

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53A051		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/10/2025	
NAME OF PROVIDER OR SUPPLIER South Lincoln Nursing Center				STREET ADDRESS, CITY, STATE, ZIP CODE 711 Onyx St PO Box 390, Kemmerer, Wyoming, 83101			
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F0000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 7/7/25 through 7/10/25. Also reviewed in the course of the survey were complaint intakes WY1902076 WY1902077 and WY1902078. The following common abbreviations are used throughout this document: CNA: Certified Nursing Assistant MDS: Minimum Data Set DON: Director of Nursing BIMS: Brief Interview for Mental Status Less commonly used abbreviations will be annotated in each deficiency.		F0000				
F0576 SS = C	Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9) §483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense. §483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to: (i) A telephone, including TTY and TDD services; (ii) The internet, to the extent available to the facility; and (iii) Stationery, postage, writing implements and the ability to send mail.		F0576				

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0576 SS = C	Continued from page 1 §483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to: (i) Privacy of such communications consistent with this section; and (ii) Access to stationery, postage, and writing implements at the resident's own expense. §483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research. (i) If the access is available to the facility (ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident. (iii) Such use must comply with State and Federal law. This REQUIREMENT is NOT MET as evidenced by: Based on resident and staff interview, the facility failed to ensure mail was delivered to residents, including on Saturday. The census was 18. The findings were: 1. Interview with 8 residents during resident council on 7/8/25 at 2:08 PM revealed purchasing and receiving received all mail and was closed on the weekends. The residents revealed the closure of purchasing and receiving resulted in mail delivery not being performed on Saturdays. 2. Interview with quality assurance manager on 7/10/25 at 9:59 AM confirmed mail was not delivered on Saturdays because the facility did not have anyone available to receive it from the post office. Further interview revealed the post office added all mail received on the weekends to a box of mail which was delivered the following Monday.		F0576				
F0578 SS = D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)		F0578				

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F0578 SS = D	Continued from page 2 §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is NOT MET as evidenced by: Based on medical record review, staff interview, and policy procedure review, the facility failed to ensure residents' right to elect a cardiopulmonary resuscitation (CPR) status for 2 of 12 sample residents reviewed (#16, #18) for advance directives. The findings were: 1. Review of the medical record for resident #16 showed		F0578				

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F0578 SS = D	Continued from page 3 there was no evidence the resident had made an election for CPR status. Review of the electronic health record showed the resident was indicated as do not resuscitate (DNR). 2. Interview with the quality assurance manager on 7/10/25 at 11:49 AM confirmed there was no evidence resident #16 had elected a DNR status. 3. Review of the medical record for resident #18 showed no evidence the resident had made an election for CPR status. Further review showed a WyoPOLST dated 5/23/25 which indicated comfort focused therapy; however, the CPR and DNR boxes were left blank. Review of the electronic health record showed the resident was indicated as DNR. 4. Interview with the DON 7/10/25 at 11:40 AM revealed residents or the representative showed elect to be full code or DNR at the time of admission. She revealed the representative for resident #18 had indicated the resident was to be DNR; however, she confirmed the WyoPOLST should be completed. Further interview revealed if an election was not made, the resident would be considered full code and she confirmed resident #16 should be a full code. 5. Review of the facility policy titled "Advanced Directives" provided by the facility on 7/10/25 showed "...4. All residents will be provided a copy of the Wyoming POLST form at the time of admission. The DON and nursing center staff will work with the resident and/or their representative as well as their provider to ensure completion of this form..."	F0578					
F0600 SS = D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or	F0600					

