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Healthcare Licensing and Surveys

PRINTED: 10/30/2025
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF031	A. BUILDING: _____ B. WING _____	10/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY LEGACY HOME ASSISTED L	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
S 000	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 08/24/2020. Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001. A complaint survey by Healthcare Licensing and Surveys was conducted on 10/20/25 prompted by complaint LIC-25-071. The following common abbreviations are used throughout this document: ALF: Assisted Living Facility BIMS: Brief Interview for Mental Status NHA: Nursing Home Administrator Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5024	Ch 12 Sec 7 (i) Assisted Living Facility (ALF) Core Services (i) Adult Protection. (i) The facility must assure that all residents are protected from abuse. This includes the resident's right to be free from verbal, physical, mental, or sexual abuse in accordance with the definition of abuse as stated in Section 4(a) of these rules. (ii) The facility must adhere to written policies and procedures that prohibit the abuse of any resident. These policies and procedures must identify how the facility will screen employees before hiring, ongoing in-servicing of	S5024		

I spoke with the administrator Logen Lahman and let him know I accepted the POC with an alleged date of compliance of 12/12/25.
11/10/25 11:15AM Marabeth Kopp

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S5024	Continued From page 1 abuse topics with employees, and a protocol that specifies how allegations of abuse will be investigated Each staff member must be accountable to report any suspicion or knowledge of abuse to the appropriate facility personnel immediately. (iii) The facility is responsible to ensure all allegations of abuse are investigated expediently and that the resident(s) are protected from further, potential abuse while the investigation is in progress. (A) Instances of abuse, neglect, or exploitation of disabled adults shall be reported to the sheriff's department, the local police department, or to the department of family services in accordance with W.S. 35-20-103. (B) The facility must ensure that, if necessary, additional authorities are contacted if there is an allegation of abuse, neglect, or exploitation. These additional authorities may include the Wyoming State Board of Nursing, Office of Healthcare Licensing and Survey, and the State Long Term Care Ombudsman. This State Rule and Regulation is not met as evidenced by: Based on resident and staff interview, medical record review, facility incident review, and facility policy and procedure review, the facility failed to ensure residents were protected from abuse for 1 of 3 sample residents (#1). The findings were: 1. Review of the medical record for resident #1 showed s/he was admitted to the ALF on 1/11/24 and had diagnoses including type 2 diabetes melllitus, and essential hypertension. Further review showed resident #1 had a BIMS score of	S5024		

11/10/25

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S5024	Continued From page 2	S5024		

15/15 which indicated s/he was cognitively intact. Review of the medical record for resident #2 showed s/he was admitted to the ALF on 1/31/25 and had a diagnoses of essential hypertension. Further review showed resident #2 had a BIMS score of 14/15 which indicated s/he was cognitively intact. The following concerns were identified:

a. Review of the facility incident report showed resident #1 and resident #2 had been on a facility outing on 8/18/25 when they had an argument and resident #1 accused resident #2 of yelling at another resident in the dining room and of breaking into his/her room. Resident #2 stated "why are you always mean to me?" At this time, resident #1 accused resident #2 of breaking into his/her room again, resident #2 stated s/he had not been in the room, and resident #1 stated s/he was lying. At this time, resident #2 struck resident #1 in the lip. The residents were immediately separated, and the police were called. The facility investigation did not substantiate resident #1's allegation of resident #2 breaking into his/her room. The facility implemented monitoring to ensure resident safety and prevent recurrence. Further review showed while resident #1 was in the office with the nurse, swelling and bruising was seen on the right side of his/her upper lip, and were documented with the wound camera.

b. Interview with resident #1 on 10/20/25 at 11:40 AM revealed s/he and resident #2 were the only residents on a facility outing when s/he got into an argument with resident #2. S/he reported s/he asked resident #2 to be nice to resident #3, and not to enter his/her room anymore, and resident #2 called him/her a liar and then "backhanded me on the right side of my face." S/he reported s/he was upset and did not feel safe or comfortable after the incident, and had installed a camera in his/her room. S/he reported

