

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535040		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/17/2025	
NAME OF PROVIDER OR SUPPLIER Douglas Care Center LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1108 Birch Street , Douglas, Wyoming, 82633			
(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 complaint survey was conducted by Healthcare Licensing and Surveys on 9/15/25 through 9/17/25. The survey was prompted by complaint intakes 2608061, 2572930, 2565840, 1900574, 1900571, and 1900569. The following common abbreviations are used throughout this document: CNA: Certified nurse aide RN: Registered nurse DON: Director of Nursing MDS: Minimum Data Set BIMS: Brief Interview for Mental Status Less commonly used abbreviations will be annotated in each deficiency.		F0000				
F0600 SS = G	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 physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is NOT MET as evidenced by:		F0600	F0600 CFR(s): 483.12(a)(1) The facility will ensure that all residents will be free from physical abuse by another resident. 1: Corrective Action: Residents involved were immediately accessed for physical and emotional well-being. No further harm was identified. All residents residing in the facility have the potential to be affected. Systemic Change to prevent Recurrence: NHA or designee will provide education for staff on additional dementia training to help identify potential resident needs. (or unmet needs) NHA or designee will initiate follow up assessments to trigger In EHR for any potential emotional or physical harm.		10/10/2025	

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535040		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/17/2025	
NAME OF PROVIDER OR SUPPLIER Douglas Care Center LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1108 Birch Street , Douglas, Wyoming, 82633			
(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	
F0600 SS = G	Continued from page 1 Based on medical record review, resident representative and staff interview, facility investigation review, and policy and procedure review, the facility failed to protect the residents' right to be free from physical abuse by another resident for 2 of 4 sample residents (#2, #4) reviewed for abuse. This failure resulted in actual harm to resident #2 and resident #4. The findings were: 1. Review of the quarterly MDS assessment dated 7/1/25 showed resident #4 had a BIMS score of 5 out of 15, which indicated severe cognitive impairment, and had diagnoses which included dementia, anxiety disorder, and hypertension. The following concerns were identified: a. Review of the facility investigation report dated 1/21/25 and timed 5:58 PM showed on 1/21/25 at 5:22 PM resident #3 grabbed resident # 4 by the arm while attempting to take his/her food tray. b. Review of a progress note for resident #4 dated 1/21/25 and timed 6 PM showed a CNA had observed resident #3 attempting to take a dinner tray from resident #4 and grabbed his/her arm and thumb. c. Interview with RN #1 on 9/17/25 at 1:45 PM revealed s/he was called to the secure unit to assess resident #4 following the incident and visualized bruising and redness on the arm of resident #4. d. Interview with the administrator on 9/17/25 at 2:28 PM confirmed the incident occurred and revealed the resident's representative was notified and agreed to a relocation of resident #4 to another dining table for meals. 2. Review of the admission MDS assessment dated 3/11/25 showed resident #2 had a BIMS score of 3 out of 15, which indicated severe cognitive impairment, and had diagnoses which included non-traumatic brain dysfunction, dementia, and renal insufficiency. Further review shows the resident was dependent upon staff for transferring, was wheelchair bound and resided on the secure unit at the time of the incident. The following concerns were identified: a. Review of the facility investigation dated 4/12/25 and timed 2:49 PM showed on 4/12/25 at 2:15 PM resident #2 was heard yelling, "Get out of my room." The investigation showed CNA #1 responded and found resident # 3 leaning over resident #2, and resident #3 was displaying aggression. Further review showed CNA #1		F0600	Continued from page 1 Completion date: All staff will complete training by Sept 30, 2025. Responsible party: Every abuse report will be audited to ensure that follow up and reassessment is completed. IDT members will perform monthly audits to ensure compliance with EHR assessments. QAPI: Audits will be brought to QAPI each month for 90 days or until resolved. 2: Corrective action: Residents involved were immediately accessed for physical and emotional well-being. No further harm was identified. All residents residing in the facility have the potential to be affected. Systemic change to prevent Recurrence: NHA or designee will educate staff on Memory Care unit expectations and activities. Completion date: Completion of 10/01/25 Responsible Party: NHA or designee will perform weekly audits to ensure expectations are being met and activities are being initiated and performed. IDT member will perform monthly audit to ensure compliance of education. QAPI: Results of audits will be brought to QAPI each month for 90 days or until resolved.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535040		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/17/2025	
NAME OF PROVIDER OR SUPPLIER Douglas Care Center LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1108 Birch Street , Douglas, Wyoming, 82633			
(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	