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F0600 SS = D	Continued from page 4 physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is NOT MET as evidenced by: Based on medical record review, resident and staff interview, facility incident review, and policy and procedure review, the facility failed to protect the resident's right to be free from verbal abuse by a staff member for 1 of 2 sample residents (#2) reviewed with allegations of abuse. The findings were: 1. Review of the annual MDS assessment dated 4/9/25 showed resident #2 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included multiple sclerosis, depression, and manic depression. Further review showed the resident had upper and lower impairment bilaterally and required supervision and touching/steadying with eating. The following concerns were identified: a. Review of an incident report dated 4/18/24 showed the resident reported, on 4/7/24, CNA #1 was assisting the resident with eating when CNA #2 stated "What, are you going to feed [him/her] like the fucking baby [s/he] is?" Further review showed CNA #2 was placed on suspension and an investigation was initiated. The facility incident indicated CNA #2 was interviewed and denied using the "f" word and referring to the resident as a baby; however, the CNA admitted to asking the CNA #1 "Are you really going to feed [him/her]? [S/he] can feed himself." The incident report showed during the interview CNA #2 stated she refused to treat the resident different than other residents and she stated "I will not take care of [his/her] clothes for [him/her]. That's not my job. [His/her] family can do that for [him/her]. I will not go in to [sic] [his/her] room at 3:00 AM to change the channel for [him/her] because [his/her] hands are under the blanket and [s/he] doesn't want to reach for the remote. [S/He] can do that for [him/herself]. If [s/he] wants to be fed, [s/he] can go out to the dining room to be fed. [S/He] can do these things on [his/her] own/ I'm not going to do special things for [him/her]. I'm too busy." The CNA then stated "I hope you realize what you're doing to my team. I'm scheduled to work the next nine days." Review of the facility incident report showed during an interview with CNA #1, the CNA reported the resident rang for a snack and requested to be fed pudding. CNA #1 explained when pudding was placed in a bowl or on a plate, it made a mess on the resident's bedding so she agreed to feed the resident. CNA #1 reported when she began assisting the resident, CNA #2 was on the other side of the resident's bed and said "Are you seriously		F0600				

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F0600 SS = D	Continued from page 5 going to fucking feed [him/her] like a baby?" CNA #1 replied to CNA #2 by saying "Yes, that is what [s/he] has asked and what is easiest for [him/her]." CNA #1 reported at that time, CNA #2 began yelling and saying things like "You're too accommodating for [him/her]. You're making day shift look bad. You treat him like a [king/queen]." b. Interview with CNA #2 on 7/10/25 at 8:29 AM confirmed she was suspended and terminated related to resident #2 alleging she him/her a "fucking baby;" however, the CNA denied the allegation. The CNA revealed she questioned another CNA for assisting the resident with eating instead of the resident eating independently. Further interview revealed the CNA had previous issues with the resident and the resident had allegedly reported other staff members. c. An attempt was made to interview CNA #1 on 7/9/25 at 5:42 PM; however, the phone number was disconnected and the staff member was no longer employed at the facility. d. Interview with resident #2 on 7/10/25 at 9:50 AM revealed s/he had only experienced problems with 1 staff member, which was CNA #2. The resident revealed on one occasion during the "graveyard" shift, a staff member was giving him/her pudding and CNA #2 stated "What are going to do, spoon feed him like a big fucking baby?" The resident revealed the comment really upset him/her and made him/her mad. The resident revealed s/he remained mad until s/he learned the CNA was no longer working at the facility. 2. Review of the facility policy titled "Abuse, Neglect, and Exploitation of Residents & Property" approved on 1/30/24 showed "...Our residents have the right to be free from abuse, neglect, misappropriation of property and exploitation, corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat a resident's symptoms..."	F0600					
F0605 SS = D	Right to be Free from Chemical Restraints CFR(s): 483.10(e)(1),483.12(a)(2),483.45(c)(3)(d)(e) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any . . .	F0605					

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F0605 SS = D	Continued from page 6 chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must: . . . §483.12(a)(2) Ensure that the resident is free from . . . chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic. §483.45(d) Unnecessary drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-	F0605					

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F0605 SS = D	Continued from page 7 (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or (3) Without adequate monitoring; or (4) Without adequate indications for its use; or (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. §483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that-- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.	F0605					

