STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535031	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wind River Rehabilitation and Wellness	1002 Forest Dr Riverton, WY 82501

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on medical record review and staff interview, the facility failed to ensure catheter care was provided according to physician orders for 1 of 3 sample residents (#3) reviewed. The findings were:1. Review of the 2/4/26 quarterly MDS assessment showed resident #3 had a BIMS score of 6 out of 15, which indicated severe cognitive impairment, and had diagnoses which included bladder obstruction, renal insufficiency, heart failure, diabetes mellitus, non- Alzheimer's dementia and history of a cerebrovascular accident. Review of the physician's orders showed the resident had an order dated 10/20/25 to change the foley catheter every 28 days. The following concerns were identified:a. Review of a nursing note attached to the foley catheter orders dated 2/14/26 and timed 4:10 PM showed .Unable to get to before resident was up and.will not allow staff to lay [him/her] back down. Will attempt in AM. Review of a progress note dated 2/15/26 and timed 12:30 PM showed the note was created on 5/21/26 at 12:33 PM. Further review showed .Reattempt to change foley this AM was unsuccessful. There was no evidence the staff had reattempted to change the urinary catheter or evidence the foley catheter was changed in the month of February.b. Review of a nursing note dated 3/14/26 and timed 3:26 PM showed the note was created on 5/21/26 at 12:28 PM. Further review showed .Resident refused foley change this shift despite multiple attempts and education. There was no evidence the staff had reattempted to change the urinary catheter or evidence the catheter was changed in the month of March. c. Review of medical record showed no evidence the urinary catheter had been changed in April prior to the resident's discharge from the facility on 4/11/26. 2. Interview with the MDS coordinator on 5/21/26 at 1:03 PM confirmed the urinary catheter had not been changed between February and April. 3. Interview with the DON on 5/21/26 at 1:20 PM revealed staff were expected to follow physician orders and change urinary catheters monthly. 4. Interview with the DON on 5/21/26 at 1:28 PM revealed the facility had no policy regarding the frequency of urinary catheter changes.

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
	535031	A. Building B. Wing	05/21/2026

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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 0775 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep complete, dated laboratory records in the resident's record. Based on medical record review and staff interview, the facility failed to ensure laboratory reports were in the residents medical record for 1 of 3 sample residents (#3) reviewed. The census was 56. The findings were:1. Review of the 2/4/26 quarterly MDS assessment showed resident #3 had a BIMS score of 6 out of 15, which indicated severe cognitive impairment and had diagnoses which included bladder obstruction, renal insufficiency, heart failure, diabetes mellitus, non- Alzheimer's dementia and history of a cerebrovascular accident. Further review of the resident's medical record showed the presence of an indwelling urinary catheter (foley) and chronic urinary tract infections (UTI). Review of the physician's orders showed the resident had an order dated 3/17/26 to obtain a urinalysis following behavioral and cognitive changes as well as a history of chronic UTI's. The following concerns were identified: a. Review of the medical record showed a urinalysis was collected on 3/19/26; however, there was no evidence of the facility received or followed up on the results of the urinalysis. b. Interview with the DON on 5/21/26 at 11:30 AM confirmed there was no evidence of the urinalysis result in the resident's chart. The DON revealed there was no indication the urinalysis had been tested at the laboratory. Further interview revealed the facility had not attempted to obtain the results or follow-up on the results of the urinalysis.