STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535029	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crook County Medical Services District Long Term C	713 Oak St Sundance, WY 82729

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on staff schedule review, payroll based journal (PBJ) review, and staff interview, the facility failed to ensure an RN was on duty for 8 consecutive hours per day, 7 days per week during 1 of 4 quarters reviewed (1st quarter of fiscal year 2025). The census was 27. The findings were: 1. Review of the PBJ Staffing Data Report for quarter 1 of fiscal year 2025 (October 1,2024 through December 31, 2025) showed there was no RN on duty for 8 consecutive hours for 2 days in November 2024, 11/9 and 11/23. Further review showed there was no RN on duty for 8 consecutive hours for 5 days in December 2024, 12/7, 12/14, 12/21, 12/22, and 12/29:2. Review of the staff schedule for November and December of 2024 confirmed there were no RNs on duty for 8 consecutive hours on 11/9, 11/23, 12/7, 12/14, 12/21, 12/22, and 12/29. 3. Interview with the DON on 8/14/25 at 10:46 AM confirmed the facility did not have RN coverage 7 days a week for at least 8 consecutive hours a day on the days identified.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535029	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crook County Medical Services District Long Term C	713 Oak St Sundance, WY 82729

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interview, medical record review, and policy and procedure review, the facility failed to ensure a safety assessment, including entrapment risk, of bedrails was completed for 1 of 5 sample residents (#21). The findings were: 1. Review of the quarterly MDS assessment dated [DATE] showed resident #21 had diagnoses which included cerebrovascular accident, and a BIMS score of 8 out of 15, which indicated moderate cognitive impairment. Interview with the DON on 8/13/25 at 2:39 PM confirmed there should have been a safety assessment for the bedrails. The following concerns were identified: a. Observation on 8/11/25 at 4:42 PM showed resident #21 had bilateral bed canes built into the frame of his/her bed. b. Review of the resident's medical record showed no evidence a bedrail assessment, which included entrapment risks, had been completed. c. Interview with resident #21 on 8/13/25 at 3:15 PM revealed s/he used the bedrails for positioning. 2. Review of the policy Proper use of Bed Rails provided by the DON on 8/14/25 at 8:24 AM and last updated 4/29/25 showed .vi. A nurse assigned to the resident will complete reassessments in accordance with the facility's assessment schedule, but not less than quarterly, upon a significant change in status, or a change in the type of bed/mattress/rail .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535029	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crook County Medical Services District Long Term C	713 Oak St Sundance, WY 82729

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, staff interview, policy and procedure review, the facility failed to ensure infection prevention was maintained in 1 of 2 dining observations and 1 of 4 residents (#22) with urinary catheter observations. The findings were: Regarding urinary catheter drainage bags: 1. Observation on 8/13/25 at 2:15 PM showed LPN #1 and LPN #2 entered resident #22's room and the resident's catheter drainage bag was positioned on the floor at the foot of the bed, without a cover or other type of protection. Interview with LPN #2, at that time, revealed the facility expected the bag to not be on the floor and to be covered. 2. Interview with the IP on 8/14/25 at 9:32 AM revealed the expectation was for the urinary catheter drainage bag to be positioned below the bladder and covered. She confirmed the bag should not be placed on the floor, and there were basins provided to prevent placement of the bag on the floor. 3. Review of a education form Proper Catheter Care for CNAs hand delivered on 8/14/25 at 8:25 AM by the DON showed .General Guidelines .Ensure the drainage bag is securely attached to the bed frame or chair - never place it on the floor. We have fabric bags for this but can put plastic basins on floor if needed . Regarding hand hygiene in the dining room: 1.Observation on 8/11/25 beginning at 5:39 PM showed CNA #1 assisted residents to eat at the assisted dining table. The CNA provided a bite of food to resident #25 who was sitting on her right, and then she turned to the resident on her left, adjusted the footrests, placed the resident's feet on the footrests, repositioned the resident in the wheelchair, and then provided additional bites of food to resident #25 without performing hand hygiene. 2. Interview with the IP on 8/14/25 at 9:41 AM confirmed hand hygiene should be performed between tasks. 3. Review of policy titled Hand Hygiene and last revised 4/2022, showed .Hand hygiene continues to be the primary means of preventing the transmission of infection .