STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535036	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rawlins SNF Operations LLC	**542 16th St , Rawlins, Wyoming, 82301**

(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
F0000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 8/4/25 through 8/7/25. The following common abbreviations are used throughout this document: CNA: Certified Nursing Assistant MDS: Minimum Data Set BIMS: Brief Interview for Mental Status Less commonly used abbreviations will be annotated in each deficiency.	F0000		08/29/2025
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 . . . 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,	F0605	Preparation and execution of the response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of the state and federal law. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitute the facility's allegation of compliance in accordance with the State Operations Manual. F0605- GDR Gradual dose reduction for resident # 27 was not attempted at this time, MD provided clinical rationale in progress note. DNS/designee to audit pharmacy recommendations for the past month, for approval from MD, and changes are made timely, with rationale from provider to validate timely GDR. Social Services director is educated regarding timely	08/29/2025

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 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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F0605 SS = D	Continued from page 1 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- (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	F0605	Continued from page 1 GDR. DNS/designee will provide pharmacy recommendations to MD when received, follow up in a timely manner and review for proper documentation of each recommendation. DNS/designee will audit pharmacy recommendations monthly when received and returned from MD for appropriate documentation. Results of initial and ongoing audits will be reviewed via the QAPI process monthly times at least 3 months for further recommendations.	

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F0605 SS = D	Continued from page 2 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. This REQUIREMENT is NOT MET as evidenced by: Based on medical record review and staff interview, the facility failed to ensure a gradual dose reduction (GDR) or risk versus benefit statement was performed on psychotropic medications for 1 of 5 sample residents (#27) reviewed for unnecessary medications. The findings were: 1. Review of the 3/25/25 quarterly MDS assessment showed resident #27 had BIMS score of 8 out of 15, which indicated moderate cognitive impairment, and diagnoses which included non-Alzheimer's dementia, anxiety disorder, and depression. Further review showed the resident received antipsychotic medication, antianxiety medication, and antidepressant medication and a gradual dose reduction had not been attempted for	F0605		

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F0605 SS = D	Continued from page 3 the antipsychotic medication. Review of the physician orders showed the resident received alprazolam 0.5 milligrams (mg) by mouth at bedtime with a start date of 8/3/25 and duloxetine 30 mg by mouth daily with a start date of 5/25/25. The following concerns were identified: a. Review of the medical record showed the facility had identified target behaviors which included physical behaviors directed toward others, verbal behaviors directed toward others, socially inappropriate behaviors, and other behaviors not directed toward others; however, they did not identify which target behaviors or target symptoms were being treated by the individual psychotropic medications. b. Review of a physician note dated 11/6/24 and timed 8:45 PM showed "...Continue Zyprexa 2.5 mg PO [by mouth] daily -Continue alprazolam 0.5 mg PO QHS [every hours of sleep] No GDR are recommended due to multiple psychiatric diagnoses and due to ongoing status..." c. Review of a "Consultant Pharmacist Report to Physician" dated 2/3/25 showed "Federal guidelines state psychopharmacological drugs should have an attempt at a gradual dose reduction (GDR) twice per year for the first year in 2 different quarters with 1 month between attempts, then annually thereafter, when used to manage behavior, stabilize mood, or treat psych disorder. This resident has been taking diphenhydramine 25 mg hs and alprazolam 0.5 mg hs without a GDR. Could we attempt a dose reduction at this time to verify resident is on the lowest possible dose? If not, please indicate response below..." Further review showed the physician discontinued diphenhydramine; however, the alprazolam was not addressed. d. Interview with the administrator on 8/7/25 at 10:26 AM confirmed no GDR or risk vs benefit, with physician rationale for continued use, was performed for the alprazolam in the last year. Further she confirmed there were no medication specific target symptoms identified.	F0605		
F0657 SS = D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment.	F0657	F0657- Care conference The care conference for resident #3 was completed on August 8, 2025. The Social Service Director or designee completed an audit of resident scare conferences, noted when they are due and scheduled for quarterly meetings.	08/29/2025