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F0605 SS = D	Continued from page 8 This REQUIREMENT is NOT MET as evidenced by: Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure as needed (PRN) psychotropic medications were limited to 14 days or there was a documented rationale for 1 of 5 sample residents (#18) reviewed for unnecessary medications. The findings were: 1. Review of the admission MDS assessment dated 5/29/25 showed resident #18 had short-term and long-term memory problems and diagnoses which included Alzheimer's disease and non-Alzheimer's dementia. Further review showed the resident was taking antipsychotic, antianxiety, and antidepressant medications. The following concerns were identified: a. Review of the resident's physician orders showed the resident received lorazepam (antianxiety) 2 mg (milligrams)/1 ml (milliliter) solution 0.25-1 ml by mouth for anxiety every 4 hours as needed and haloperidol (anti-psychotic) 2 mg/1 ml solution 1 ml PRN by mouth every 4 hours for anxiety which were ordered on 5/22/25. Further review showed neither medication had a stop date indicated. Review of the medical record showed no evidence the physician had provided a rationale for the medications to be given as needed for longer than 14 days or evidence of a duration of the medications. b. Interview with the DON on 7/10/25 at 11:42 AM revealed she was not aware of a stop date policy for psychotropic medications. Further interview revealed she had requested a rationale from the physician; however, the facility had not received the rationale. 2. Review of the facility policy titled "Psychotropic Medications" last revised on 6/1/22 showed "...4. For PRN orders for psychotropic drugs, the order is limited to 14 days, unless the provider provides documentation of medical necessity beyond 14 days with an updated duration for the order. 5. Anti-psychotic medications PRN orders may not be extended beyond 14 days unless the provider evaluates the resident every 14 days to review necessity for the medications..."		F0605				
F0679 SS = E	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the		F0679				

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F0679 SS = E	Continued from page 9 comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is NOT MET as evidenced by: Based on observation, resident and staff interview, medical record review, and policy and procedure review, the facility failed to ensure individual activities of preference were provided to 4 of 4 sample residents (#1, #5, #7, #18) reviewed for activities. The findings were: 1. Interview with 8 residents during resident council on 7/8/25 at 2:08 PM revealed the facility had not had any activities for at least 2 weeks and they felt there should be at least a daily activities. 2. Review of the quarterly MDS assessment dated 6/9/25 showed resident #5 had a BIMS score of 9 out 15, which indicate moderate cognitive impairment, and diagnoses which included anxiety disorder, non-Alzheimer's dementia, and depression. Review of the annual MDS assessment dated 12/23/24 showed the resident indicated it was very important to listen to music, keep up with the news, do his/her favorite activity, and go outside to get fresh air when weather was good. Further review showed it was somewhat important to have books, newspapers, and magazines to read, be around animals such as pets, and do things in groups of people. The following concerns were identified: a. Observation on 7/7/25 at 4:29 PM showed the resident was in his/her room, seated in a recliner making moaning noises and watching television. Observation on 7/8/25 at 8:58 AM showed the resident was in his her room, seated in a recliner making moaning noises and watching television. Observation on 7/9/25 at 1:57 PM showed a balloon hit activity was performed in the common area; however, the resident was not offered or assisted to attend. b. Review of the activity participation from 6/1/25 through 7/9/25 showed there were no activities from 6/18/25 to 7/8/25. The resident was marked active participation for in room visit, movies/television, and talking/conversing on 7/9/25 and was marked as passive participation for exercise on 7/9/25 with a note which said "[s/he] wheeled [him/herself out to lunch." All		F0679				

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F0679 SS = E	Continued from page 10 other activities on 7/8/25 and 7/9/25 were marked as "not paying attention/sleeping." c. Interview with the activities director on 7/10/25 at 8:54 AM revealed resident #5 did not participate in many activities. The activity director revealed the resident liked music and she tried to take him/her for a walk; however, s/he wanted to be in his/her recliner. 3. Review of the quarterly MDS assessment dated 5/10/25 showed resident #1 had a BIMS score of 14 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included anxiety disorder and depression. Review of the annual MDS assessment dated 12/9/24 showed the resident indicated it was very important to be around pets and animals, keep up with the news, do things with groups of people, do his/her favorite activities, go outside to get fresh air when the weather was good, and participate in religious services and practices. Further review showed the resident indicated it was somewhat important to listen to music s/he liked. The following concerns were identified: a. Review of the activity participation from 6/10/25 through 7/8/25 showed there were no activities from 6/18/25 to 6/23/25 and no activities between 6/25/25 and 7/8/25. 4. Review of the annual MDS assessment dated 4/30/25 showed resident #7 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included depression. Further review showed the resident indicated it was very important to listen to music s/he liked, to be around pets and animals, keep up with the news, do things with groups of people, go outside to get fresh air when the weather was good, and participate in religious services and practices. Further review showed the resident indicated it was somewhat important to do his/her favorite activities. The following concerns were identified: a. Review of the activity participation from 6/1/25 through 7/9/25 showed there were no activities from 6/18/25 to 7/8/25. 5. Review of the admission MDS assessment dated 5/29/25 showed resident #18 had short-term and long-term memory impairment and diagnoses which included Alzheimer's disease and non-Alzheimer's dementia. Further review showed the resident indicated it was somewhat important go outside to get fresh air when the weather was good		F0679				

