STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0023	A. BUILDING: _____ B. WING _____	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASPER MOUNTAIN REHABILITATION AND CA	4305 S POPLAR CASPER, WY 82601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11, effective 07/01/2020 Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000 A licensure survey was conducted from 6/10/24 to 6/13/24. Also reviewed in the course of the survey were complaint intakes WY00003904 and WY00003907. The following common abbreviations are used throughout the document: DON: Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S2900	Ch 11 Sec 5(a) Organization and Administration (a) Governing Body. The Nursing Care Facility shall have a governing body which has the legal authority and responsibility to operate the Nursing Care Facility. The governing body shall: (i) Appoint a full-time, on premise, administrator qualified by education, training and experience as established by the Wyoming Board of Nursing Home Administrators. (A) The administrator shall have a current license as a Wyoming Licensed Nursing Home Administrator. (ii) Temporary License. A temporary license may be granted by the Wyoming Board of	S2900		7/8/24

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S2900	Continued From page 1 Nursing Home Administrators: (A) To fill a position of Nursing Home Administrator that unexpectedly becomes vacant; (B) For a period not to exceed six (6) months; (C) After consideration by the Board of Nursing Home Administrators on an individual basis; and (D) To an individual who does not meet all the licensing requirements under the Act, but who is of good character and meets the educational requirements as stated. (iii) A temporary license may be renewed for good cause for one (1) time if requested thirty (30) days prior to the termination of the initial temporary license. (iv) The administrator of a hospital with a connection nursing care wing can serve as the administrator and shall be licensed as a Wyoming Nursing Home Administrator. (v) The administrator shall enforce the rules and regulations relative to the level of health care and safety of residents and for the protection of their personal and property rights. (vi) The administrator shall plan, organize, and direct those responsibilities delegated to him by the governing body or its equivalent. (vii) An employee of the facility shall e authorized in writing to act on the administrator's behalf during his/her absence.	S2900		

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S2900	Continued From page 2 This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed ensure a qualified full-time licensed administrator was on premise for the management of the facility. The census was 74. The findings were: 1. Interview with the DON and administrator in training on 6/10/24 at 1:41 PM revealed the facility administrator did not work on-site and had weekly calls with the facility. 2. Observation between 6/10/24 and 6/13/24 showed the identified facility administrator was not present, on the premises, during the survey. 3. Interview with the chief operating officer on 6/13/24 at 9:56 AM revealed the previous administrator went on leave on 5/20/24 and he was expected to return on 6/24/24 (6 weeks). She confirmed the current licensed administrator did not work on-site at the facility and revealed the she was employed at another agency in the town where she lived. 4. Interview with the facility administrator on 6/13/24 at 10:23 AM confirmed she did not live in the same town the facility was located. She revealed she communicated with the facility via email and phone calls and she confirmed she was unable to work on premise full-time due to be employed with another agency in the town where she lived. Further interview confirmed her other employment requirements prevented her from being on-site at the facility and she revealed she had never been to the facility.	S2900	PREPARATION AND EXECUTION OF THIS RESPONSE AND PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION OR AGREEMENT BY THE PROVIDER OF THE TRUTH OF THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW. FOR THE PURPOSES OF ANY ALLEGATION THAT THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH FEDERAL REQUIREMENTS OF PARTICIPATION, THIS RESPONSE AND PLAN OF CORRECTION CONSTITUTES THE FACILITY'S ALLEGATION OF COMPLIANCE IN ACCORDANCE WITH SECTION 42 C.F.R. §488.18 AND SECTION 7317A OF THE STATE OPERATIONS MANUAL. CORRECTIVE ACTION FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: The facility governing body appointed a qualified full-time licensed administrator who's on premises for the management of the facility. HOW THE FACILITY IDENTIFIED	

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S2900	Continued From page 3	S2900	OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents are at risk of being affected by this alleged deficiency. MEASURES OR SYSTEMIC CHANGES MADE TO ENSURE THE DEFICIENT PRACTICE WILL NOT OCCUR AGAIN: On 6/13/2024 the facility's Administrator/designee was educated by the organization's Governing Body to ensure that the facility has a qualified full-time administrator who is on premises for the management of the facility. The Governing Body representative will be responsible for conducting weekly audits x 4 weeks, then monthly for 2 additional months to ensure compliance. HOW THE FACILITY PLANS TO MONITOR PERFORMANCE TO MAKE SURE THE SOLUTIONS ARE SUSTAINED: The Governing Body representative /designee will be responsible for reporting to the monthly Quality Assurance Performance Improvement (QAPI) Committee a summary of findings for review and recommendations for three months. QAPI Committee will evaluate and determine the effectiveness of the plan to ensure substantial compliance is achieved and determine if further monitoring and evaluation is required.	