STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535027	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cody Regional Health Long Term Care Center	707 Sheridan Ave Cody, WY 82414

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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. Based on observation, resident and staff interview, and menu and alternative menu review, the facility failed to consider resident preferences for meals in 2 of 2 dining rooms (main dining room, 2nd floor dining room). The census was 51. The findings were:1. Interview with resident #7 on 4/6/26 at 4:05 PM revealed residents were not offered choices for meals and they get what is served. S/he revealed residents could choose an alternative sandwich to eat if they did not want the main meal. 2. Interview with resident #36 on 4/6/26 at 4:41 PM revealed s/he did not feel she could make choices at the facility and there were not alternative meal options given if s/he did not like the food. 3. Observation of meal service in the second-floor dining room on 4/6/26 at 5:02 PM showed the white board indicated the dinner was a turkey and cheddar wrap with lettuce, tomato, and onion, garlic Brussel sprouts, and banana cream pie. There was no evidence of an alternative meal item listed. Interview with dietary staff member #1 at that time revealed if residents did not want the meal, the alternatives were always different types of sandwiches. The staff member revealed there was not any additional alternative menu items. 4. Interview with resident #10 on 4/7/26 at 9:04 AM revealed residents were able to get sandwiches as an alternative meal and there were no other alternatives available. 5. Observation of meal service in the main dining room on 4/7/26 at 12:05 PM showed dietary staff member #2 asked staff member #1 what she should prepare for resident #43. Staff member #1 stated I would make a sandwich for [him/her]. Without providing resident #43 a choice in his/her meal, the dietary staff member made a turkey sandwich with provolone cheese and chips, and gave it to the other staff member to deliver. Continued observation showed an unidentified CNA told dietary staff member an unidentified resident wanted a ground beef sandwich. The dietary staff member indicated she did not have ground beef, but the had chicken salad instead. The CNA stated Yeah, give [him/her] chicken salad. That should be fine. The dietary staff member made the sandwich and gave it to the CNA to deliver without offering an alternative or an option that was available. 6. Observation of meal service in the main dining room on 4/7/26 at 12:21 PM showed a staff member was going around to each table and telling the residents what the meal was. The staff member would then ask if the meal sounded good or if the resident would like a sandwich. No additional meal alternatives were offered. 7. Review of the facility menu showed there was one meal option posted daily; however, review of the alternative menu showed additional items were available for residents to request at all meals. The alternative menu included entrees and sides for breakfast alternatives and salads, soups, deli items, entrees, accompaniments, from the grill, and desserts for lunch and dinner alternatives. 8. Interview with the dietitian on 4/7/26 at 4:46 PM revealed residents should be offered alternative items if they do not like or want the meal that was being served. She revealed alternative items available at all times included sandwiches, pizza, burgers, and anything else available from the grill. She revealed staff should not make decisions for residents without offering alternative items.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure adequate monitoring of psychotropic medications for 5 of 5 sample residents (#2, #4, #5, #41, #56) reviewed for unnecessary medications. The findings were:1. Review of the quarterly MDS assessment dated [DATE] showed resident #41 had a BIMS score of 11 out 15, which indicated moderate cognitive impairment, and diagnoses which included anxiety disorder and depression. Further review showed the resident displayed no behaviors and received antidepressant and hypnotic medication. Review of the physician orders showed the resident received temazepam (hypnotic) 7.5 milligrams (mg) by mouth daily at bedtime for insomnia and duloxetine (antidepressant) 40 mg by mouth twice per day for major depressive disorder. Review of the antidepressant medication care plan, last revised on 3/31/26 showed interventions which included Monitor/Document side effects and effectiveness Q [every] shift. The following concern was identified: a. Review of the medical record showed there were no resident specific or medication specific target symptoms identified or monitored for the use of temazepam or duloxetine. 2. Review of the admission MDS assessment dated [DATE] showed resident #2 had a BIMS score of 12 out of 15, which indicated the resident was cognitively intact, and diagnoses which included depression. Further review showed the resident displayed no behaviors and received antidepressant medication. Review of the physician orders showed the resident received duloxetine (antidepressant) 20 mg mouth daily for rheumatoid arthritis and depressive disorders and trazadone (antidepressant) 50 mg by mouth daily for insomnia. Review of the antidepressant medication care plan, last revised on 1/27/26 showed interventions which included Monitor/Document side effects and effectiveness Q shift. The following concern was identified: a. Review of the medical record showed there were no resident specific or medication specific target symptoms identified or monitored for the use of duloxetine or trazadone. 