

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 04/23/2026
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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident representative and staff interview, medical record review, medical records request log, and policy review, the facility failed to provide a complete copy of medical records after they were requested for 1 of 3 sample residents (#1) reviewed. The census was 82. The findings were: 1. Review of the admission MDS assessment dated [DATE] showed resident #1 admitted to the facility on [DATE]. Further medical record review showed the resident discharged to the hospital on 1/4/26. The resident did not return to the facility following the hospitalization. 2. Review of the medical record request log showed the resident's representative requested the resident's medical records on 2/2/26, which included progress notes, lab results, imaging, results from diagnostic testing, nursing notes, and clinical summaries with the date range of 10/31/25 through 1/4/26. Further review of the records that had been provided to the resident's representative showed progress notes were provided through 12/27/25.3. Interview with the resident's representative on 4/22/26 at 10 AM revealed she had requested the resident's medical records, and after 1 month, had been given the resident's hospital records only. She reported it took another week and a half to get the resident's records from the facility, and the records were missing 1/1/26 -1/4/26. She reported she had been unable to get any further response to receive the complete set of records. 4. Interview with the medical records director on 4/22/26 at 12:40 PM revealed the resident's representative had requested the records before she had been the resident's power of attorney (POA). She stated the representative became POA on 2/26/26, and the documents were picked up that day. 5. Interview with the NHA on 4/23/26 at 11:05 AM confirmed there was no reason the resident representative couldn't get all of the records. 6. Review of the facility policy titled Authorization for Release of Protected Health Information (PHI) showed .Staff must confirm: .Date range is accurate .</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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, and staff interview, the facility failed to ensure the comprehensive care plan was implemented for 1 of 3 sample residents (#5) reviewed for care plans. The findings were: 1. Review of the admission MDS assessment dated [DATE] showed resident #5 had a BIMS score of 15 out of 15, which indicated intact cognition, and diagnoses which included septicemia, diabetes mellitus, and cellulitis of the left lower limb. Further review showed the resident was dependent for all transfers. Review of the resident's care plan initiated on 2/9/26 and revised on 3/8/26 showed ADL: [name] has an ADL self-care performance deficit and is dependent with self care tasks to include: bathing, transfers, personal hygiene tasks, bed mobility, dressing, eating, toilet use, ambulation and locomotion r/t [related to] obesity, infection, and wounds. The following concerns were identified: a. Review of the care plan initiated on 2/10/26 and last revised on 3/23/26 showed BATHING PREFERENCE: Resident prefers (specify: showers/bed baths on (specify: days of week/shift?) and (has no preference of care giver type) prefers assistance with bathing to be provided by a (Specify: male/female)b. Review of the care plan initiated on 2/9/26 and last revised on 3/23/26 showed BATHING/SHOWERING: The resident requires (specify: supervision, limited, extensive, dependent) with ___ person assist with bathingc. Review of the care plan initiated on 2/10/26 and last revised on 3/23/26 showed BED MOBILITY: The resident requires (SPECIFY: supervision, limited extensive, dependent) with ___ person assist to turn and reposition in bedd. Review of the care plan initiated on 3/23/26 showed DRESSING: The resident requires (SPECIFY what assistance) with ___ person assist for dressinge. Review of the care plan initiated on 3/23/26 showed TRANSFER: The resident requires (SPECIFY what assistance) by (X) staff to move between surfaces (SPECIFY FREQ) and as necessary.2. Interview with the MDS nurse on 4/23/26 at 11:44 AM confirmed the care plan was incomplete and it was not patient-centered.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and policy and procedure review, the facility failed to ensure a safe environment during mechanical lift transfers for 1 of 3 sample residents (#5) reviewed. The findings were:1. Review of the admission MDS assessment dated [DATE] showed resident #5 had a BIMS score of 15 out of 15, which indicated intact cognition, and diagnoses which included septicemia, diabetes mellitus, and cellulitis of the left lower limb. Further review showed the resident was dependent for all transfers. Review of the resident's care plan last revised on 3/8/26 showed ADL: [name] has an ADL self-care performance deficit and is dependent with self care tasks to include: bathing, transfers, personal hygiene tasks, bed mobility, dressing, eating, toilet use, ambulation and locomotion r/t obesity, infection, and wounds. The following concerns were identified:a. Observation on 4/22/26 at 4:08 PM showed CNA #1 was in the room of resident #5, and transferred the resident from his/her wheelchair to the bed using a full body mechanical lift. Further observation showed the CNA performed the transfer without the assistance of another staff member.b. Interview with the resident on 4/23/26 at 9:26 AM revealed that s/he does not get into his/her wheelchair every day because Some days there isn't enough staff. c. Interview with the DON on 4/22/26 at 4:19 PM revealed there should be two staff members to perform transfers when using the full body mechanical lift.d. Interview with the administrator on 4/23/26 at 11:06 AM revealed he had not heard that there were residents staying in bed due to lack of staff to use 2 people with the Hoyer lift. It is a teamwork issue. Even the nurses are available to help. e. Review of the facility policy titled Safe Resident Handling/Transfers dated 1/1/26 showed, .#8 Compliance guideline: Two staff members must be utilized when transferring residents with mechanical lift .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, medical record review, and policy and procedure review, the facility failed to ensure infection prevention practices, including personal protective equipment (PPE), was used during wound care for 2 of 3 sample residents (#2, #26) reviewed for enhanced barrier protection (EBP). The findings were:1. Review of the admission MDS assessment dated [DATE] showed resident #2 had a BIMS score of 15 out of 15, which indicated intact cognition, and diagnoses which included chronic venous hypertension with ulcer and inflammation of bilateral lower extremities. Further review showed the resident had 4 venous/arterial ulcers present. Review of the resident's care plan last revised on 4/6/26 showed Wound management [name] has a left anterior lower leg wound x [times] 2 and a left lateral malleolus wound and left medial calf wound. The following concerns were identified:b. Observation on 4/21/26 at 3:43 PM showed wound nurse applied an unna boot dressing to the resident's left lower leg. The Nurse wore gloves but did not wear a gown.a. Review of the medical record showed a photograph of the resident's left lower leg wound which had dimensions of length 4.12 cm, width 2.56 cm, depth 0.2 cm, area 6.29 cm [squared] and wound moderate exudate [drainage], serous clear watery fluid which is separated from solid elements.2. Review of the admission MDS assessment dated [DATE] showed resident #26 had a BIMS score of 15 out of 15, which indicated intact cognition, and diagnoses which included unspecified abdominal hernia with obstruction, without gangrene. Review of the resident's care plan last revised on 2/27/26 showed Wound management post-surgical, midline surgical incision to abdomen. The following concerns were identified:a. Observation on 4/22/26 at 10:30 AM showed the wound nurse changed a dressing located on the resident's upper quadrant of his/her abdomen. Further observation showed the nurse did not wear a gown. 3. Interview with the wound nurse on 4/22/26 at 11 AM confirmed she had not been using a gown when doing wound care. When asked what her expectations for enhanced barrier precautions was, she stated, gloves and hand hygiene.4. Interview with the infection control nurse on 4/22/26 at 11:05 AM revealed she expected enhanced barrier precautions to be used when changing ostomy bags, G-tubes [gastronomy tubes], and foley catheters. Further interview revealed she was in the process of writing a new policy.5. Review of the policy titled Infection Prevention and Control Program last updated 2018 showed no guidance on Enhanced Barrier precautions.</p>		