

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  535024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/15/2025
NAME OF PROVIDER OR SUPPLIER  Casper Mountain Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4305 S Poplar Casper, WY 82601	

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)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50485</p> <p>Based on medical record review, resident representative and staff interview, review of grievance logs, and policy and procedure review, the facility failed to ensure prompt efforts were made to resolve grievances for 1 of 4 sample residents (#1). The following concerns were identified:</p> <ol style="list-style-type: none"> <li>1. Review of the quarterly minimum data set (MDS) assessment dated [DATE] showed resident #1 had a brief interview for mental status (BIMS) score of 10 out of 15, which indicated s/he had moderately impaired cognition, and diagnoses which included Alzheimer's dementia. The social services assessment note dated 8/5/24 showed the residents hearing was marked as highly impaired.</li> <li>2. Review of a care conference note dated 9/14/23 showed resident #1's family had voiced concerns about his/her missing hearing aids.</li> <li>3. Review of facility grievance logs showed no further documentation in relation to the missing hearing aids.</li> <li>4. Review of the care plan last updated 1/12/25 showed the resident had difficulty hearing related to advanced age. Further review showed the intervention was to ensure hearing aid(s) were in place.</li> <li>5. Review of the resident's medical record and activity of daily living (ADL) tasks performed by the CNAs dated 12/16/24 to 1/14/24 showed the resident was marked as not owning hearing aids.</li> <li>6. Interview with the resident's representative on 1/14/25 at 4:25 PM revealed the resident's hearing aids had been missing for 2 years, and the family did not know they should fill out a grievance form. Further interview revealed they had verbally told the staff in every care plan meeting at least every 2 months for the last 2 years that the resident's hearing aids had been missing, and nothing was ever done to locate or replace them.</li> <li>7. Interview with the administrator on 1/15/25 at 10:40 AM revealed it was the first he had heard of missing hearing aids and he was going to follow up with the social services director (SSD).</li> </ol> <p>(continued on next page)</p>

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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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>8. Interview with the SSD on 1/15/25 at 11:50 AM revealed he was unaware of any missing hearing aids, and if it had come up with the family it would have been in a care conference with the previous SSD last September. Further interview revealed the protocol to locate missing items would be that a grievance form was filled out by a resident's family or direct care staff and then given to him for follow up.</p> <p>9. Interview with medication aide #1 on 1/15/25 at 3:03 PM revealed he had never seen the resident wear hearing aids in the 6 years he provided care to the resident.</p> <p>10. Interview with the administrator on 1/15/25 at 4:10 PM revealed he was unable to find an inventory of the resident's belongings that would have been taken on admission to the facility.</p> <p>11. Observation of the resident on 1/15/25 at 3 PM showed the resident was not wearing hearing aids.</p> <p>12. Review of the policy titled Resident and Family Grievances last reviewed on 5/21/24 showed . 4. A resident or family member may voice grievances with respect to care and treatment which has been furnished as well as that which has not been furnished . 8. Grievances may be voiced in the following forums: a. Verbal complaint to a staff member or Grievance Official.d. Verbal complaint during resident or family council meetings .10. b. The staff member receiving the grievance will record the nature and specifics of the grievance on the designated grievance form, or assist the resident or family member to complete the form. i. Take any immediate actions needed to prevent further potential violations of any resident right. ii. Report any allegations involving neglect, abuse, injuries of unknown source, and/or misappropriation of resident property immediately to the administrator and follow procedures for those allegations . 12. The facility will make prompt efforts to resolve grievances.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50485</p> <p>Based on observation, medical record review, and staff interview, the facility failed to ensure the comprehensive care plan was implemented for 1 of 3 sample residents (#1) reviewed for care plans. The findings were:</p> <ol style="list-style-type: none"> <li>1. Review of the quarterly MDS assessment dated [DATE] showed resident #1 had a BIMS score of 10 out of 15, which indicated s/he had moderately impaired cognition, and diagnoses which included Alzheimer's dementia. The social services assessment note dated 8/5/24 showed the resident's hearing was marked as highly impaired.</li> <li>2. Review of the care plan last updated 1/12/25 showed the resident had difficulty hearing related to advanced age. Further review showed the intervention was to ensure hearing aid(s) were in place.</li> <li>3. Review of the resident's medical record and ADL tasks performed by the CNA staff dated 12/16/24 to 1/14/24 showed the resident was marked as not owning hearing aids.</li> <li>4. Observation of the resident on 1/15/25 at 3 PM showed s/he was not wearing hearing aids.</li> <li>5. Interview with medication aide #1 on 1/15/25 at 3:03 PM revealed he had never seen the resident wear hearing aids in the 6 years he provided care to the resident. He stated the expectation was that the CNAs documented in the chart if a resident wore hearing aids.</li> <li>6. Interview with the administrator on 1/15/25 at 4:10 PM revealed he was unable to find an inventory of the resident's belongings that were taken upon admission to the facility. He confirmed the resident had not been wearing hearing aids.</li> </ol>