STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535053	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Platte County Legacy Home	100 19th St Wheatland, WY 82201

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37603 Based on medical record review, resident and staff interview, and policy and procedure review, the facility failed to ensure residents received services to maintain good personal hygiene for 2 of 3 residents (#11, #24) reviewed for bathing. The findings were: 1. Review of the quarterly MDS assessment dated [DATE] showed resident #11 had a BIMS score of 3 out of 15 (severely cognitive impaired). Review of section GG showed the resident had a range of motion (ROM) impairment of 1 side both upper and lower extremities. Review of the functional abilities showed s/he was dependent for oral hygiene, toileting, showers, upper body dress, lower body dress, personal hygiene, and putting on footwear. Review of the care plan last revised 6/5/24 showed .for transfers mechanical lift (sit to stand) as needed with (2) staff assistance for toileting. Specifically, when transferring for baths or showers, please use full-lift as of 11/24/23 due to decreased ability to support own weight in sit-to-stand . Further review showed the resident required extensive assistance with a hoyer lift for toileting, moderate assistance with a sit-to-stand lift for transfers, and limited to extensive assistance with personal hygiene/oral care. Further review showed the resident required extensive to total assistance, from 2 staff, with bathing/showering twice per week. The following concerns were identified: a. Review of the CNA task showed ADL - Bathing Scheduled Thursday and Sunday; however, the resident went 10 days between 5/12/24 and 5/23/24, 17 days between 6/2/24 and 6/19/24, 8 days between 6/28/24 and 7/7/24, and 9 days between 7/10/24 and 7/20/24 without bathing. Further review showed the missed dates were documented as Not Applicable. b. Interview with the resident on 7/24/24 at 10:16 AM revealed s/he did not receive bathing like s/he would like. 3. Review of the admission MDS assessment dated [DATE] showed resident #24 had a BIMS score of 15 out of 15 (cognitively intact). Review of section GG showed the resident had no ROM impairment. Review of the functional abilities and goals showed the resident was dependent for toileting, showers, upper body dress, lower body dress, and putting on footwear. Review of the care plan initiated on 4/18/24 showed the resident had an ADL self-care performance deficit related to disease process multiple Sclerosis. Further review showed the resident was totally dependent on 2 staff for bathing. The following concerns were identified: (continued on next page)

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.

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

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a. Review of the CNA task showed ADL - Bathing Wednesday and Saturday; however, the resident went 5 days between 6/29/24 and 7/5/24, 5 days between 7/5/24 and 7/11/24, and 5 days between 7/11/24 and 7/17/24 without bathing. Further review showed the missed dates were documented as Not Applicable b. Interview with the resident on 7/22/24 at 4:03 PM revealed sometimes I don't get my showers that I'm suppose to get. Sometimes it's once a week. 3. Interview with CNA #1 on 7/23/24 at 3:13 PM revealed we normally have a CNA on duty for bathing. But there are days when there is not. The floor CNA's don't have time to give them. So, the resident will go without. 4 Interview with the administrator on 7/23/24 at 4:14 PM revealed staff should review resident care plans, and bath the residents based on their preferences. 5. Review of the policy Bath, Shower/Tub showed .Documentation .5. If the resident refused the shower/tub bath, the reason (s).