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F0679 SS = E	Continued from page 11 and participate in religious services and practices. The following concerns were identified: a. Review of the activity participation from 6/1/25 through 7/9/25 showed there were no activities from 6/18/25 to 7/8/25. 6. Review of the June 2025 activity calendar showed 34 activities which were scheduled from 6/19/25 and 6/30/25. Review of the July 2025 activity calendar showed there were 25 activities scheduled from 7/1/25 to 7/10/25 which included 12 activities scheduled during the survey. Observations during the survey from 7/7/25 through 7/10/25 showed only 2 activities were performed which included manicures for residents in the common area on 7/8/25 and noodle ball on 7/9/25. 7. Interview with the activities director on 7/10/25 at 8:54 AM revealed in addition to performing activities, she was also working the floor as a CNA. She revealed she was not able to perform daily activities and confirmed the activity schedule had not been followed during the survey. She revealed she was working two days per week on the floor as a CNA and she did not work on the weekends. 8. Review of the policy titled "Resident Activities" provided by the facility on 7/10/25 showed "...C. A monthly schedule of planned activities will be posted in each resident's room. These activities will be offered daily..."	F0679					
F0680 SS = E	Qualifications of Activity Professional CFR(s): 483.24(c)(2)(i)(ii)(A)-(D) §483.24(c)(2) The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who- (i) Is licensed or registered, if applicable, by the State in which practicing; and (ii) Is: (A) Eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or (B) Has 2 years of experience in a social or recreational program within the last 5 years, one of which was full-time in a therapeutic activities	F0680					

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F0680 SS = E	Continued from page 12 program; or (C) Is a qualified occupational therapist or occupational therapy assistant; or (D) Has completed a training course approved by the State. This REQUIREMENT is NOT MET as evidenced by: Based on resident and staff interview, the facility failed to ensure the activities program was directed by a qualified professional. The census was 18. The findings were: 1. Interview with 8 residents during resident council on 7/8/25 at 2:08 PM revealed activities had not been performed for "at least 2 weeks" and the activity director was being pulled to cover as a CNA. Further interview revealed the residents felt there should be daily activities. 2. Interview with the activities director on 7/9/25 at 2:55 PM confirmed she was a CNA and did not have a background in recreation or activities. Further interview revealed she was taking an activities class at that time. 3. Interview with the activities director on 7/10/25 at 8:54 AM revealed she was not able to perform activities daily and she did work the floor as a CNA.		F0680				
F0729 SS = C	Nurse Aide Registry Verification, Retraining CFR(s): 483.35(e)(4)-(6) §483.35(e)(4) Registry verification. Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless- (i) The individual is a full-time employee in a training and competency evaluation program approved by the State; or (ii) The individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes		F0729				

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F0729 SS = C	Continued from page 13 registered. §483.35(e)(5) Multi-State registry verification. Before allowing an individual to serve as a nurse aide, a facility must seek information from every State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act that the facility believes will include information on the individual. §483.35(e)(6) Required retraining. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program. This REQUIREMENT is NOT MET as evidenced by: Based on employee file review, staff interview, abuse registry review, and policy and procedure review, the facility failed to ensure abuse registry verification for 1 of 3 sample CNAs #3 prior to resident contact. The census was 18. The findings were: 1. Review of the employee file for CNA #3 showed the CNA had an active license and had a start date of 2/10/25. Further review showed no evidence the CNA abuse registry was checked prior to resident contact. Review of the Wyoming CNA registry at that time showed no evidence the CNA had been added to the registry for verification. 2. Interview with the human resources business partner on 7/10/25 at 11:04 AM confirmed there was no evidence of abuse registry verification for the CNA. 3. Review of the facility policy titled "Abuse Prohibition" last reviewed December 2019 showed "...Screening 1. Initial: The Human Resources Department will screen potential employees for a history of abuse, neglect, or mistreating patients/residents by : attempting to obtain information from previous employers and/or current employers; checking with the appropriate licensing boards; checking with the appropriate registries, including legal background check..."	F0729					
F0837	Governing Body	F0837					

