STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535049	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Casper	4041 South Poplar St Casper, WY 82601

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and staff interview, the facility failed to implement resident centered care plans for 2 of 5 sample residents (#6, #9) reviewed for development and implementation of care plans. The findings were:1.Review of the quarterly MDS assessment dated [DATE] showed resident #6 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included non-Alzheimer's dementia, debility, depression, adjustment disorder with mixed anxiety and depressed mood. Further review of the 5/30/24 care plan showed the resident was to receive care with a minimum of 2 staff members present while providing care. The following concerns were identified:Review of an incident report dated 8/16/25 showed CNA #1 provided cares for resident #6 without another staff member present.Interview with CNA #1 on 4/21/26 at 3:40 PM confirmed cares were provided to the resident without another staff member present.Interview with RN #1 on 4/22/26 at 5:26 PM revealed staff had often provided cares to residents who were pairs in cares without a second staff member present.Interview with the DON on 4/22/26 at 4:50 PM revealed staff were expected to follow resident care plans, including pairs in cares.2. Review of the 3/25/26 quarterly MDS showed resident #9 had a BIMS score of 14 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included paraplegia and muscle weakness. Further review of the 3/25/26 care plan showed resident #9 was at risk for malnutrition and had interventions which included monthly, weekly, or as needed weights. The following concerns were identified:Review of the residents weights showed s/he was weighed at a minimum of once a month until 3/13/26. Further review showed there were no documented weights between 3/13/26 and 4/22/26.Review of the 4/10/26 dietician note showed .No monthly or weekly weight obtained due to scale broken. Will continue to request weekly and monthly weights as needed.Interview with the dietician on 4/23/26 at 10:16 AM confirmed the resident wasn't weighed.Interview with the DON on 4/23/26 at 10:30 confirmed there was a broken scale; however, staff were expected to use the other facility scale and follow the residents care plan to the best of their abilities.Review of the document titled Weight monitoring, long term care last revised 9/15/25 showed .Weighing a patient in a long-term care facility is an important part of assessing a residents health, following a routine weighing schedule helps detect weight changes. Unless otherwise specified, record a resident's weight at the time of admission, weekly for 4 weeks, and then monthly.3. Review of the policy titled Person Centered Care Planning last revised 8/29/25 showed .Each resident will have a person-centered care plan developed and implemented to meet.and address the resident's medical, physical, mental and psychosocial needs.

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