

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  535025	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/22/2026
NAME OF PROVIDER OR SUPPLIER  Polaris Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>Based on observation, staff and resident interview, resident meal slip review, resident council minutes review, and policy review, the facility failed to consider resident preferences during 3 of 3 meal observations. The census was 69. The findings were: 1. Observation during three different meals between 4/21/26 and 4/22/26 showed residents were not offered substitute meal items. Further observation showed when alternative meal items were requested, staff told the residents the food item requested was not on the menu. 2. Review of resident #2's meal slips, provided by the resident, showed on 4/14/26 the resident requested 2 containers of yogurt and 2 portions of cottage cheese. The slip showed in writing the resident could only have 1 yogurt and 1 cottage cheese per the administrator. Review of a meal slip dated 4/16/26 showed Food Adds: Other-SEND YOGURT AT DINNER!! 2 servings. which was crossed out, and Not Approved was documented on the slip. Review of a meal slip dated 4/17/26 showed the resident asked for cottage cheese and documented on the slip in writing it was Not on Menu. 3. Review of resident #10's meal ticket, provided by the resident, dated 4/19/26 showed Notes: PCC: Large meat/protein.Room Delivery 2 turkey and cheddar. Documented at the bottom of the slip was No Double Sandwiches per [administrator name].4. Review of the Resident Council Meeting Minutes dated 3/23/26 showed .Residents expressed concerns regarding recent changes to food service. Several items have been removed or reduced, including vegetables for burgers, PB&amp;J sandwiches for evening snacks, and daily ice cream desserts. These changes have led to dissatisfaction among residents. The department assigned was dietary and there was no evidence the concern was addressed. 5. Interview with resident #5 on 4/21/26 at 12:17 PM revealed no condiments including lettuce, tomato, and onion were served with hamburgers. The resident revealed the sandwiches were very thin on meat and cheese and the bread was the main part of any sandwich. The resident revealed the administrator changed the meals and what was allowed. Further interview revealed if items were not on the menu, they were not provided. 6. Interview with resident #2 on 4/21/26 at 12:24 PM confirmed no condiments including lettuce, tomato, and onion were served with hamburgers. The resident confirmed the sandwiches were very thin on meat and cheese and the bread was the main part of any sandwich. The resident confirmed the administrator changed the meals and what was allowed. Further interview confirmed if items were not on the menu, they were not provided. 7. Interview with resident #10 on 4/21/26 at 2:34 PM confirmed no condiments including lettuce, tomato, and onion were served with hamburgers. The resident confirmed the sandwiches were very thin on meat and cheese and the bread was the main part of any sandwich. The resident confirmed the administrator changed the meals and what was allowed. Further interview confirmed if items were not on the menu, they were not provided. 8. Interview with resident #11 on 4/21/26 at 4:38 PM confirmed confirmed no condiments including lettuce, tomato, and onion were served with hamburgers. The resident confirmed the sandwiches were very thin on meat and cheese and the bread was the main part of any sandwich. The resident confirmed the administrator changed the meals and what was allowed. Further interview confirmed if items were not on the menu, they were not provided. 9. Interview with RN #1 on 4/21/26 at 11:20 AM revealed the administrator cut back the availability of yogurt and cottage cheese, limiting them to breakfast only. (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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further the RN revealed the residents' snacks were being made in house and chips, crackers, cream pies, pudding, and ice cream were taken away.10. Interview with CNA #1, CNA #2, and CNA #3 on 4/22/26 at 11:30 AM confirmed the administrator cut back the availability of yogurt and cottage cheese, limiting them to breakfast only and confirmed the residents' snacks were being made in house and chips, crackers, cream pies, pudding, and ice cream were taken away.11. Interview with cook #1 on 4/22/26 at 9:20 AM revealed there was no dietary manager since 3/23/26 and did there not a dietitian. She revealed the administrator took over the dietary services, had cut back the amount of food ordered, and restricted what food items the residents could have.12. Interview with the Dietitian on 4/22/26 at 10:57 AM revealed she just started on Friday and had not evaluated residents or meals. 13. Interview with the administrator on 4/22/26 at 4:15 PM revealed on 12/4/25 the residents agreed to the change in alternative menu. He stated if the resident wanted chips or snacks other than what was provided, there were vending machines in the hall they could use. Further interview revealed the administrator was unable to provide information showing the alternative items available to residents met the required nutrition for meals. 14. Review of the policy titled Nutritional Management provided by the administrator on 4/21/26 at 11:05 AM showed .2. Identification/assessments: .b. The dietary manager or designee shall obtain the resident's food and beverage preferences upon admission, significant change in condition, and periodically throughout his or her stay 3. Evaluation/analysis: b. The dietitian shall use data gathered from the nutritional assessment to estimate the resident's calorie, nutrient, and fluid needs and whether intake is adequate to meet those needs. Current standards of practice/formulas are used in calculating these estimates .</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>Based on review of the Facility Assessment and staff interview, the facility failed to consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population. The census was 69. The findings were: Review of the Facility Assessment 2026 dated 1/5/26 showed the total of full-time employees; however, the assessment failed to include the evaluation of resident acuity and specific staffing needs for each shift for RNs, LPNs, MA-Cs, and CNAs to meet the needs of the residents who resided within the facility. Interview with the administrator on 4/22/26 at 3:40 PM confirmed he did not include the specific staffing needs. Further interview revealed he believed he had completed the facility assessment per requirements.</p>		