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F0657 SS = D	Continued from page 4 (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is NOT MET as evidenced by: Based on staff and resident representative interview and medical record review, the facility failed to ensure residents or resident's representative participation in care plan decisions for 1 of 13 sample residents (#3). The findings were: 1. Interview with the resident representative for resident #3 on 8/4/25 at 2:49 PM revealed she had not participated in a care plan meeting for "quite a while." She revealed the facility use to have care plan meetings to discuss the resident's care every 2 to 3 months. 2. Review of the medical record for resident #3 showed no evidence the resident or representative had participated in care plan development or a care plan meeting had been performed in 2025. 3. Interview with the social services director on 8/7/25 at 8:47 AM revealed she had worked at the facility previously an then left for 6 months. She revealed during the time she was not employed at the facility, there was nobody in the social services position full-time and care plan meetings were not	F0657	Continued from page 4 The Social Services Director or designee with set up care conferences upon admission to be completed within the first 72 hours of admission to the facility, then quarterly and prn. The Social Service Director or designee will audit x 1 month to validate resident care conferences are initiated and completed. results of the initial and ongoing audits will be reviewed via the QAPI process monthly for further recommendations.	

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F0657 SS = D	Continued from page 5 performed during that time. She revealed since she returned, she was attempting to catch up on the care plan meetings and confirmed a care plan meeting had not been performed for the resident.	F0657		
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, medical record review, and manufacturer's instruction review, the facility failed to ensure appropriate use of mechanical lifts for 1 of 5 sample residents (#5) reviewed for lift/transfer safety. The findings were: 1. Review of the quarterly MDS assessment dated 4/25/25 showed resident #5 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact, and diagnoses which included multiple sclerosis. Further review showed the resident had lower extremity impairment on one side and was dependent on staff for chair/bed-to-chair transfer. Review of the resident's care plan last revised on 7/13/25 showed the resident had a left lower extremity amputation and required a mechanical lift for transfers. The following concerns were identified: a. Observation on 8/6/25 at 10:56 AM showed CNA #1 and CNA #2 entered the resident's room to assist him/her out of bed. After performing care, the CNAs assisted the resident to roll toward the wall and placed a full body lift sling under the resident, positioned the Invacare Reliant 450 full body mechanical lift over the resident, and attached the sling to the mechanical lift. CNA #1 locked the caster brakes on the mechanical lift and lifted the resident out of bed, then unlocked the caster brakes and the CNAs positioned the resident over the wheelchair. The CNAs switched places and CNA #2 locked the caster brakes then lowed the resident into the wheelchair.	F0689	F0689 Mechanical Lift training The administrator educated all staff to the Invacare recommendations not to lock the rear axle while lifting a resident from a stationary object. All CNA and Nursing staff are educated and provided with copies of the user manual recommendation. Recommendations from the user manual are posted at each nurse's station for staff reminder and continued education. DNS/designee will randomly audit 1 time per week nursing/cna staff for proper use of the Invacare mechanical lifts. The results of initial and ongoing audits will be reviewed via the QAPI process monthly times at least three months for further recommendations.	08/29/2025

