STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535022	A. Building B. Wing	02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Legacy Living and Rehabilitation Center	1000 S Douglas Hwy Gillette, WY 82716

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35081 Based on medical record review, staff interview, media article review, and state survey incident database review, the facility failed to ensure allegations which resulted in a reasonable suspicion of a crime were reported for 1 of 4 sample resident (#1) reviewed for allegation reporting. The findings were: 1. Review of the annual MDS assessment dated [DATE] showed resident #1 had a brief interview for mental status score of 15 out of 15, which indicated the resident was cognitively intact, and diagnoses which included heart failure, hypertension, peripheral vascular disease, diabetes mellitus, cerebrovascular accident, anxiety disorder, depression, and asthma. Further review showed the resident required supervision or touching assistance with transfer and toileting hygiene. Review of a progress note dated [DATE] and timed 5:50 AM showed the resident was found unresponsive and cardiopulmonary resuscitation, which included chest compressions, was implemented. Emergency Medical Services arrived and pronounced the resident deceased at 5:02 AM. The following concerns were identified: a. Review of a newspaper article dated [DATE] showed .Police Department have been investigating the death of [AGE] year-old [resident #1], who died Nov. 29 last year .[resident #1]'s cause of death was determined to be toxicity or overdose of a known prescription medication . b. Interview with the resident's physician and nurse practitioner #1 on [DATE] at 9 AM revealed they were aware of the allegation of prescription drug toxicity or overdose from a prescription medication. c. Review of the state survey agency incident report database showed no evidence the allegation of drug toxicity or overdose was reported. d. Interview with the DON and administrator on [DATE] at 3:45 PM revealed the facility was aware of the allegation of drug toxicity or overdose from a prescription medication and a facility investigation was initiated. They revealed the allegation was not reported due to the facility reporting a previous allegation surrounding the resident's death; however, they confirmed the previous allegation did not include an allegation of drug toxicity or overdose for the resident.

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