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the staff was trying to work on the issues the residents had with each other, and resident #2 apologized during a meeting held with family and staff present.

c. Interview with the activity director on 10/20/25 at 11:55 AM revealed she had been on the outing with resident #1 and resident #2, and when they returned to the facility, she had gone into the building to get the grocery cart. When she returned, resident #1 told her "S/he just hit me and it's your fault, you baby her!" She reported resident #1 was shocked and angry. Further interview revealed resident #2 stated "I did hit [him/her] because s/he keeps lying about me!" She reported the police were called, and resident #2 was crying. She reported she did not see any bruising on resident #1 immediately after the incident.

d. Interview with the van driver on 10/20/25 at 12:40 PM revealed while he was getting a walker from the back of the van, he heard the residents arguing about resident #2 going into resident #1's room and moving stuff around, as he stepped back up onto the van, he saw resident #2 backhand resident #1, and he shouted at them to stop. He reported he got them off the bus and reported the incident to the NHA. Further interview revealed resident #1 was "stunned" and he did not see a bruise at that time.

e. Interview with resident #2 on 10/20/25 at 12:52 PM revealed s/he did not have any problems with any residents and s/he got along with everyone in the facility. S/he then stated "what are you even doing in my room, I don't want to talk to you anymore."

f. Interview with ALF nurse supervisor on 10/20/25 at 1:25 PM revealed resident #1 and resident #2 had each been given the option to change rooms after the incident, and both declined a room change. She reported the

MK 11/10/25

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S5024	Continued From page 4 residents were monitored following the incident, and there were staff present at all times the resident's were in the same room together for a week and a half following the incident. Further interview revealed meetings were held with both residents and their families, and they had brainstormed ideas to help the residents get along with each other. Resident #1 declined to file charges with the police. She reported resident #2 had a decline in cognition, and his/her family had taken him/her to the doctor recently to discuss a possible dementia diagnoses and medications that could be beneficial to the resident. 2. Review of the facility abuse policy titled "Abuse Prevention" showed "...2. Residents must not be subjected to abuse by anyone, including but not limited to, facility staff, other residents, consultants or volunteer staff of other agencies serving the residents, family members or legal guardians, friends or any other individuals..."	S5024		

MK
14/10/25

Plan of Correction

Platte County Legacy Home

License#15231

Survey Date: October 20th, 2025

Tag # S5024

Date of Compliance: December 12th, 2025

1. Corrective Action: Immediate separate of residents involved. Resident 1 brought to Administrator. DON assessed for and documented injuries. Physician notified. Resident notified family herself/himself. Resident 2 interviewed to find cause of aggressive behavior. Family notified. Police called and report filed. Communication to all relevant staff about incident and provided monitoring if residents were in the same space together.
2. Identification of Other Residents: All residents have the potential to be affected by abuse. All residents were interviewed to ensure they felt safe in their environment. No further incidents were discovered.
3. Systemic Changes: Both residents had separate meetings with Administrator, DON, SSM, and their families. Both were offered and declined room changes as they are hallway neighbors. Resident 1 was informed of her/his right to have a camera in their room to increase her/his feelings of safety. Resident 2 was encouraged to have physician evaluation due to decline in cognition. All assisted living staff and associated personal files were reviewed to ensure abuse training has occurred within the last 12 months. Any late training will be completed by the date of compliance December 12th, 2025. Brochure entitled "The National Consumer Voice for Quality Long-Term Care" has been added to the admission packet and all residents were provided a copy. Resident rights will be reviewed at town hall meeting occurring November 11th, 2025. Behavioral management and supervision management updated in care plan.
4. Monitoring: Weekly IDT meetings will be held to review residents at risk of behavioral needs and any incident reports made. New interventions will be initiated as needed.

Administrator: [signature] Date: 11/07/2025

ME
11/10/25