

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535021	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2026
NAME OF PROVIDER OR SUPPLIER Wyoming Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 890 US Hwy 20 South Basin, WY 82410	
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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. Based on observation, staff interviews, medical record review, and review of facility policy, the facility failed to ensure entrapment risk was assessed, review the risks and benefits of bed rails with the resident or representative, or obtain informed consent prior to installation for 4 of 4 sample residents (#1, #6, #9, #25) reviewed for use of bed rails. The census was 49. The findings were: 1. Observation on 6/29/26 at 11:05 AM showed resident #1 had bilateral bed enablers (bed rails) installed and attached to the bed frame. Further observation with the maintenance director on 7/1/26 at 8:45 AM showed the measurements revealed a 1-inch gap between the mattress and the enabler, a 4-inch wide by 6-inch tall gap within the rail structure, and a 5-inch by 4-inch space from the mattress to the top of the enabler. The following concerns were identified: a. Review of the medical record showed no evidence of a clinical assessment which determined the resident's risk for entrapment had been completed. Further review showed no evidence documentation of informed consent or the benefits and hazards of bed rails were reviewed with the resident or resident representative. 2. Observation on 6/29/26 at 11:06 AM showed resident #25 had bilateral bed enablers installed and attached to the bed frame. Further observation with the maintenance director on 7/1/26 at 8:44 AM showed the measurements revealed a 2-inch gap between the mattress and the enabler, a top opening measuring 4.5 inches by 8 inches, and a bottom opening measuring 4.5 inches by 8 inches. The following concerns were identified: a. Review of the medical record showed no evidence of a clinical assessment which determined the resident's risk for entrapment had been completed. Further review showed no evidence documentation of informed consent or the benefits and hazards of bed rails were reviewed with the resident or resident representative. 3. Observation on 6/29/26 at 11:28 AM showed resident #9 had bilateral bed enablers attached to the bed frame. Further observation with the maintenance director on 7/1/26 at 8:51 AM revealed the measurements of resident #9's bed rails were 4 1/2 x 6 inches. The following concerns were identified: a. Review of the medical record showed no evidence of a clinical assessment which determined the resident's risk for entrapment had been completed. Further review showed no evidence documentation of informed consent or the benefits and hazards of bed rails were reviewed with the resident or resident representative. 4. Observation on 6/29/26 at 12:44 PM showed resident #6 had bilateral bed enablers built into the bed frame of his/her bed. Further observation with the maintenance director on 7/1/26 at 9:15 AM revealed the measurements of resident #6's bed rails were 4 inches x 8 inches, and there was a 2-inch gap between the bed rail and the mattress. The following concerns were identified: a. Review of the medical record showed no evidence of a clinical assessment which determined the resident's risk for entrapment had been completed. Further review showed no evidence documentation of informed consent or the benefits and hazards of bed rails were reviewed with the resident or resident representative. (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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	representative. 5. Interview with the North unit manager on 6/30/26 at 4:52 PM confirmed the facility did not assess residents for risk of entrapment in bed rails. Further interview revealed the facility did not have signed consents on file for the use of bed rails. 6. Review of the policy titled Bed Safety and Bed Rails and last updated August 2022 showed .6. The resident assessment to determine risk of entrapment includes, but is not limited to: a. medical diagnosis, conditions, symptoms, and/or behavioral symptoms; b. size and weight; c. sleep habits; d. medication(s); e. acute medical or surgical interventions; f. underlying medical conditions; g. existence of delirium; h. ability to toilet self safely; i. cognition; j. communication; k. mobility (in and out of bed); and l. risk of falling .8. Before using bed rails for any reason, the staff shall inform the resident or representative about the benefits and potential hazards associated with bed rails and obtain informed consent.		

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and policy and procedure review, the facility failed to offer and/or provide influenza and pneumococcal vaccinations to 5 of 5 sample residents (#9, #12, #29, #36, #56) reviewed for immunization status. The findings were: 1. Review of the medical record for resident #12 showed the resident admitted to the facility on [DATE] and was marked not eligible for the influenza vaccination, with no date indicated. Further review showed no evidence the resident was offered or received an annual influenza vaccination. 2. Review of the medical record for resident #29 showed the resident admitted to the facility on [DATE], received the PCV-23 (pneumococcal) vaccination on 4/24/2012, refused the PCV-20 (pneumococcal) vaccination on 9/23/23, and was documented refused for the influenza vaccination with no date indicated. Further review showed no evidence the resident was offered or received the PCV-20 vaccination since 9/23/23 and no evidence the resident was offered or received an annual influenza vaccination. 3. Review of the medical record for resident #36 showed the resident admitted to the facility on [DATE] and was documented refused for the PCV-20 vaccination and influenza vaccination with no date indicated. Further review showed no evidence the resident was offered or received the PCV-20 vaccination or an annual influenza vaccination. 4. Review of the medical record for resident #56 showed the resident admitted to the facility on [DATE] and was documented refused for the PCV-20 vaccination and influenza vaccination with no date indicated. Further review showed no evidence the resident was offered or received the PCV-20 vaccination or an annual influenza vaccination. 5. Review of the medical record for resident #9 showed the resident admitted to the facility on [DATE] and last received the influenza vaccination on 10/3/24. Further review showed no evidence the resident was offered or received an annual influenza vaccination since 10/3/24 and no evidence the resident was offered or received the pneumococcal vaccination. 6. Interview with the administrator on 6/29/26 at 4:31 PM revealed the facility did not have evidence residents were offered immunizations annually. 7. Review of the policy titled Vaccines dated 4/29/21 showed .All residents and staff who have no medical contradictions to the flu will be offered the vaccines annually between October 1st and March 31st. Residents will be offered the pneumococcal vaccine and COVID-19 vaccines on admission and as new vaccines are recommended .		

