STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535032	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center Of Cheyenne	**1330 Prairie Ave , Cheyenne, Wyoming, 82009**

(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 9/22/25 to 9/25/25. Also reviewed in the course of the survey was complaint intake 2624619. The following common abbreviations are used throughout this document: BIMS: Brief Interview for Mental Status CNA: Certified Nursing Assistant MDS: Minimum Data Set NHA: Nursing Home Administrator NP: Nurse Practitioner RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F0000		12/10/2025
F0561 SS = D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.	F0561	A.) Resident #12 discharged from facility on 11/8/25. B.) The DON or designee will conduct 100% audit on all residents to identify anyone requiring a dressing change. C.) The DON or designee will conduct in-service on or before 12/10/25 with all nursing staff that they are ensuring the temperature is comfortable for the resident prior to dressing change. D.) A performance improvement tool will be utilized to conduct weekly audits to ensure the temperature is comfortable to the resident before dressing changes for three months. Any problems identified will result in immediate education and/or corrective action. The audits will be conducted by DON or designee.	12/10/2025

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

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F0561 SS = D	Continued from page 1 §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is NOT MET as evidenced by: Based on observation, medical record review, and staff and resident interview, the facility failed to promote and facilitate resident choice and preferences for 1 of 2 sample residents (#12) reviewed. The findings were: 1. Review of the 7/21/25 admission MDS assessment showed resident #12 had a BIMS score of 13 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included cancer, malnutrition, frequent pain, rheumatoid arthritis and muscle weakness. Further review showed the resident had major surgical procedures prior to admission to the facility which involved placement of nephrostomy tubes and a colostomy. The following concerns were identified: a. Observation on 9/24/25 at 2:31 PM showed RN #1 was changing the resident's dressings following a shower. The resident was lying in his/her bed with his/her upper body exposed and was visibly shivering. The resident verbalized that s/he was cold and CNA #1 offered to turn up the heat. RN #1 responded stating “Please don’t right now.” RN #1 was observed wearing PPE (personal protective equipment), which included a gown and stated she was hot and would require a shower following the dressing change. b. Interview with resident #12 on 9/24/25 at 11:20 AM confirmed that s/he was cold during the dressing change and would have preferred the heat be increased while the dressing was changed.	F0561		
F0645 SS = D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with	F0645	A.) When it was identified that resident #123 would require a PASARR Level II, a PASARR was resubmitted with a categorical. Resident #123 discharged from the facility om 10/6/25.	12/10/2025

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F0645 SS = D	Continued from page 2 a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability. §483.20(k)(2) Exceptions. For purposes of this section- (i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,	F0645	Continued from page 2 B.) The DON or designee will conduct 100% audit on all residents to identify residents that require a PASARR Level II or a categorical. C.) The DON or designee will conduct in-service on or before 12/10/25 with Admission Team and Social Services to ensure that all residents that require a PASARR Level II or categorical are completed. D.) A performance improvement tool will be utilized to conduct weekly audits to ensure that those requiring a PASARR Level II or categorical are completed for three months. Any problems identified will result in immediate education and/or corrective action. The audits will be conducted by DON or designee.	

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F0645 SS = D	Continued from page 3 (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services. §483.20(k)(3) Definition. For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1). (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is NOT MET as evidenced by: Based on staff interview and medical record review, the facility failed to ensure a Level II PASRR (preadmission screening and resident review) evaluation was completed prior to admission for 1 of 1 residents (#123) reviewed. The findings were: 1. Review of the 8/20/25 admission MDS assessment showed resident #123 had a BIMS score of 13 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included bipolar disorder, anxiety disorder and cerebrovascular accident, transient ischemic attack, or stroke. The following concerns were identified: a. Review of the resident's PASRR Level I, dated 8/14/25, showed evidence of a mental illness which required a PASRR Level II screening prior to admission to the facility. Further review of the resident's medical record showed no evidence a PASRR Level II evaluation had been completed. 2. Interview with the NHA on 9/15/25 at 9:40 AM confirmed a PASRR Level II was not completed prior to admission.	F0645		
F0697 SS = D	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management.	F0697	A.) Resident #12 discharged from the facility on 11/8/25. B.) The DON or designee will conduct 100% audit on all	12/10/2025

