STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535051	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thermopolis Rehabilitation and Wellness	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, medical record review, and manufacturer's instruction review, the facility failed to ensure appropriate use of mechanical lifts during 1 random observation of mechanical lift transfers for a sample resident #3. The findings were: 1. Review of the quarterly MDS assessment dated [DATE] showed resident #3 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact, and diagnoses which included heart failure, morbid obesity, anxiety disorder and post-traumatic stress disorder. Further review showed the resident was dependent on staff for chair/bed-to-chair transfer. Review of the care plan last revised on 8/15/2025 showed the resident had an ADL function decline related to reduced mobility due to his/her morbid obesity, weakness, and chronic health conditions, and used a mechanical lift for transfers. The following concerns were identified:a. Observation on 11/19/25 at 3:20 PM showed two unidentified CNA's, and RN #1 entered the resident's room to assist him/her out of the wheelchair and into bed using a mechanical lift. Before the resident was transferred, a full body lift sling was placed under him/her, the Invacare Reliant 450 full body mechanical lift was placed over the resident, and the sling was attached to the mechanical lift. An unidentified CNA locked the caster brakes on the mechanical lift, lifted the resident out of the wheelchair, and unlocked the caster brakes as the resident was positioned over the bed. An unidentified CNA locked the caster brakes and then lowed the resident into the bed. b. Interview with RN #1 on 11/20/25 at 1:51 PM confirmed the rear casters were locked when the resident was raised and lowered with the mechanical lift.c. Interview with RN #2 on 11/20/25 at 10:23 AM revealed she would lock the rear casters of the mechanical lift while a resident was being raised, or lowered. d. Interview with the DON on 11/20/25 at 11:29 AM revealed she thought it was ok to lock the casters during the transfer. e. Review of the manufacturer's recommendations for the Invacare Reliant 450 battery powered patient lift provided by the facility on 11/20/25 showed .Lifting the Patient .Warning .Invacare does not recommend locking of the rear casters of the patient lift when lifting an individual. Doing so could cause the lift to tip and endanger the patient and assistants. Invacare does recommend that the rear casters be left unlocked during lifting procedures to allow the patient lift to stabilize itself when the patient is initially lifted from a chair, bed, or any stationary object .

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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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on medical record review and staff interview, the facility failed to ensure residents were free from significant medication errors for 1 of 11 sampled residents (#40). The findings were: 1. Review of the 11/14/25 admission MDS assessment showed resident #40 had a BIMS of 15 out of 15, which indicated the resident was cognitively intact, and diagnoses which included heart failure, atrial fibrillation. hypertension, presence of cardiac pacemaker, hypo-osmolality and hyponatremia. Further review showed the resident received a vasopressor medication, midodrine, which was administered based on blood pressure parameters. Review of the physician orders dated 11/14/25 showed the resident received midodrine 5 milligrams (mg) by mouth three times daily with meals for hypotension. The following concerns were identified.a. Review of the physician orders dated 11/14/25 showed May stop midodrine if blood pressure above 110.b. Review of the medication administration record showed the resident's blood pressure prior to his/her scheduled noon dose of midodrine administration on 11/16/25 at 1:06 PM was 122/41. Further review showed the medication was administered by MA-C #1.c. Interview with MA-C # 1 on 11/19/25 at 12:30 PM revealed if a resident's BP was higher than the ordered parameters to administer midodrine, she would hold the medication, document a progress note, and notify her supervisor or charge nurse.d. Interview with MA-C # 1 on 11/19/25 at 12:35 PM revealed that she contacted the physician on 11/16/25 to obtain parameter orders because there weren't any at the time of administration. e. Review of medical records during the survey dates showed no evidence of the physician being contacted on 11/16/25 regarding the resident's blood pressure reading of 122/41. f. Review of the resident's weights and vitals for 11/16/25 showed the resident had a blood pressure of 107/56 at 8:07 AM, 122/41 at 1:06 PM, and 101/41 at 4:42 PM. No other blood pressures were documented.g. Review of a progress note provided by the regional clinical director at the survey, exit dated 11/19/25 and timed 1:30 PM showed the effective date was 11/16/25 at 1:28 PM. Further review showed midodrine HCL Oral Tablet 5 mg Give 1 tablet by mouth with meals for hypotension [sic] BP [blood pressure] was taken prior to giving med and was low. Vital machine was used before getting vitals recorded. So after meal, BP showed that it was above the perimeter [sic] to give.2. Interview with the DON on 11/20/25 at 10:30 AM revealed staff were expected not to administer midodrine if the blood pressure was outside of the ordering parameters.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, staff interview, and review of policy and procedures, the facility failed to ensure effective infection prevention practices were implemented during one random observation of linen transportation. The findings were: 1. Observation on 11/17/2025 at 2:25 PM showed RN #3 walked down the East hall with unbagged soiled linen in her hands and transported them to the soiled laundry bin. 2. Interview with the infection prevention coordinator and NHA on 11/20/25 at 11:35 AM revealed soiled linen should be bagged before being removed from rooms and transported to the soiled laundry bin. 3. Review of the Centers for Disease Control and Prevention standards of practice titled Laundry and Bedding, last revised 1/08/24, showed soiled laundry should be bagged prior to transporting to the soiled linen room. 4. Review of the facility policy titled Infection Control Policies and Practices, last revised 5/30/23, showed .6. The Executive Director or Governing Board, through the QAPI and infection control committees, have adopted our infection control policies and practices, as outlined herein, to reflect the Center's needs and operational requirements for preventing transmission of infections and communicable diseases as set forth in current OBRA, OSHA and CDC guidelines and recommendations .