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, Centers for Disease Control and Prevention (CDC) recommendation review, and policy and procedure review, the facility failed to offer and/or provide COVID-19 vaccination to 5 of 5 sample residents (#9, #12, #29, #36, #56) reviewed for immunization status. The findings were: 1. Review of the medical record for resident #12 showed the resident admitted to the facility on [DATE] and the last COVID vaccine dose was administered on 3/31/24. Further review showed no evidence the resident was offered or received the 2025-2026 COVID vaccine. 2. Review of the medical record for resident #29 showed the resident admitted to the facility on [DATE], refused the COVID vaccine, and did not indicate a date when the vaccine was offered and declined. Further review showed no evidence the resident was offered or received the 2025-2026 COVID vaccine. 3. Review of the medical record for resident #36 showed the resident admitted to the facility on [DATE] and the last COVID vaccine dose was administered on 6/30/22. Further review showed no evidence the resident was offered or received the 2025-2026 COVID vaccine. 4. Review of the medical record for resident #56 showed the resident admitted to the facility on [DATE], refused the COVID vaccine, and did not indicate a date when the vaccine was offered and declined. Further review showed no evidence the resident was offered or received the 2025-2026 COVID vaccine. 5. Review of the medical record for resident #9 showed the resident admitted to the facility on [DATE] and the last COVID vaccine dose was administered on 5/5/21. Further review showed no evidence the resident was offered or received the 2025-2026 COVID vaccine. 6. Review of the CDC's 2025-2026 COVID-19 Vaccination Guidance dated 11/4/25 showed the recommendation for unvaccinated individuals was 2 doses of the 2025-2026 vaccine with the 2nd dose being administered 4-8 weeks after the initial dose. Further review showed individuals who completed the initial series should receive 1 dose of the 2025-2026 vaccine at least 8 weeks after the last dose. 7. Interview with the administrator on 6/29/26 at 4:31 PM revealed the facility did not have evidence residents were offered immunizations. 8. Review of the policy titled Vaccines dated 4/29/21 showed .All residents and staff who have no medical contradictions to the flu will be offered the vaccines annually between October 1st and March 31st. Residents will be offered the pneumococcal vaccine and COVID-19 vaccines on admission and as new vaccines are recommended .		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, staff interview, and policy and procedure review, the facility failed to properly label and identify resident medications and failed to label opened multi-dose vials with the expiration and discard dates in 1 of 5 medication storage areas (North medication room). The census was 63. The findings were:1. Observation of the North medication room on 6/30/26 at 3:18 PM showed resident #23's Insulin Aspart pen was stored in a communal plastic container which contained other residents' insulin pens. The insulin pen lacked a formal pharmacy dispensing label. The only identifier on the medication was resident #23's first name, handwritten in marker on a piece of medical tape affixed to the pen. The pen had an expiration date of 8/31/26, an open date of 6/22/26, but no discard by date 28 days after opening. 2. Observation of the North medication room on 6/30/26 at 3:18 PM showed an Insulin Glargine pen assigned to Resident #10 had been opened and accessed. The insulin pen lacked an open date, an expiration date, and a discard by date. 3. Interview with the North unit manager on 6/30/26 at 5:23 PM revealed she expected all insulin pens should have a complete pharmacy label which included the resident's full name. She further confirmed that once a multi-dose insulin pen was opened, staff were required to label the pen with the date opened, the calculated discard date, and the initials of the nurse who opened it. The unit manager confirmed the insulin pens for Resident #23 and resident #10 were not labeled in accordance with these standards, and stated the pen for resident #23 was pulled from the Pyxis and that is why it didn't have a pharmacy label.4. Review of the policy titled Medication Labeling and Storage dated 2/2023 showed: .Labeling of medications and biologicals dispensed by the pharmacy is consistent with applicable federal and state requirements and currently accepted pharmaceutical practices.The medication label includes, at a minimum: a. Medication name; b. Prescribed dose; c. strength; d. Expiration date when applicable; e. Resident's name; f. Route of administration; and g. Appropriate instructions and precautions.Multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial .		