

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  535043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2026
NAME OF PROVIDER OR SUPPLIER  Laramie Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  503 S 18th St Laramie, WY 82070	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, facility incident investigation review, facility performance improvement plan review, and staff interview, the facility failed to protect the resident's right to be free from verbal abuse by a resident for 1 of 3 incidents of resident-to-resident allegations of abuse reviewed. This failure affected resident #13. The facility implemented corrective action prior to the survey and was determined to be in substantial compliance as of 6/12/25. The findings were:1. Review of the 9/27/25 MDS quarterly assessment for resident #13 showed the resident was admitted to the facility on [DATE] and had a BIMS score of 15 out of 15 (cognitively intact), had a mood score of 1 out of 10; and did not exhibit any behaviors or refusal of care during the look-back period. The resident had a diagnoses which included chronic respiratory failure with hypoxia, anxiety disorder, and depression. Further review of the resident's medical record showed s/he was discharged to an assisted living facility on 12/1/25. Review of the 5/6/25 annual MDS assessment for resident #7 showed the resident was admitted to the facility on [DATE] and had a BIMS score of 15 out of 15, a mood score of 4 out of 10, and did not exhibit any behaviors or refusal of care during the look-back period. The resident had a diagnosis of bipolar disorder. Review of a 5/7/25 nurse progress note showed while the resident was participating in a shopping trip when s/he asked to be taken to the hospital. Resident #7 as admitted to the hospital with aspiration pneumonia and was readmitted to the facility on [DATE]. Review of a nurse progress notes from 5/19/25 through 5/24/25 showed resident #7 had an increase in aggressive and inappropriate sexual behaviors toward staff, refusal of care, and was delusional at times. Review of the facility's incident investigation report showed resident #13 was involved in an altercation with resident #7 on 5/28/25. Resident #13 had asked resident #7 to stop teasing an unidentified resident and resident #7 responded with calling resident #13 a fat bitch, told him/her to shut the fuck up, and threatened to knock [resident #13] fucking teeth out. Resident #13 became visibly upset with resident #7 and responded with go ahead and hit me then. As more staff arrived in the dining area resident #7 left the area and returned to his/her room. The following actions were taken by the facility:a. Law enforcement was notified following the incident with no citations issued.b. Resident #7 was placed on 15-minutes checks and staffing was increased to ensure resident safety.c. A surveillance monitor was placed outside of resident #7's room to alert staff when s/he exited the room.d. Resident #7's primary healthcare provider was notified and the resident was assessed the day following the incident. A medication regimen review was also requested.e. The facility offered to relocate resident #13 to another room; however, s/he declined and stated s/he was fine. f. The social services director met with resident #13 three times per week for 1 month to ensure the resident did not suffer any additional trauma related to the incident.g. Education was provided to all staff and managers on 5/29/25 on abuse and neglect.h. Resident safety interviews were conducted with residents throughout the facility. 2. Interview with the DON on 2/12/25 at 11:18 AM</p> <p>(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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 535043
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>revealed resident #7 showed an increase in behaviors after being treated for pneumonia in May. Following the incident resident #7 was diagnosed with an infection, was placed on antibiotics, and the resident's antipsychotic medication was increased. The DON stated resident #7 had not been involved in any further resident-to-resident incidents. 3. Review of a 6/12/25 Social Services Quality Assurance Committee Report showed abuse Allegations Reported in May: There was one allegation of verbal abuse reported to the State in May: It was resident-to-resident incident. There was a verbal exchange between a male and female resident in the dining room. There was no physical exchange. A camera has been placed in the [gender] resident's hallway to help monitor [his/her] whereabouts. Interviews were completed with the [gender] resident involved and with other residents per protocol. No further incidents between these two residents have been noted at this time.</p>		