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F0697 SS = D	Continued from page 4 The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is NOT MET as evidenced by: Based on observation, policy and procedure review, medical record review, and resident and staff interview, the facility failed to ensure effective pain management was provided to 1 of 4 residents (#12) reviewed for pain management. The findings were: 1. Review of the 7/21/25 admission MDS assessment showed resident #12 had a BIMS score of 13 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included cancer, frequent pain, rheumatoid arthritis and muscle weakness. Further review showed the resident had major surgical procedures prior to admission to the facility which involved placement of nephrostomy tubes and a colostomy. Review of the September 2025 medication administration record showed the resident was last administered 5 milligrams (mg) of oxycodone on 9/24/25 at 7 AM for a pain rating of 7 out of 10 and 500 mg of acetaminophen was administered on 9/23/25 at 9 PM. The following concerns were identified: a. Observation on 9/24/25 at 2:31 PM showed RN #1 was preparing dressing change supplies for resident #12 which was to be completed following the resident's scheduled shower with occupational therapy. RN #1 with the assistance of NP #1 and CNA #1 began changing the resident's colostomy bag and wafer as well as his/her nephrostomy tube dressings. Further observation showed the resident was rolled from side-to-side and verbalized back pain as well as discomfort to the adhesive sites of the wafer and dressings. In addition, RN #1 did not assess or acknowledge the resident's pain complaints prior to or during the dressing change. b. Observation on 9/24/25 at 3:10 PM showed RN #1 assessed the resident’s pain level and determined it to be 8 to 9 out of 10 and administered prescribed Tylenol per the resident's request at 3:22 PM. c. Interview with RN #1 on 9/24/25 at 3:54 PM revealed the resident was premedicated for pain prior to dressing changes on occasion. Further, the RN stated “The resident's pain and anxiety is so bad at times that we will just push through it."	F0697	Continued from page 4 residents to identify anyone requiring a dressing to nephrostomy tube or colostomy, those residents are to be assessed for pain and offered to be pre-medicated prior to residents dressing change to nephrostomy or colostomy. C.) The DON or designee will conduct 100% in-service on or before 12/10/25 with all nursing staff that they are to assess for pain and offered to be pre-medicated prior to residents dressing change of nephrostomy or colostomy. D.) A performance improvement tool will be utilized to conduct weekly audits to ensure staff are assessing for pain and offering resident to be pre-medicate prior to nephrotomy tube dressing changes or colostomy changes for three months. Any problems identified will result in immediate education and/or corrective action. The audits will be conducted by DON or designee.	

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F0697 SS = D	Continued from page 5 d. Interview with the DON on 9/24/25 at 3:58 PM revealed residents who have known pain with dressing changes were pre-medicated if it was within the physician's ordering timeframe. e. Review of the physician's orders showed 500 mg of acetaminophen every 6 hours as needed was ordered on 9/11/25 and 5 mg of oxycodone every 6 hours for moderate to severe pain was ordered on 9/19/25. Further review of physician orders, dated 9/15/25 at 6 AM showed the resident's acceptable pain level was 5 out of 10. f. Interview on 9/25/25 at 11:20 AM with the resident confirmed s/he was in pain during the dressing change and would have preferred to be pre-medicated prior to the procedure. 2. Review of the facility policy titled " Pain Assessment and Management", last revised on 9/23/25, showed the facility must ensure that residents receive the treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management while identifying target signs and symptoms, including verbal and non-verbal indicators of pain.	F0697		
F0880 SS = D	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;	F0880	A.) Staff member identified and educated at that time. B.) The DON or designee will monitor and conduct audits on staff to ensure soiled linens are bagged prior to transport. C.) The DON or designee will conduct an in-service on or before 12/10/25 with all nursing staff that soiled linens are to be bagged prior to transport. D.) A performance improvement tool will be utilized to conduct weekly audits to ensure staff are bagging soiled linens prior to transport for three months. Any problems identified will result in immediate education and /or corrective action. The audits will be conducted by DON or designee.	12/10/2025

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F0880 SS = D	Continued from page 6 §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 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.	F0880		

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F0880 SS = D	Continued from page 7 This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, and review of policy and procedures and standards of practice, the facility failed to ensure effective infection prevention practices were implemented during one random observation of linen transportation. The census was 119. The findings were: 1. Observation on 9/22/25 at 2:11 PM showed an unidentified staff member was walking down the rehabilitation hall with unbagged soiled towels in her ungloved hands and was transporting them to the soiled linen room. 2. Interview with the infection prevention coordinator on 9/25/25 at 11:56 AM revealed soiled linen should be bagged before removing them from the residents' room and remain bagged while being transported to the laundry room. 3. Review of the Centers for Disease Control and Prevention standards of practice titled "Laundry and Bedding", last revised 1/08/24, showed soiled laundry should be bagged prior to transporting to the soiled linen room. 4. Review of the facility policy titled "Infection Prevention and Control Program (IPCP) and Plan", last revised 6/02/25, showed personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F0880		