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 _____	C 04/18/2025

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 complaint survey was conducted by Healthcare Licensing and Surveys from 4/15/25 through 4/18/25. The survey was prompted by complaint intakes WY00004320, WY00004347, and WY00004355. Also reviewed in the course of the survey was a second revisit survey to the 01/15/25 complaint survey and a first revisit survey to the 03/06/25 complaint survey. The following common abbreviations are used throughout this document: DON: Director of Nursing MAR: Medication Administration Record MDS: Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility	F 755		

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

Electronically Signed

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 755	Continued From page 1 must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on medical record review, family, resident, physician and staff interview, and policy and procedure review, the facility failed to give medications according to physician instruction for 1 of 3 sample residents (#1) reviewed. The findings were: 1. Review of the 3/26/25 admission MDS assessment showed resident #1 had diagnoses that included infrarenal abdominal aortic aneurysm, acute kidney failure, atherosclerosis of renal artery, anxiety disorder, congenital renal artery stenosis and cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery. Review of the medical record showed the resident re-admitted to the facility from the hospital on 3/26/25 at 4:55 PM. The following concerns were identified: a. Review of the March 2025 MAR showed an order for Nifedipine ER Oral Tablet extended release 24 Hour, give 30 milligrams by mouth at bedtime. Further review showed the box that	F 755		

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F 755	Continued From page 2 indicated who provided the medication was marked with an "x". b. Review of a physician note dated 3/27/25 and timed at 9:59 AM showed "CMR was unable to get [his/her] nifedipine 30 mg dose last night, and [s/he] did not take it until around 5:30 AM." 2. Interview with resident #1's representative on 4/15/25 at 2:39 PM revealed the facility had assured the resident and family that the medication would be available when the resident returned to the facility. Further interview revealed the medication was not provided until the morning of 3/27/25. 3. Interview with resident #1 on 4/15/25 at 3:58 PM revealed the nifedipine had not been available upon his/her readmission to the facility, and had not been provided until the following morning. 4. Interview with resident #1's physician on 4/16/25 at 12:06 PM revealed medications for the facility came from Colorado, and if they could not be provided, the facility needed to obtain them locally. Further interview revealed she was not notified by the facility if a dose was missed. 5. Interview with the DON on 4/16/25 at 2:00 PM revealed the expectation for medication that was not available was to have the facility pharmacy which was located in Colorado call the medication in to a local pharmacy, or to pull the medication out of stat lock. Further interview revealed the DON reported to have pulled the medication out of stat lock for the resident, and medication did not get marked in the MAR in Point Click Care (PCC) if it came out of the stat lock. The DON was unable to provide confirmation that the	F 755		

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F 755	Continued From page 3 medication had been obtained from the stat lock and provided to the resident. 6. Interview with the administrator on 4/18/25 at 10:33 AM revealed the facility had an "ad-hoc" performance improvement plan (PIP)in place to obtain 24-hour physician care and pharmacy care from the hospital as the facility was often under pressure to receive residents from the hospital sooner than they were ready. 7. Review of the Medication Administration policy, undated, provided on 4/16/25 at 2:35 PM showed "...Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician...20. Sign MAR after administered... Medication timing HS (bedtime) 9pm..."	F 755		

307 777 7127

F-755

CASPER MOUNTAIN REHABILITATION AND CARE CENTER makes every effort to operate in substantial compliance with Federal and State laws and regulations. Nothing in this Plan of Correction is an admission otherwise. CASPER MOUNTAIN REHABILITATION AND CARE CENTER is submitting this Plan of Correction in compliance with its regulatory obligations and does not waive any objections it may have as to the merit or form of any allegations contained herein. Please note that the facility may contest the merits or form of any of the alleged deficient findings and may take reasonable steps to appeal them. This Plan of Correction constitutes CASPER MOUNTAIN REHABILITATION AND CARE CENTER's written credible allegation of compliance for the deficiencies noted.

It is the facility's policy to provide pharmaceutical services, including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident in accordance with physician orders.

Corrective Action for Affected Residents: Resident #1 no longer resides at the facility.

Identifying other Residents having the Potential to be Affected: The Director of Nursing conducted a Medication Admin Audit Report of all current residents' medication administration records for the past week to identify any other instances of missed medications. The audit included a review of stat box inventory and documentation of medication administration from the stat box. Audit will be completed by 5/20/2025.

Measures put into place or Systemic Changes: The Policy for Unavailable Medications was reviewed and a list of medications available from the Stat Box placed at each nurse's station and on the medication carts. The Director of Nursing or designee will in-

service all Licensed Nurses on the policy for Unavailable Medications including: - Procedure for obtaining medications when not available from primary pharmacy, proper documentation of medication administration in PCC, including medications obtained from stat box, process for notifying physician of missed or delayed medications and were to review what is available in the stat box by 5/20/2025

Plan to Monitor Performance: The DON or designee will audit 25% of new admissions weekly for 4 weeks, then 15% of new admissions weekly for 8 weeks to ensure: - All ordered medications are available upon admission, proper documentation of medication administration, appropriate use and documentation of stat box medications when needed and physician notification done for any missed or delayed medications.

The Director of Nursing or designee will review audit results weekly and report findings to the Quality Assurance and Performance Improvement (QAPI) committee monthly. The QAPI committee will analyze data and make recommendations for additional interventions if needed until substantial compliance is achieved and maintained for two consecutive quarters.

Date of Compliance: 05/23/2025