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 _____	R-C 03/06/2025

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 revisit survey was conducted on 3/4/25 to 3/6/25 for all previous deficiencies cited on 1/15/25.	{F 000}		
{F 656} SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for	{F 656}		4/11/25

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

Electronically Signed | 03/28/2025

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 656}	Continued From page 1 future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to develop a comprehensive care plan for 1 of 7 sample residents (#8) reviewed for care plans. The findings were: 1. Review of the 12/8/24 annual Minimum Data Set (MDS) assessment showed resident #8 had a stage 4 pressure ulcer. The care area assessment (CAA) for pressure ulcers for the 12/8/24 MDS assessment showed the resident had a pressure ulcer to the left foot and stated pressure ulcers would be added to the care plan. Review of a 3/4/25 skin and wound evaluation showed the resident had a stage 4 pressure ulcer to the left foot. The following concerns were identified: a. Review of the current care plan provided by the facility on 3/5/25 at 12:09 PM showed the pressure ulcer was not addressed. The care plan only indicated the resident was at risk for skin impairment with a goal to maintain clean and intact skin. b. During an interview on 3/6/25 at 2:59 PM	{F 656}	This plan of correction is submitted as required under State and/or Federal law. The submission of this Plan of Correction does not constitute an admission on the part of the Community as to the accuracy of the surveyors findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community s policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence, corresponding state rules o civil procedure and should inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community, or any employee, agent, officer, director,	

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{F 656}	Continued From page 2 the director of nursing (DON) confirmed the care plan did not address the pressure ulcer on the foot.	{F 656}	attorney, or shareholder of the Community of affiliated companies. It is the facility's policy to develop and implement comprehensive person-centered care plans that include measurable objectives and timeframes to meet each resident's medical, nursing, mental and psychosocial needs identified in their comprehensive assessment. Corrective Action for Affected Residents: On 3/11/25, the Infection Control Nurse reviewed and updated Resident #8's care plan to include interventions and goals specific to the stage 4 pressure ulcer on the left foot. The comprehensive care plan now includes measurable objectives, interventions, and timeframes for wound care treatment, positioning, pressure relief measures, and monitoring of healing progress. Identifying other Residents having the Potential to be Affected: The Director of Nursing or designee conducted an audit of all current residents with pressure ulcers to ensure their care plans accurately reflect their current skin conditions and include appropriate interventions. A skin sweep will be conducted and completed by 4/2/25. Measures put into place or Systemic Changes: 1. The Director of Nursing or designee will in-service all licensed nurses by 04/07/2025 on: The requirement to develop and implement comprehensive care plans that address all identified resident needs The process for updating care plans	

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{F 656}	Continued From page 3	{F 656}	when new conditions develop The importance of ensuring care plan accuracy following MDS assessments and CAA completion 2. The MDS Coordinator will implement a new process by 03/27/2025 requiring review of all triggered CAAs to ensure corresponding care plan updates are completed within 7 days of MDS completion. 3. The Director of Nurses (DON) or designee will review all new pressure ulcers during daily clinical meetings to ensure care plans are updated appropriately. Plan to Monitor Performance: 1. The DON or designee will audit 10% of resident care plans weekly for 4 weeks, then monthly for 2 months to ensure: o All identified conditions are addressed in the care plan o Care plans include appropriate interventions and measurable goals o Care plans are updated timely when new conditions develop 2. The Director of Nursing or designee will review audit results weekly and address any identified issues immediately. 3. Results of these audits will be reported monthly to the Quality Assurance Performance Improvement (QAPI) Committee for review and recommendations for three months or until substantial compliance is achieved and maintained.	