

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535051	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2025
NAME OF PROVIDER OR SUPPLIER Thermopolis Rehabilitation and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 1210 Canyon Hills Rd Thermopolis, WY 82443	

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. (continued on next page)

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, resident representative and staff interview and policy and procedure review, the facility failed to meet professional standards of quality for 1 of 3 sample residents (#1) reviewed for diagnostic service orders. The findings were: 1. Review of the re-entry MDS assessment dated [DATE] showed resident #1 had severely impaired cognitive skills, did not ambulate, and required substantial/maximal assistance for transfers. Resident #1 had diagnoses which included presence of left artificial hip joint, difficulty in walking, and neurocognitive disorder with Lewy bodies. The following concerns were identified: a. Review of a progress note dated 6/6/25 and timed 2:39 AM showed .PT is seeing resident and has requested staff to see about getting an x-ray to the left hip d/t very tight tension and limited ROM. Resident will work on improving LLE strength and ROM for glider transfers . b. Review of a progress note dated 6/7/25 and timed 2:46 AM showed .PT is seeing resident and has requested staff to see about getting an x-ray to the left hip d/t very tight tension and limited ROM. Resident will work on improving LLE strength and ROM for glider transfers. Therapy requests that staff continue using the manual glider at this time and provide resident proper verbal and tactile cues . c. Review of a progress note dated 6/8/25 and timed 4:58 AM showed .PT is seeing resident and has requested staff to see about getting an x-ray to the left hip d/t verytight [sic] tension and limited ROM. Resident will work on improving LLE strength and ROM for glider transfers. Therapy requests that staff continue using the manual glider at this time and provide resident proper verbal and tactile cues . d. Review of a progress note dated 6/9/25 and timed 2:34 AM showed .PT is seeing resident and has requested staff to see about getting an x-ray to the left hip d/t verytight [sic] tension and limited ROM. Resident will work on improving LLE strength and ROM for glider transfers. Therapy requests that staff continue using the manual glider at this time and provide resident proper verbal and tactile cues . e. Review of a progress note dated 6/9/25 and timed 8:30 AM showed Called Dr. [primary physician] office talked to [office nurse], asked if we could get an order for X-Ray to the left hip. f/u with response. f. Review of a progress note dated 6/9/25 and timed 4:56 PM showed Dr. [sic] [primary physician] office called talked to [office nurse], there is an X-ray order over at the hospital. Will set up transportation to get [him/her] over there tomorrow. g. Review of a progress note dated 6/10/25 and dated 2:59 AM showed .PT has requested nursing to see about getting an x-ray to the left hip d/t very tight tension and limited ROM. Resident will work on improving LLE strength and ROM for glider transfers . h. Review of a progress note dated 6/11/25 and timed 2:17 AM showed .Abductor wedge in use for proper leg placement to avoid hip/joint issues. PT has requested nursing to see about getting an x-ray to the left hip d/t very tight tension and limited ROM . i. Review of a progress note dated 6/12/25 and timed 4 PM showed LATE ENTRY Appointment / Transportation Follow Up: Called radiology to confirm order was received. Called [name of outside entity] for transportation. Appointment scheduled for 6/16 at 9 AM. Notified staff. j. Review of a progress note dated 6/13/25 and timed 4:05 PM showed .Hip abduction support with straps is on resident when [s/he] is up in [his/her] wheelchair and also when [s/he] is in bed to help with pain management to hip/knee, along with ensuring proper alignment and positioning. Resident has x-ray of left hip scheduled for Monday 6.16.25 d.t continuation of odd alignment of hips seated and standing . k. Review of a progress note dated 6/14/25 and timed 3:29 AM showed .Hip abduction support with straps is on resident when [s/he] is up in [his/her] wheelchair and when [s/he] is in bed to help with pain management to hip/knee, along with ensuring proper alignment and positioning. Resident has x-ray of left hip scheduled for Monday 6.16.25 d/t continuation of odd alignment of hips seated and standing . l. Review of a progress note dated 6/15/25 and timed 3:12 AM showed .Hip abduction support with straps is on resident when [s/he] is up in [his/her] wheelchair and when [s/he] is in bed to help with pain management to hip/knee, along with ensuring proper alignment and positioning. Resident has x-ray of left hip scheduled for Monday 6.16.25 d/t continuation of odd alignment of hips seated and standing . m. Review of a progress note dated 6/16/25 and timed 12:38 AM showed .Hip abduction support with straps is on resident when [s/he] is up in [his/her] wheelchair and when [s/he] is in bed to help with pain management to hip/knee, along with ensuring proper alignment and positioning. Resident has x-ray of left hip scheduled for Monday 6.16.25 d/t continuation of odd alignment of hips seated and standing . n. Review of a progress note dated 6/16/25 and dated 1:14 PM showed Situation: The Change in Condition/s reported on this CIC Evaluation are/were: Trauma (fall or related) . Primary Care Provider Feedback: Primary Care Provider responded with the following feedback: A Recommendations:</p>		

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<p>F 0776</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, approved x-ray services, or have an agreement with an approved provider to obtain them.</p> <p>(continued on next page)</p>

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