STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535040	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Summit Ridge Skilled Nursing & Rehabilitation	1108 Birch Street Douglas, WY 82633

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 observation, resident and staff interview, and policy review, the facility failed to ensure comfortable and safe temperature levels between the temperature range of 71 to 81 degrees F, in 1 of 2 dining areas (main dining room). The census was 49. The findings were: 1. Interview with Resident #35 on 6/15/26 at 4:11 PM revealed the temperature was sometimes cold, especially in the dining room. S/he revealed the facility ran the air conditioner all the time in the dining room. 2. Interview with Resident #2 on 6/15/26 at 4:02 PM revealed the dining room was cold and facility staff had to provide something on his/her shoulders during meals. 3. Interview with 6 residents during the resident council meeting on 6/16/26 at 10:29 AM revealed the dining room and hallways were always cold. 4. Observation on 6/15/26 at 5:07 PM showed the main dining room felt cold in temperature. Observation showed 9 residents in the dining room at that time, 1 was wearing a coat, 1 had a blanket wrapped around his/her shoulders, and 2 residents had blankets on their laps. 5. Observation on 6/17/26 at 10 AM showed the dining room felt much colder than the area outside the dining room. 6. Observation on 6/17/26 at 1:22 PM showed the temperature in the main dining room, near the kitchen, registered at 68.6 degrees Fahrenheit. 7. Observation with the maintenance director on 6/18/26 at 10:31 AM showed the main dining room had 66.8 degrees Fahrenheit temperature on the surface of the table height closest to the kitchen. Further observation showed the long table, where residents were performing activities, showed a table surface temperature of 70 degrees Fahrenheit and the air vent closest to the kitchen showed air temperature of 46 degrees Fahrenheit, blowing into the dining room. Interview with the maintenance director at that time confirmed the temperature was colder than 71 degrees Fahrenheit. 8. Review of the facility policy titled Safe and Homelike Environment last revised on 5/2026 showed .7. The facility will maintain comfortable and safe temperature levels. a. The facility should strive to keep the temperature in common resident areas between 71 and 81 degrees Fahrenheit .

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