

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  535048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2026
NAME OF PROVIDER OR SUPPLIER  Worland Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1901 Howell Ave Worland, WY 82401	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, medical record, and staff and resident interview, the facility failed to ensure medications were safely stored for 1 of 3 residents (#1) reviewed for medication administration. The census was 64. The findings were: Based on observation, medical record, and staff and resident interview, the facility failed to ensure medications were safely stored for 1 of 3 residents (#1) reviewed for medication administration. The census was 64. The findings were: 1. Review of the medical record showed resident #1 had diagnoses that included chronic kidney disease, hypertension, and atherosclerotic heart disease. The following concerns were identified: a. Observation on 4/30/26 at 12:14 PM showed resident #1 had an unlabeled medication cup that contained 1 unmarked white pill. b. Interview with resident #1 on 4/30/26 at 12:14 PM revealed a traveling nurse gave him/her a sodium chloride salt pill a few months ago. The resident reported s/he had high blood pressure (BP) and noticed the pill was not the sodium bicarbonate that s/he had been prescribed, and stated s/he refused to take the medication. S/he reported the nurse had told him/her it did not make a difference and it did the same thing. Further interview revealed the nurse left the medication after the resident refused to take it. c. Review of the physician orders showed the resident had an order for sodium bicarbonate oral tablet 325 milligram (mg) 2 tablets by mouth twice daily for acute kidney failure. Further review showed the resident did not have an order for sodium chloride.d. Review of the medical record showed no evidence of a self-administration of medication assessment.e. Interview with the DON at 12:35 PM revealed the medication in the resident's possession was an over-the-counter (OTC) medication, and she was unable to verify what the medication was. She stated she did not know when the medication was provided to the resident, and could not verify if the medication had been signed off on the medication administration record (MAR). Further interview confirmed she expected the nurses to watch residents take their medication.d. Interview with the regional clinical nursing director on 4/30/26 at 1:05 PM revealed the facility did not have a policy on medication administration.</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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff interview, and policy and procedure review, the facility failed to ensure infection control techniques were utilized in 1 of 4 units. The findings were: 1. Observation on 4/30/26 at 6:01 AM showed CNA #1 exited room [ROOM NUMBER] with unbagged, soiled bed linens in her hands. She walked down the hall with the soiled linens and put them in the dirty linen bin. 2. Interview with the DON on 4/30/26 at 10:40 AM confirmed soiled linens should be put in a bag before leaving the room. 3. Review of the facility policy titled Soiled Laundry and Bedding last revised February 2026 showed .3. Place and transport contaminated laundry in bags or containers in accordance with established policies governing the handling and disposal of contaminated items .</p>		