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F0689 SS = D	Continued from page 6 b. Review of the manufacturer's recommendations for the "Invacare Reliant 450" battery powered patient lift provided by the facility on 8/6/25 showed "...Lifting the Patient ...Warning ...Invacare does not recommend locking of the rear casters of the patient lift when lifting an individual. Doing so could cause the lift to tip and endanger the patient and assistants. Invacare does recommend that the rear casters be left unlocked during lifting procedures to allow the patient lift to stabilize itself when the patient is initially lifted from a chair, bed, or any stationary object..." c. Interview with the administrator on 8/6/25 at 6:28 PM revealed she thought it was ok to lock the casters during the transfer. At that time, she confirmed the manufacturer's recommendation showed it was not recommended to lock the casters when operating the mechanical lift.	F0689		
F0880 SS = E	Infection Prevention & Control 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	F0880	F0880- Infection Control: Staff identified are immediately educated by DNS for proper hand washing and glove use, and proper handling/placement of catheter drainage bags. ED has assigned all staff training in infection control. The DNS/designee will audit 1 x weekly monitoring staff for proper handwashing and glove use, and proper handling/ placement of catheter drainage bags. The DNS/ED/ or designee will assign all new staff infection prevention training upon hire, require return demonstrations by dns/designee. The DNS/ED/designee, to continue weekly random audits on all shifts, departments, for proper hand washing, glove use, ppe use, proper handling/placement of catheter drainage bags. and other infection control practices throughout the facility. Results of initial and ongoing audits will be reviewed via the QAPI process monthly 3 months for further recommendations.	09/03/2025

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F0880 SS = E	Continued from page 7 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 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, medical record review, staff interview, and policy procedure review, the facility failed to ensure infection prevention practices were implemented for 3 of 6 sample residents (#3, #5, #11) observed during resident care. The findings were:	F0880		

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F0880 SS = E	Continued from page 8 1. Observation on 8/6/25 at 9:46 AM showed CNA #2 applied a gown, gloves, and face mask then entered the room of resident #11 and resident #3. The CNA removed soiled linen from the bed then placed the soiled linen in a plastic bag. Without removing her gloves, the CNA removed her facemask by placing her fingers around the facemask's elastic ear loops, contacting her bare skin, and pulled the mask off. 2. Observation on 8/6/25 9:50 AM showed CNA #2 applied a gait belt to resident #11 and removed the resident's foot cradle from the wheelchair. The CNA applied gloves, removed the resident's catheter drainage bag from the wheelchair, and placed the catheter drainage bag on the floor near a recliner by the front entrance. Without removing her gloves, the CNA touched the residents clothing, assisted the resident to transfer with a gait belt, removed the gait belt, rolled it up, and placed in a pocket of her pants, then removed her gloves. Continued observation showed the CNA applied clean gloves, removed the contaminated gait belt and applied it resident #3. The CNA removed the resident's catheter drainage bag and placed it on the floor by a recliner near the front entrance. Without removing the gloves, the CNA transferred the resident to the recliner, removed the gait belt, rolled it up, and placed it in a pocket of her pants. 3. Observation on 8/6/25 at 10:56 AM showed CNA #1 and CNA #2 entered resident #5's room to assist him/her out of bed. After applying personal protective equipment which included gloves, gowns, face masks, and goggles, CNA #2 performed perineal care on the resident by wiping the resident's catheter tubing, urinary meatus, and rectum. While cleaning the resident's rectum, feces was visible of the wipes. When perineal care was complete, the CNA applied cream to an open area on the resident's buttocks then touched items which included the mechanical lift sling, the resident's pants, the resident's catheter tubing, the resident's wheelchair foot pedal, the resident's leg, items on the bedside table, the resident's shoe, the mechanical lift handle, the mechanical lift controller, and the bed linen used to make the resident's bed. 4. Interview with the administrator/infection preventionist on 8/7/25 at 10:29 AM revealed catheter drainage bags should not be stored on the floor and gloves should be removed after the catheter drainage bag was secured. She revealed staff should remove their gloves and perform hand hygiene after performing perineal care, prior to touching other items, to prevent cross-contamination. Further interview revealed	F0880		

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F0880 SS = E	Continued from page 9 staff should not touch their face with contaminated gloves when removing face masks. 5. Review of the policy titled "Work Practices" dated May 2015 showed "...1. Employees wash their hands as soon as possible after removing gloves or other personal protective equipment and after contact with blood or other potentially infectious material..." 6. Review of the policy titled "Performing Perineal Care on a [Gender]" provided by the facility administrator on 8/7/25 showed after performing perineal care the staff member should "...9. Remove and dispose of gloves in a receptacle and perform hand hygiene..." prior to assisting the resident with additional cares.	F0880		