STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535056	A. BUILDING _____ B. WING _____	C 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAGE VIEW CARE CENTER	**1325 SAGE STREET ROCK SPRINGS, WY 82901**

(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 recertification survey was conducted by Healthcare Licensing and Surveys from 2/10/25 through 2/13/25. Also reviewed in the course of the survey was complaint intake WY00004239. The following common abbreviations are used throughout this document: RN: Registered Nurse DON: Director of Nursing DOR: Director of Rehabilitation Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 727 SS=F	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on staff schedule review, daily staff posting review, time punch history review, and staff interview, the facility failed to ensure an RN was on duty for 8 consecutive hours per day, 7	F 727	POC: Annual Survey F727 RN 8Hrs/7 days/Wk Date: 2/12/2025	3/1/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/10/2025

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.

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F 727	Continued From page 1 days per week. The census was 533. The findings were: 1. Review of the February 2025 nursing schedule failed to show an RN had been scheduled for 2/8/25. 2. Review of the daily staff postings failed to show there was an RN on duty for 2/8/25. 3. Review of the time punch history for RN #1 showed on 2/8/25 she worked for 3.25 hours from 11:53 AM to 3:12 PM. 4. Interview with the DON on 2/12/25 at 1:49 PM revealed the RN on duty had been on-call and only worked 3.5 hours on 2/8/25. She stated she understood the nurse needed to be on duty for 8 hours; however, she confirmed the RN did not work 8 hours.	F 727	1. Eight hours, per twenty-four-hour period, at a minimum, is currently provided on a daily basis. 2. Initial audit competed by DNS/Designee to assess for other periods of missing RN hours with none identified. 3. Education provided by the Executive Director to DON, Nurse Managers and all RN□s in the facility. If there is missing RN coverage/or an RN is not scheduled on a weekend Nurse Manager on call will cover 8 RN hours in the facility. DON/Designee will randomly audit the nurse schedule weekly x 12 weeks to validate 8 hours of RN coverage. 4. Results of initial and ongoing audits will be reviewed via the QAPI process monthly for at least three months for further recommendations. 5. Date of compliance is 3/1/25.	
F 825 SS=D	Provide/Obtain Specialized Rehab Services CFR(s): 483.65(a)(1)(2) §483.65 Specialized rehabilitative services. §483.65(a) Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120(c), are required in the resident's comprehensive plan of care, the facility must- §483.65(a)(1) Provide the required services; or §483.65(a)(2) In accordance with §483.70(f), obtain the required services from an outside	F 825		3/1/25

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F 825	Continued From page 2 resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act. This REQUIREMENT is not met as evidenced by: Based on medical record review, and resident, and staff interview the facility failed to provide rehabilitative services for 1 of 8 sample residents(#150). The findings were: 1. Review of the initial care plan dated 1/24/25 showed resident #150 had diagnoses which included hemiplegia and hemiparesis following a cerebral infarction affecting the left non-dominant side, myocardial infarction, and weakness. Further review showed a physician's order dated 1/23/25 to evaluate and treat for physical and occupational therapy. The following concerns were identified: a. Interview with the resident on 2/11/25 at 8:40 AM revealed s/he had been in the facility for more than a week and had not received any therapy. b. Interview with the DON on 2/12/25 at 1:46 PM revealed she had been unaware that the resident had therapy orders and confirmed the resident had not received any therapy services. c. Interview with the DOR on 2/12/25 at 2:12 PM revealed she had been unaware the resident had therapy orders, and confirmed the resident had not received any therapy services.	F 825	RehPOC: Annual Survey □ F825 Provide/Obtain Specialized Rehab Services F825 Date: 2/12/2025 1. Resident #150 therapy orders currently are identified and carried out. 2. Initial audit completed by DNS/Designee to assess for other orders not carried out timely with no others identified. 3. Ongoing audits will be completed by DNS/Designee twice weekly times one month then weekly times at least two months to validate residents with therapy treatment orders receive therapy. Education provided to clinical team including DNS, Executive Director, Director of Rehab, and therapy staff related to the review of new therapy orders each morning in clinical meeting five days per week to validate residents with therapy treatment orders receive therapy. 4. Results of initial and ongoing audits will be reviewed via the QAPI process monthly times at least three months for further recommendations. 5. Date of compliance is 3/1/2025	