3. Review of the medical record showed resident #56 admitted to the facility on [DATE] with diagnoses which included depression. Review of the physician's orders showed the resident received Adderall (amphetamine-dextroamphetamine) 20 mg by mouth twice a day for hypoactivity with major depressive disorder and fluoxetine (antidepressant) 80 mg by mouth daily for depression. Review of the antidepressant medication care plan, last revised on 4/2/26 showed interventions which included Monitor/Document side effects and effectiveness Q shift. The following concern was identified: a. Review of the medical record showed there were no resident specific or medication specific target symptoms identified or monitored for the use of Adderall or fluoxetine. 4. Review of the annual MDS assessment dated [DATE] showed resident #4 had a BIMS score of 6 out of 15, which indicated the resident was severely cognitively impaired, and had diagnoses which included non-Alzheimer's dementia, anxiety disorder, and depression. Further review showed the resident received antipsychotic and antianxiety medications. Review of the physician orders showed the resident received brexpiprazole (antipsychotic) 0.5 mg every evening by mouth for agitation, lorazepam (antianxiety) 0.5 mg twice daily for agitation and anxiety, and 0.5 mg lorazepam by mouth as needed every 3 hours for agitation and anxiety. Review of the antipsychotic medication care plan, last revised on 12/16/25 showed interventions which included Monitor behaviors of yelling out, (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cursing at staff, or sexually inappropriate comments. Document observed behavior and attempted interventions. The following concern was identified: a. Review of the medical record showed there were no medication specific target symptoms identified for the lorazepam. 5. Review of the MDS assessment dated [DATE] showed resident #5 had short-term and long-term memory impairment and had diagnoses which included non-Alzheimer's dementia, depression, and bipolar disorder. Further review showed the resident received antipsychotic and antidepressant medications. Review of the physician orders showed the resident received bupropion (antidepressant) 150 mg by mouth daily for major depressive disorder, fluoxetine (antidepressant) 20 mg daily by mouth for bipolar disorder, and olanzapine (antipsychotic) 5 mg daily at bedtime for bipolar disorder. Review of the antidepressant medication care plan, last revised 5/2/25 showed interventions which included Monitor/document for side effects and effectiveness. Review of the antipsychotic medication care plan, last revised 5/2/25, showed interventions which included monitor for side effects and effectiveness. The following concern was identified: a. Review of the medical record showed there were no resident specific or medication specific target symptoms identified for the Bupropion, fluoxetine, or olanzapine. 6. Interview with the DON, SSD, SDC, LPN #1, and the pharmacist on 4/9/26 at 9:01 AM confirmed the facility did not identify or monitor resident or medication specific target symptoms for psychotropic medications. 7. Review of the policy titled Psychotropic Medications provided by the facility on 4/9/26 showed An unnecessary drug is any drug when used . (3) Without adequate monitoring .

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on medical record review, resident and staff interview, and grievance log review, the facility failed to ensure reasonable care for the protection of the resident's property from loss or theft for 1 of 4 sample residents (#31) reviewed for missing items. The findings were:1. Interview with resident #31 on 04/06/26 at 4:51 PM revealed s/he stated concerns of a missing short fuchsia colored jacket s/he had only one day and it's been missing since then. The resident stated s/he had mentioned it at the last care plan meeting and nothing had been done.2. Review of a progress notes for resident #31 dated 1/23/26 and timed 2:28 PM showed Per CNA resident refused [his/her] bath and stated I will not take a bath until my purple magnetic jacket is found. Staff has been looking for jacket and laundry has been notified.3. Interview with the SSD on 4/9/26 at 10:38 AM revealed she was not aware of a fuchsia jacket that was missing from resident #31. She stated when clothing went missing the process was to notify laundry.4. Review of the grievance log for the past year revealed no grievances about clothing.5. Interview with the administrator on 4/9/26 at 11:25 AM revealed the facility will be completing a log process for missing clothing, and have that in the care plan meetings. She revealed most clothing items were found quickly and she confirmed there was not a process for identifying missing clothing items.6. Interview with the DON and LPN #1 on 4/9/26 at 11:53 AM revealed they recalled from the last care plan, the jacket in question was obtained by resident #31 from a volunteer, s/he wore it once, and then requested it to be donated. The were unsure what had happened with the jacket after that.