STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535024	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/30/2025

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
F0000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys on 12/29/25 through 12/30/2025. The survey was prompted by complaint intakes 2689942, 2696958, and 2700665. The following common abbreviations are used throughout this document: BIMS: Brief Interview for Mental Status DON: Director of Nursing MDS: Minimum Data Set OT: Occupational Therapy PT: Physical Therapy RN: Registered Nurse Less Commonly used abbreviations will be annotated in each deficiency.	F0000		01/23/2026
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: This requirement was not met as evidenced by: Based on medical record review, and staff, and resident interview, the facility failed to evaluate	F0689	F-689: Free of Accident Hazards/Supervision/Devices Corrective Action for Affected Residents: On 1/14/2026, the Director of Nursing (DON) or designee ensured Resident #15 started a comprehensive wheelchair safety assessment conducted by the Physical and Occupational Therapy Director or designee to evaluate his/her ability to safely operate the electric wheelchair and identify environmental hazards contributing to the accidents. On 1/15/2026, the Therapy Director or designee completed a wheelchair skills evaluation for Resident #15 and provided individualized training on safe maneuvering techniques, doorway navigation, and spatial awareness while operating the electric wheelchair. On 1/15/26, the DON or designee reviewed and updated Resident #15's comprehensive care plan to include specific interventions addressing wheelchair safety (after any	01/26/2026

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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F0689 SS = D	Continued from page 1 hazards and risks or identify and implement measures to reduce the hazards/risks as much as possible for 1 (#15) of 6 sample residents. The findings were: Review of the 9/22/25 quarterly MDS assessment showed resident #15 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included diabetes mellitus, morbid obesity, muscle weakness, and gout. Further review showed the resident had functional limitations of the lower extremities, and required the use of an electric wheelchair (w/c). The following concerns were identified: 1.Interview with the resident on 12/29/25 at 3:33 PM revealed that s/he had caught his/her leg in the courtyard doorway at the facility while in his/her wheelchair in June 2025 and sustained a fractured leg. a. Review of the orthopedic physician's note dated 6/26/25 showed the resident had reported right ankle and leg pain after getting his/her foot caught on the facility door. b. Review of the resident's X-ray results of his/her right tibia and fibula dated 7/1/25 showed…1. "An acute, nondisplaced oblique fracture through the distal tibial diaphysis." 2. Review of a skin injury note dated 10/28/25 and timed 12:30 PM showed the resident had sustained a large bruise to his/her left calf after bumping his/her leg into a bed. Interview with the resident on 12/29/25 at 3:33 PM confirmed that s/he had hit his/her leg on his/her bed in October while in an electric wheelchair. 3. Interview with the Physical and Occupational Therapy Director on 12/30/25 at 1:35 PM revealed there was not a wheelchair skill, or safety assessment completed on the resident, following the right leg fracture in June 2025, or after bumping his/her left leg on 10/28/25. 4. Review of the care plan dated 11/6/25 showed the resident mobilized independently in a motorized w/c. An intervention to educate the resident on the proper use of mobility devices was initiated on 5/29/25. There were no additional interventions to address w/c safety. 5. Interview with RN # 8 on 12/29/25 at 3 PM confirmed that safety assessments should have been completed on all residents who required power	F0689	Continued from page 1 incident involving a motorized device, quarterly and change of status assessments), environmental hazard awareness (such as highlighter tape on door frames and rearranging room to make more accessible by 1/16/2026) to prevent potential future incidents. Identifying other Residents having the Potential to be Affected: On 12/30/2025, the DON or designee identified residents requiring electric or power wheelchairs for mobility. By 1/16/2026, the Physical and Occupational Therapy Director or designee validated completed wheelchair safety assessments for these residents to evaluate their ability to safely operate mobility devices and identify potential environmental hazards. By 1/21/2026, the DON or designee reviewed and updated care plans for these residents to include wheelchair safety interventions and supervision needs as indicated by assessment findings. Measures put into place or Systemic Changes: By 1/23/2026, the Physical and Occupational Therapy Director or designee, in collaboration with the DON or designee, developed a policy requiring wheelchair safety assessments for residents using electric or power wheelchairs upon admission, following any incident involving the wheelchair, after significant changes in physical or cognitive status, and quarterly. By 1/23/2026, the DON or designee in-serviced licensed nurses, therapy team, and certified nursing assistants on the new wheelchair safety assessment policy, including when assessments are required, how to identify residents at risk for wheelchair-related accidents, and the importance of evaluating environmental hazards that may contribute to accidents. By 1/21/2026, the Maintenance Director or designee conducted an environmental assessment of doorways, thresholds, and other areas where wheelchair users navigate to identify and correct hazards such as uneven surfaces, narrow passages, or door mechanisms that could cause injury using a facility map checklist. By 1/23/2026, the DON or designee implemented a process requiring interdisciplinary team review of all resident accidents involving motorized mobility devices to identify root causes, assess need for wheelchair safety evaluations, and update care plans with appropriate interventions, this will be completed during our weekly risk meeting. Plan to Monitor Performance:	01/26/2026

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F0689 SS = D	Continued from page 2 wheelchairs.	F0689	Continued from page 2 Beginning 1/26/2026, the Physical and Occupational Therapy Director or designee will conduct random audits weekly for four weeks, then monthly for three months, of residents using electric or power wheelchairs to ensure wheelchair safety assessments are completed as required by policy and care plans are updated with appropriate interventions. Beginning 1/26/2026, the DON or designee will conduct random audits weekly for four weeks, then monthly for three months, of accident reports involving residents using mobility devices to ensure interdisciplinary team review occurred (during weekly risk meeting), root cause analysis was completed, and care plans were updated accordingly this will be done through electronic medical charting system point click care. The Physical and Occupational Therapy Director or designee will report monitoring plan results to the Quality Assurance and Performance Improvement (QAPI) committee. The Quality Assurance and Performance Improvement (QAPI) committee will monitor on an ongoing basis until substantial compliance with the set-forth protocol is achieved. Date of Compliance: 1/26/2026	01/26/2026