

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 04/18/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on medical record review, family, resident, physician and staff interview, and policy and procedure review, the facility failed to give medications according to physician instruction for 1 of 3 sample residents (#1) reviewed. The findings were:</p> <ol style="list-style-type: none"> Review of the 3/26/25 admission MDS assessment showed resident #1 had diagnoses that included infrarenal abdominal aortic aneurysm, acute kidney failure, atherosclerosis of renal artery, anxiety disorder, congenital renal artery stenosis and cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery. Review of the medical record showed the resident re-admitted to the facility from the hospital on 3/26/25 at 4:55 PM. The following concerns were identified: <ol style="list-style-type: none"> Review of the March 2025 MAR showed an order for Nifedipine ER Oral Tablet extended release 24 Hour, give 30 milligrams by mouth at bedtime. Further review showed the box that indicated who provided the medication was marked with an x. Review of a physician note dated 3/27/25 and timed at 9:59 AM showed CMR was unable to get [his/her] nifedipine 30 mg dose last night, and [s/he] did not take it until around 5:30 AM. Interview with resident #1's representative on 4/15/25 at 2:39 PM revealed the facility had assured the resident and family that the medication would be available when the resident returned to the facility. Further interview revealed the medication was not provided until the morning of 3/27/25. Interview with resident #1 on 4/15/25 at 3:58 PM revealed the nifedipine had not been available upon his/her readmission to the facility, and had not been provided until the following morning. Interview with resident #1's physician on 4/16/25 at 12:06 PM revealed medications for the facility came from Colorado, and if they could not be provided, the facility needed to obtain them locally. Further interview revealed she was not notified by the facility if a dose was missed. Interview with the DON on 4/16/25 at 2:00 PM revealed the expectation for medication that was not available was to have the facility pharmacy which was located in Colorado call the medication in to a local pharmacy, or to pull the medication out of stat lock. Further interview revealed the DON reported to have pulled the medication out of stat lock for the resident, and medication did not get marked in the MAR in Point Click Care (PCC) if it came out of the stat lock. The DON was unable to provide confirmation that the medication had been obtained from the stat lock and provided to the resident. <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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6. Interview with the administrator on 4/18/25 at 10:33 AM revealed the facility had an ad-hoc performance improvement plan (PIP) in place to obtain 24-hour physician care and pharmacy care from the hospital as the facility was often under pressure to receive residents from the hospital sooner than they were ready.</p> <p>7. Review of the Medication Administration policy, undated, provided on 4/16/25 at 2:35 PM showed . Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician .20. Sign MAR after administered . Medication timing HS (bedtime) 9pm .</p>