STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535022	A. BUILDING _____ B. WING _____	C 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LEGACY LIVING AND REHABILITATION CENTER	**1000 S DOUGLAS HWY GILLETTE, WY 82716**

(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 2/20/25 through 2/21/25. The survey was prompted by complaint intakes WY00004236, WY00004253, and WY00004267. The following common abbreviations are used throughout this document: DON: Director of Nursing MDS: Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.	F 609		2/21/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/17/2025

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 609	Continued From page 1 §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, media article review, and state survey incident database review, the facility failed to ensure allegations which resulted in a reasonable suspicion of a crime were reported for 1 of 4 sample resident (#1) reviewed for allegation reporting. The findings were: 1. Review of the annual MDS assessment dated 10/2/24 showed resident #1 had a brief interview for mental status score of 15 out of 15, which indicated the resident was cognitively intact, and diagnoses which included heart failure, hypertension, peripheral vascular disease, diabetes mellitus, cerebrovascular accident, anxiety disorder, depression, and asthma. Further review showed the resident required supervision or touching assistance with transfer and toileting hygiene. Review of a progress note dated 11/29/24 and timed 5:50 AM showed the resident was found unresponsive and cardiopulmonary resuscitation, which included chest compressions, was implemented. Emergency Medical Services arrived and pronounced the resident deceased at 5:02 AM. The following concerns were identified: a. Review of a newspaper article dated 2/4/25 showed "...Police Department have been investigating the death of 66-year-old [resident #1], who died Nov. 29 last year...[resident #1]'s	F 609	1. Corrective Action for Affected Resident (#1) · The facility reported the reasonable suspicion of a crime regarding Resident #1's prescription drug toxicity/overdose to the State Survey Agency (SSA) on 2/20/25. · Law enforcement were already aware of the incident, so no additional report was required. 2. Identification of Other Affected Residents · A review of incidents from the past 6 months found no other unreported allegations involving suspected criminal activity. 3. Systemic Changes to Prevent Recurrence · Policy Update: A separate Reporting Policy has been developed to provide clear guidelines on reporting reasonable suspicions of a crime. · Staff Education: The administrator and	

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F 609	Continued From page 2 cause of death was determined to be toxicity or overdose of a known prescription medication..." b. Interview with the resident's physician and nurse practitioner #1 on 2/21/25 at 9 AM revealed they were aware of the allegation of prescription drug toxicity or overdose from a prescription medication. c. Review of the state survey agency incident report database showed no evidence the allegation of drug toxicity or overdose was reported. d. Interview with the DON and administrator on 2/20/25 at 3:45 PM revealed the facility was aware of the allegation of drug toxicity or overdose from a prescription medication and a facility investigation was initiated. They revealed the allegation was not reported due to the facility reporting a previous allegation surrounding the resident's death; however, they confirmed the previous allegation did not include an allegation of drug toxicity or overdose for the resident.	F 609	DON reviewed the reporting requirements outlined in F609 of Appendix PP on 2/21/25 to ensure full understanding of federal expectations regarding reporting allegations involving a reasonable suspicion of a crime. No additional staff education was deemed necessary as reporting in this instance was the responsibility of the administrator and DON. · Audits: The Administrator or DON will conduct reviews of incident reports to ensure all reportable events, including suspected crimes, are documented and submitted properly. 4. Monitoring & Compliance · Findings will be reviewed in QAPI meetings for 3 months.	