F0600 SS = G	Continued from page 2 was able to redirect resident #3 out of resident #2's room and reported observing a red mark on resident #2's cheek. b. Interview with CNA #1 on 9/17/25 at 1:57 PM confirmed resident #3 was found in resident #2's room, the CNA observed a red mark on resident #2's cheek, and resident #2 had reported resident #3 had slapped him/her. The CNA revealed resident #2 was upset at the situation, but was no longer fearful. c. Review of a social services note for resident #2 dated 4/14/25 and timed 12:06 PM showed the resident was moved to another room and was preparing to discharge from the facility. d. Interview with the administrator on 9/17/25 at 9:25 AM confirmed the incident occurred, resident #2 was moved to another room, and resident #2 discharged to another facility. e. Interview with the resident representative for resident #2 on 9/17/25 at 2:11 PM revealed /he was informed of the incident and the resident was not experiencing any emotional effects. The representative confirmed the resident was moved to another facility. 3. Review of the facility policy titled, "Abuse, Neglect and Exploitation", last revised 6/2023, shows the facility will provide protections for the health, welfare and rights of each resident and prohibit abuse.	F0600					
F0677 SS = D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Based on observation, resident, resident representative, and staff interview, medical record review, and policy review, the facility failed to ensure that a resident who required assistance for activities of daily living (ADL) received appropriate services to maintain grooming and hygiene for 1 of 3 sampled residents (#1) reviewed for ADLs. The findings were: 1. Review of the significant change MDS assessment	F0677	F0677 CFR(s): 483.24(a)(2) The facility will ensure that a resident who required assistance for activities of daily living (ADL) received appropriate services to maintain grooming and hygiene Corrective Action: resident #1 received immediate hygiene and grooming care, including nail cleaning and grooming All residents residing in the facility have the potential to be affected. Systemic Change to prevent Recurrence: Implementation of new EHR which established more check off charting for bathing as well as bathing/skin assessment forms. Completion date: Training date for all staff to have additional training will be Oct 1, 2025.			10/10/2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535040		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/17/2025	
NAME OF PROVIDER OR SUPPLIER Douglas Care Center LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1108 Birch Street , Douglas, Wyoming, 82633			
(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
F0677 SS = D	Continued from page 3 dated 7/11/25 showed resident #1 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included hypertension, diabetes mellitus, and arthritis. Further review showed the resident required partial to moderate assistance with bathing and was wheelchair bound. Review of the resident's care plan dated 8/26/25 showed that the resident had alterations in ADL function secondary to weakness and pain and required assistance completing ADL task's The following concerns were identified: a. Interview with the resident on 9/16/25 at 11:33 AM revealed the resident, at times, had gone several days without a shower. The resident revealed s/he didn't have a specific time preference as long as s/he was offered a shower every couple of days. b. Interview with the resident's representative on 9/16/25 at 11:21 AM revealed the resident had gone several days without being offered a shower in the past and prior to admission the resident would shower daily. Further the representative revealed at the time of admission, the resident had requested showers three times per week. c. Review of the facility bathing schedule showed the resident was scheduled three times weekly on Monday, Wednesday, and Fridays for showering. d. Review of the resident's bathing history from 7/1/25 through 9/17/25 showed the resident was not provided or offered a shower between 7/8/25 and 7/17/25 (10 days) and between 8/14/25 and 8/22/25 (9 days). e. Interview with the DON on 9/17/25 at 10:59 AM revealed residents were offered showers on their scheduled days and according to their preference, unless the resident refused or was unavailable. She revealed staff were expected to document the bathing and any refusals. f. Interview with the DON on 9/17/25 at 1:28 PM confirmed there was no documentation the resident received or was offered a shower between the dates of 7/8/25 and 7/17/25 or 8/14/25 and 8/22/25. 2. Review of the facility policy titled "Resident Showers" last revised 4/2025 showed "...Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety..." 3. Review of the facility policy titled "Activities of			F0677	Continued from page 3 Responsible party: DON or designee members will perform monthly audit to ensure compliance with ehr, bathing audits, and assessment tracking. QAPI: Audits will be brought to QAPI each month for 90 days or until resolved.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535040		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/17/2025	
NAME OF PROVIDER OR SUPPLIER Douglas Care Center LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1108 Birch Street , Douglas, Wyoming, 82633			
(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	
F0677 SS = D	Continued from page 4 Daily Living - ADL's" last revised 4/2025 showed "...A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal hygiene..."		F0677				