STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **08/27/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casper Mountain Rehabilitation and Care Center	**4305 S Poplar , Casper, Wyoming, 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
S0000	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11, effective 07/01/2020 Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000 A licensure survey was conducted by Healthcare Licensing and Surveys from 8/24/25 through 8/27/25. Less commonly used abbreviations will be annotated in each deficiency.	S0000		09/24/2025
S2919	Physical Environment CFR(s): Ch 11 Sec 6 (b)(iii) (b) Sanitary Environment. The Nursing Care Facility shall establish policies and procedures for investigating, controlling and preventing infections. (iii) The facility shall report the required diseases/conditions to the Wyoming Department of Health, Epidemiology Unit as per W.S. §35-4-107. In addition, those conditions classified as nosocomial where two (2) or more persons, either residents or employees, are affected shall be reported immediately to the State Health Officer, the County Health Officer, and the Licensing Division. The Nursing Care Facility Administrator or his/her designated representative shall furnish all available pertinent information related to such disease or condition to the Licensing Division. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, state agency incident database review, and review of the facility "Outbreak Investigation Tool" the facility failed to report an outbreak of infectious disease involving 14	S2919	Corrective Action for Affected Residents: Outbreak was reported to state per regulations by interim DON on 09/03/25 Identifying other Residents having the potential to be Affected: No additional specific residents identified. All residents have the potential to be affected. Measures put into place or Systemic Changes: Regulations per the state operations manual (SOM) was reviewed. Education was provided to the interdisciplinary team members in the process to identify and report outbreaks on 10/02/25. This was added to the infection prevention and control process. IP or designee will review line listing at least weekly for potential outbreaks and review findings with NHA.	10/02/2025

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **08/27/2025**

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S2919	Continued from page 1 residents to the Wyoming Department of Health, Epidemiology Unit or licensing division. The census was 82. The findings were: Observation on 8/24/25 at 1 PM showed several residents had been confined to their room due to a gastrointestinal outbreak with symptoms of nausea, diarrhea, and vomiting. Review of the "Outbreak Investigation Tool" showed the outbreak began on 8/22/25 and involved 14 residents. Review of the state licensing agency incident data base showed no evidence the facility had reported an infectious disease outbreak. Interview with the interim DON on 8/27/2025 and 3:41 PM revealed she had not reported the outbreak to the Wyoming Department of Health, Epidemiology Unit, or state licensing agency, and was unaware of the requirement.	S2919		