

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/08/2026
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)		
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, resident and staff interview, medical record review, and policy review, the facility failed to ensure call lights were accessible for 2 of 4 sample residents (#1, #2) reviewed for call lights within reach. The findings were: 1. Review of the care plan initiated on 2/25/26 and revised on 3/27/26 showed resident #1 was at risk for falls related to impaired mobility and weakness, with interventions which included Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Further review showed the resident had urinary incontinence, with a goal to remain free from skin breakdown due to incontinence. The following concerns were identified: a. Observation on 7/7/26 starting at 11:20 AM on Hall 4 showed resident #1 yelled for help from his/her room. Continued observation showed the resident's call light was not in reach, and the resident yelled out, I pooped my pants! At 11:34 AM a laundry aide entered the resident's room with clean laundry and left the room without providing assistance to the resident. The resident continued to intermittently yell for help. At 12:30 PM a CNA entered the room with the resident's lunch tray, stated Oh my, exited the room without leaving the lunch tray, and retrieved a second CNA to assist the resident. 2. Review of the care plan initiated on 7/4/26 and last revised on 4/29/26 showed resident #2 was at a risk for falls related to impaired mobility, devices attached to the resident, and anti-anxiety medication, with interventions which included Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. The following concerns were identified: a. Observation on 7/7/26 starting at 11:28 AM showed resident #2 sat in a wheelchair with his/her call light activated. An unidentified staff member entered the room, stated, I told nursing and exited the room without turning off the call light. The call light remained on for 22 minutes before 2 CNAs entered the room with a mechanical lift. Observation on 7/7/26 at 12:25 PM showed the resident had been transferred to bed, and his/her call light was on the bedside table and out of reach. b. Interview with resident on 7/7/26 at 12:25 PM revealed s/he had waited an hour and a half for staff to initially respond to the call light, and then s/he was unable to reach the call light after being transferred to bed because it had been left out of reach on the bedside table. 3. Interview with the DON on 7/7/26 at 4:38 PM revealed she expected call lights to be within the residents' reach. 4. Review of the policy titled Call lights: Accessibility and Timely Response last revised 1/1/26 showed .5. Staff will ensure the call light is within reach of resident and secured, as needed .6. The call system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room .		

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on medical record review, staff interview, medical records request log review, and policy review, the facility failed to ensure the right to secure and confidential medical records in 1 of 3 sample residents (#4) reviewed. The findings were: 1. Review of of the medical records request log showed medical records had been requested for resident #3 on 2/2/26. Review of a progress note dated 5/11/26 and timed 1:57 PM showed resident #3's representative had been notified of missing documentation from the medical record request, and picked up copies of all documents from the request on 5/11/26. The following concerns were identified: a. Review of the medical records that had been received by the resident's representative showed the request included medical records from resident #4. b. Interview with the medical records director on 7/8/26 at 9:57 AM revealed she had been unaware resident #4 records had been included in the request with resident #3. Further interview revealed I guess they could have been there. 2. Review of the facility policy titled Authorization for Release of Protected Health Information (PHI) last updated 4/2026 showed .Purpose To ensure: .Protection of resident rights and confidentiality .		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interview, medical record review, and policy review, the facility failed to ensure timely incontinence care for 1 out of 4 residents (#1) reviewed for ADL care. The findings were: 1. Review of the quarterly MDS assessment dated [DATE] showed resident #1 had a BIMS score of 12 out of 15 which, indicated the resident had moderate cognitive impairment, and diagnoses which included heart failure, hypertension, renal insufficiency, renal failure, or end-stage renal disease, chronic obstructive pulmonary disease (COPD) with exacerbation, and aneurysm of the ascending aorta, without rupture. Further review showed the resident required partial to moderate assistance for toilet transfers, and was dependent for toilet hygiene. The following concerns were identified: a. Observation on 7/7/26 starting at 11:20 AM on Hall 4 showed resident #1 yelled for help from his/her room. Continued observation showed the resident's call light was not in reach, and the resident yelled out, I pooped my pants! At 11:34 AM a laundry aide entered the resident's room with clean laundry and left the room without providing assistance to the resident. The resident continued to intermittently yell for help. At 12:30 PM a CNA entered the room with the resident's lunch tray, stated Oh my, exited the room without leaving the lunch tray, and retrieved a second CNA to assist the resident. b. Review of the care plan initiated on 2/25/26 and revised on 3/27/26 showed the resident was at risk for falls related to impaired mobility and weakness, with interventions which included Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Further review showed the resident had urinary incontinence, with a goal to remain free from skin breakdown due to incontinence. 2. Interview with the DON on 7/7/26 at 4:38 PM revealed she expected the CNAs to complete rounds of the residents' rooms, and she expected the call lights to be within reach. 3. Review of the policy titled Activities of Daily Living (ADLS) last revised 1/1/26 showed .Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care; 2. Transfer and ambulation; 3. Toileting; .		