STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535024	A. BUILDING _____ B. WING _____	C 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASPER MOUNTAIN REHABILITATION AND CARE CENTER	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) COMPLETION DATE
F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 5/1/24 to 5/2/24. The survey was prompted by complaint intakes WY00003846, WY00003851, WY00003862, and WY00003867. The following common abbreviations are used throughout this document: DON: Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 839 SS=E	Staff Qualifications CFR(s): 483.70(f)(1)(2) §483.70(f) Staff qualifications. §483.70(f)(1) The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. §483.70(f)(2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws. This REQUIREMENT is not met as evidenced by: Based on review of personnel records, staff interview, and medical record review, the facility failed to ensure the director of nursing was licensed by the State of Wyoming before providing nursing care to facility residents for 5 of 13 (#1, #2, #3, #4, #5) residents reviewed. The facility census was 74. The findings were: 1. Review of the former DON's personnel record showed she was hired on 3/11/24. There was no	F 839	This plan of correction is submitted as required under State and Federal law. This plan does not constitute admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyors finding or conclusions are accurate, that the findings constitute a deficiency or that the scope or severity	5/22/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/17/2024

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F 839	Continued From page 1 evidence the former DON had a valid Wyoming nursing license upon hire. The following concerns were identified: a. Review of the medical record for resident #1 showed an Abnormal Involuntary Movement Scale (AIMS) assessment was completed by the former DON on 3/19/24. b. Review of the medical record for resident #2 showed an "Alert Charting Note" had been completed by the former DON on 3/22/24. c. Review of the medical record for resident #3 showed a Braden Scale (assessment used for predicting pressure sore risk) was completed by the former DON on 3/19/24. d. Review of the medical record for resident #4 showed a medication reconciliation form had been completed by the former DON on 3/18/24. e. Review of the medical record for resident #5 showed medications had been added to the electronic medical record by the former DON on 3/25/24. 2. Interview with the chief of operations on 5/1/24 at 2:06 PM revealed the facility was aware the former DON did not have a Wyoming nursing license upon hire, and was only to be doing "administrative duties" until she was granted a license from the Wyoming Board of Nursing. Further, the former DON was recently terminated; however, she had been granted a license before she left. 3. Review of a "License Verification Report" showed the former DON was granted a Wyoming nursing license on 4/17/24. 4. Interview with the human resource director on 5/2/24 at 8:39 AM revealed the former DON's last day in the facility was 4/22/24.	F 839	regarding the deficiencies cited are correctly applied. F839 Problem: The facility failed to ensure the DON for the facility was licensed in the state of Wyoming, before providing nursing duties in the facility. 1) Corrective Action: The DON was terminated on 4/22/24 and no longer works in the facility. Resident #1 had an updated AIMS assessment completed on 5/16/24. Resident #2 alert charting reviewed and updated based on resident needs on 5/16/2024. Resident #3 had an updated Braden□s completed on 5/16/2024. Resident #4 no longer resides in the facility. Resident #5 medications added by the former DON were reviewed and renewed on 5/16/24. 2) Identification of others: Human Resources or designee will audit all files by 5/24/24, to ensure all employees have proper licensure to meet this regulation. Any concerns will be addressed immediately. 3) Systemic Changes: All hiring managers will be educated by 5/24/24, to ensure that proper licensure verification is obtained and documented before the employee begins employment.	

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F 839	Continued From page 2 5. Interview with the nursing home administrator and interim DON on 5/2/24 at 10:25 AM confirmed the former DON had provided nursing care without a Wyoming nursing license.	F 839	4) Monitoring: Human Resources or designee will audit all new hire files every two weeks for one month and the monthly thereafter to ensure proper licensure verification has been completed. All audit results will be presented in QAPI for further review and analysis. Audits will be completed until substantial compliance is met and maintained.	