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37603 Based on medical record review, and resident and staff interview, the facility failed to ensure residents received services to increase range of motion for 1 of 2 residents (#11) reviewed for restorative services. The findings were: 1. Review of the quarterly MDS assessment dated [DATE] showed resident #11 had a BIMS score of 3 out of 15 (severely cognitive impaired). Review of the resident's range of motion (ROM) showed impairment of 1 side both upper and lower extremities. Review of the functional abilities showed s/he was dependent for oral hygiene, toileting, showers, upper body dress, lower body dress, personal hygiene, and putting on footwear. Further review showed the resident had diagnoses which included stroke, hemiplegia, affecting right dominant side, seizure, and cerebrovascular accident (CVA) and the resident's therapy ended on 3/25/22. Review of the care plan last initiated on 3/1/23 showed [resident name] has limited physical mobility related to CVA. NURSING REHAB/RESTORATIVE: PASSIVE ROM Program #1 Stretches of contracted extremities. and [Resident name] has hemiparesis to right side of body [related to] history of CVA in 1991. [S/he] has completed [his/her] therapy and is now transitioned to RNA [restorative nursing assistant] program. The following concerns were identified: a. Review of the physician orders failed to show orders for restorative care or splint placement. b. Interview with the resident on 7/24/24 at 11:55 AM stated s/he does wear a splint on his/her hand. Observation at that time showed the resident was not wearing a splint on his/her right hand for the contractures. 2. Interview with the restorative aide #1 revealed the resident was not receiving restorative care because s/he keeps refusing it. The aide further stated the staff was not documenting the refusals. 3. Interview with the administrator on 7/24/24 at 11:27 AM revealed staff were to follow the physician orders and the care plan. She confirmed if the staff were not documenting the splint and restorative refusal then it was not being done. Further she stated the restorative CNA recommended to discontinue restorative and the splint; however, the care plan revision was not made.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37603 Based on observation, staff interview, policy and procedure review, and manufacturer's recommendation review, the facility failed to ensure medication was labeled with an open date for 1 of 2 medication carts (300 - 400 medication cart). The findings were: 1. Observation on [DATE] at 3:24 PM of the 300 - 400 medication cart with RN #1 showed one Novolog flex pen 100 unit/milliliter with no date, and one Lantus Solostar 100 unit/milliliter with no date. Interview at that time with RN #1 revealed the medication was for resident use, and confirmed the insulins were not dated. She stated they were considered expired. 2. Interview with the administrator on [DATE] at 4:13 PM revealed insulin should have a date on it when it is taken out of the refrigerator. Further interview revealed if the insulin was not dated, staff should dispose of it. 3. Review of the policy and procedure Insulin Administration showed .Steps in the Procedure (Insulin Injections via Syringe) .4. Check expiration date, if drawing from an opened multi-dose vial. If opening a new vial, record expiration date and time on the vial (follow manufacturer recommendations for expiration after opening). 4. Review of www.mynovoinsulin.com accessed on [DATE] showed the NovoLog pen was to be disposed of after 28 days even if there was insulin left in the pen or vial. 5. Review of www.lantus.com accessed on [DATE] showed the insulin expired in room temperature in 28 days.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 37603 Based on Payroll Base Journal (PBJ) review and staff interview, the facility failed to ensure the quarterly PBJ data was submitted timely for 1 of 4 quarters (4th quarter of 2023). The findings were: 1. Review of the four quarters showed the facility failed to submit the July 1, 2023 through September 30, 2023 (4th quarter of 2023) data. 2. Interview with the business office manager on 7/24/24 at 5:08 PM revealed she began submitting the PBJ in January and the facility had another staff member entering the data to PBJ prior to that. Further interview confirmed the 4th quarter of 2023 did not have data submitted. 50485

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 37603 Based on observation, staff interview, and policy review, the facility failed to ensure hand hygiene was done during wound care for 1 of 2 sample residents (#35) who received wound care. The findings were: 1. Observation of wound care on 7/23/24 at 9:28 AM for resident #35 showed LPN #2 changed the dressing on the right upper shoulder without concern. The LPN then doffed her gloves after dating the dressing, and donned gloves and dressed the left lower arm with out hand hygiene in between. 2. Interview with LPN #2 on 7/23/24 at 9:46 AM revealed this was how she always done the dressing changed. She stated she thought she did hand hygiene between doffing and donning. 3. Interview with administrator on 7/23/24 at 3:07 PM revealed staff were expected to perform hand hygiene before donning and when doffing their gloves. 4. Review of policy and procedure Handwashing/Hand Hygiene showed .Applying and Removing Gloves. 1. Perform hand hygiene before applying non-sterile gloves. 3. When removing gloves, [talks about how to removed the gloves included in to 4.] . 5. Perform hand hygiene.