STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535025	A. Building B. Wing	11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Polaris Rehabilitation and Care Center	2700 E 12th Street Cheyenne, WY 82001

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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page)

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 0600 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, staff, resident, and resident representative interview, facility incident review, and policy and procedure review, the facility failed to protect residents' right to be free from physical abuse by another resident for 1 of 6 sample residents (#1) reviewed for abuse. This failure resulted actual harm to resident #1 and resident #2. Corrective measures were implemented prior to the survey and compliance was determined to be met on 10/23/25. The findings were: 1. Review of the quarterly MDS assessment dated [DATE] showed resident #1 had a brief interview for mental status (BIMS) score of 15 out 15, which indicated the resident was cognitively intact, and diagnoses which included heart failure, renal insufficiency, diabetes mellitus, and cerebrovascular accident. Further review showed the resident had no behaviors exhibited, used a wheelchair for mobility, and was dependent on staff for transfers. Review of the quarterly MDS assessment dated [DATE] showed resident #2 had a BIMS score of 14 out of 15, which indicated the resident was cognitively intact, and diagnoses which included non-Alzheimer's dementia and renal insufficiency. Further review showed the resident had no behaviors exhibited, used a walker for mobility, and required supervision or touching assistance with transfers. The following concerns were identified:a. Observation on 11/13/25 at 11:28 AM showed resident #2 was in his/her room, in bed, and s/he had a cast present to his/her right hand. Interview with the resident at that time revealed s/he was unsure how the injury to his/her hand occurred; however, s/he felt s/he could benefit from counseling services.b. Review of a progress note for resident #1 dated 10/17/25 and timed 10 AM showed LATE ENTRY Note Text : On 10/17/2025 this nurse was alerted to an incident with resident and room mate. This nurse was not the first on scene. Both residents were separated immediately. Floor nurse stated he left a message with contact number on file. Resident sent to hospital for further evaluation. Resident was moved to a different room.c. Review of a facility incident report dated 10/17/25 and timed 9:45 AM showed There was a noise commotion. A staff member responded. Found one resident on the floor. Both residents holding the walker. Staff intervened and separated both residents to ensure safety. Nurse evaluated both residents and provider notified. [Resident #1] was sent to the hospital to be further evaluated. Further, the report showed [Resident #1] had a swollen jaw on the right side and was transferred to the hospital for further evaluation. [Resident #2] was bleeding on the right side of his head and transferred to the hospital for further evaluation.d. Review of a progress note for resident #1 dated 10/18/25 and timed 8:30 AM showed Note Text : Returned [Name], [Resident #1]'s friends [sic] call from yesterday to follow up regarding the incident, to see if [s/he] had any additional questions or concerns. [S/he] said they did some blood work on [resident #1] and found some sort of blood infection, affecting [his/her] spinal chord [sic],so they are sending [him/her] to a Colorado hospital. [S/he] will follow up with [resident #1] today and get more details. [S/He] said if [s/he] has any further questions or concerns, [s/he] will contact me.e. Review of a progress note for resident #1 dated 10/20/25 and timed 3:45 PM showed Note Text : [Name] from [hospital name] called Polaris regarding [resident #1]'s return to Polaris. [S/He] states [s/he] does not wish to return to Polaris with the other resident still remaining at Polaris. [Name] asked for dialysis days and stated that she would be sending referrals to other facilities in [NAME].f. Review of a progress note for resident #2 dated 10/20/25 and timed 2:04 PM showed Note Text : On 10/17/2025 this nurse was alerted to an incident with resident and room mate. This nurse was not the first on scene. Both residents were separated immediately. Floor nurse stated he tried to contact the number on file, but the number was not working. Resident sent to hospital for further evaluation.g. Review of an emergency medicine note for resident #1 dated 10/17/25 showed the chief complaint was Assault Victim. Further review showed the resident was evaluated after a physical assault from another resident at a nursing facility and s/he was .found to have an isolated hematoma to [his/her] right lateral thigh as well as CT and MRI imaging concerning possible discitis .h. Review of an ED Provider Note for resident #2 dated 10/17/25 showed the resident was evaluated following an altercation with his/her roommate and the resident reported s/he punched [his/her] roommate. Further review showed the Clinical Impressions included a Closed nondisplaced fracture of the fifth metacarpal bone of right hand and abrasion of head.i. Interview with staff member #1 on 11/13/25 at 3:45 PM revealed she heard something in the room and when she walked in the room, she observed resident #1 on the ground and resident #2 standing over him/her. She revealed resident #1 was screaming for help. She revealed she removed the walker and observed resident #2 was bleeding, although she could not tell from where, and the blood was located from his/her temple to his/her ear. Further