prevent fire suppression in an emergency. All residents, staff, and visitors could be affected. Correction: The damaged sprinkler head identified during the survey was replaced on 03/05/2026, by contractor, restoring the system to proper operation. The facility has reviewed its inspection and maintenance documentation to ensure all required testing and maintenance activities are properly documented and maintained. Contractor will perform sprinkler system testing semi-annually (February and August) for calendar year 2026 to ensure compliance with applicable NFPA 25 requirements. Additionally, the facility will verify that water-flow activation times remain within required parameters. Completion Date: 04/01/2026 Monitoring: The Maintenance Manager/designee will oversee sprinkler system inspections, testing, and documentation to ensure ongoing compliance with applicable fire protection standards. The facility will	04/01/2026

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K0353 SS = F Bldg. 01	<p>Continued from page 2 protection systems could result in injury or death in the event of a fire. The deficiency affected the fire sprinkler system. The deficiency could affect all residents, staff, and visitors using the facility. The findings were:</p> <p>Observation on 02/24/2026 at 10:40 AM at the outside exit for hall 100, adjacent to room 217, revealed that the dry barrel sidewall sprinkler head had been removed and replaced with a plug. Interview with the facility maintenance manager, as well as review of documentation, revealed that the facility had recently completed its annual inspection, and that the head was found to be damaged. A replacement head had been ordered. Per 2011 NFPA 25, Section 5.4.1.4.2.1, a spare dry barrel head is not required to be kept on premises, but a means must be provided to return the system to service.</p> <p>Document review on 02/24/2026 starting at 12:00 PM revealed the facility failed to provide documentation of testing and maintenance for fire protection systems in accordance with 2011 NFPA 25. The facility failed to provide complete documentation for testing of the following:</p> <p>a) Semi-annual Supervisory signal devices – 13.3.3.5, Further findings found that testing was only done annually.</p> <p>b) Quarterly – Low air Alarm 13.4.4.2.6 - Low air alarm was tested for the annual in August of 2025, and the semi-annual in February of 2025. Testing was missing for October and May of 2025.</p> <p>Interview with the facility maintenance manager at the time of the observation acknowledged the deficiencies.</p> <p>Interview with the facility maintenance manager and the facility administrator at the time of exit confirmed the deficiency.</p> <p>REF: 2012 NFPA 101, Section 9.7.5</p> <p>2011 NFPA 25, Sections 5.3.3.2, 13.3.3.5, 13.4.4.2.6, 5.4.1.4.2.1; Tables 5.1.1.2</p> <p>2010 NFPA 13, Section 25.4.12.4</p>	K0353	Continued from page 2 utilize the TELS maintenance system to track required maintenance activities, and documentation will be maintained and available for review.	

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E0000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Licensing and Surveys on 02/24/2026. Based upon the findings of the survey, it was determined the facility was in compliance with all requirements of 42 CFR 483.73.	E0000		03/12/2026

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