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F0837 SS = F	Continued from page 14 CFR(s): 483.70(d)(1)-(3) §483.70(d) Governing body. §483.70(d)(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and §483.70(d)(2) The governing body appoints the administrator who is- (i) Licensed by the State, where licensing is required; (ii) Responsible for management of the facility; and (iii) Reports to and is accountable to the governing body. §483.70(d)(3) The governing body is responsible and accountable for the QAPI program, in accordance with §483.75(f). This REQUIREMENT is NOT MET as evidenced by: Based on staff interview, review of the facility change in personnel form, and review of Wyoming's active nursing home administrator's licenses, the Governing Body failed to employ a qualified nursing home administrator. The census was 18. The findings were: 1. Review of the state survey agency "Healthcare Facility Change in Personnel/E-mail Address Form" showed the previous administrator was being changed to the Director of Quality and Compliance and a new administrator was named. The change was indicated as effective 6/16/25. 2. Review of the Wyoming State Board of Nursing Home Administrators "Active Roster" last updated on 7/14/25 showed the facility administrator did not hold an active license or an active provisional license. 3. Interview with the facility administrator on 7/7/25 at 3:52 PM revealed the administrator was the CEO of the facility and confirmed he did not hold an active nursing home administrator's license.	F0837					
F0880 SS = E	Infection Prevention & Control	F0880					

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F0880 SS = E	Continued from page 15 CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must	F0880					

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F0880 SS = E	Continued from page 16 prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, and policy and procedure review, the facility failed to ensure proper infection control practices for 1 of 2 sample residents (#15) reviewed for urinary catheters or urinary tract infections and during 1 of 1 meal observation. The census was 18. The findings were: Regarding perineal care: 1. Observation on 7/9/25 at 11:09 AM showed CNA #3 and CNA #4 entered the room of resident #15 and provided perineal care to the resident. During the observation, CNA #4 assisted the resident to roll towards her. While wearing gloves, CNA #3 removed the resident's brief. At that time, the resident was noted to have been incontinent of feces and urine and had open areas on his/her buttocks. CNA #3 performed perineal care to remove the urine and feces. Without removing the contaminated gloves, the CNA applied a barrier cream to the resident's buttocks and open areas, assisted the resident with positioning by touching the resident's side and arms, and adjusted the residents clothing and bed linens. 2. Interview with the infection preventionist on 7/10/25 at 9:06 AM revealed staff were expected to remove soiled gloves after providing perineal care,		F0880				

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F0880 SS = E	Continued from page 17 before touching other surfaces, to prevent cross contamination. Regarding meal services: 1. Observation on 7/7/25 at 6:07 PM showed CNA #5 applied gloves and began preparing and serving resident meal trays. During the observation, the CNA touched the residents' arms, shoulders, wheelchair handles, and wheelchair wheels and then was observed touching the rims of resident drinking glasses. Observation on 7/7/25 at 6:14 PM showed the CNA touched the wheelchair arm rest and wheel of resident #5 then used a spoon to assist resident #18 to eat. Continued observation showed the CNA sat behind the assisted table, to assist resident #5, #16, and #18, by providing a bite to one resident and alternating to another using the same hand. Observation showed CNA #5 used her gloved hand to remove resident #16's bread, remove bacon from his/her sandwich, and return the bread to the sandwich. The CNA then placed a gloved hand on top of the sandwich, cut the sandwich, and handed a smaller portion to the resident to eat. No glove changes or hand hygiene were performed during the observation. 2. Interview with the infection preventionist on 7/10/25 at 9:06 AM revealed that the staff had been asked not to wear gloves during dining services. Further interview revealed staff were to use hand hygiene after touching objects and before touching meal trays and staff should never touch resident's food. The Infection preventionist revealed if there was a problem with the meal, it should be sent back to dietary to correct the issue. 3. Review of the policy titled "Hand Hygiene" provided by the facility on 7/10/25 showed "... Hand Hygiene... At all other times, staff will be expected to use alcohol-based hand sanitizer. This should be used when entering resident rooms, prior to providing care to a resident, before and after donning and doffing gloves, when leaving resident rooms, prior to handling food or trays, etc..."		F0880				