STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535025	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Polaris Rehabilitation and Care Center	**2700 E 12th Street , Cheyenne, Wyoming, 82001**

(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 revisit survey was conducted on 11/13/25 through 11/14/25 for all previous deficiencies cited on 8/7/25 The following common abbreviations are used throughout this document: BIMS: Brief Interview for Mental Status DON: Director of Nursing RN: Registered Nurse MDS: Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency	F0000		12/05/2025
F0760 SS = D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is NOT MET as evidenced by: Based on medical record review, staff interview, medication variance report review, and policy and procedure review, the facility failed to ensure residents were free of significant medication errors for 1 of 4 sample residents (#6) reviewed for medication errors. The findings were: 1. Review of the admission MDS assessment dated 10/8/25 showed resident #6 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact, and diagnoses which included mild cognitive impairment, ascites, and pericardial effusion. Review of the physician orders showed resident #6 received colchicine 0.6 milligrams (mg) half tablet by mouth daily for pericarditis. The following concerns were identified: a. Review of a progress note dated 10/22/25 and timed	F0760	1.) On 11/14/25, the Director of Nursing (DON) or designee ensured Resident #6 received the corrected Colchicine order and appropriate monitoring. The DON or designee coordinated with the nurse practitioner to obtain an echocardiogram order to assess any potential cardiac complications related to the missed doses. The DON or designee reviewed Resident #6's medical record to ensure proper documentation of the medication error and corrective actions taken. The DON or designee verified that Resident #6's Colchicine medication is available and is being administered as ordered. 2.) On 11/14/25, the DON or designee initiated a review of the medication administration records for October and November 2025 to identify residents who experienced unavailable medications that were marked as "other: see progress notes" or similar notations. The DON or designee completed an audit of residents returning from emergency department or hospital stays to verify accuracy of medication orders against discharge instructions, which was already implemented as a corrective action. By 12/4/2025, the DON or designee will complete a comprehensive review of medication variance reports from the past 30 days to identify any residents who experienced medication omissions due to unavailable medications where physician notification may not have occurred.	12/05/2025

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: 535025	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Polaris Rehabilitation and Care Center	**2700 E 12th Street , Cheyenne, Wyoming, 82001**

(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
F0760 SS = D	Continued from page 1 11:55 AM showed "Note Text : This writer called to check on resident's medication Colchicine because it was still on order from the pharmacy and had not come in, per pharmacy they said they had sent in a months [sic] supply and mentioned that the prescription said every other day this writer checked the AVS and noted that the order was put in for colchicine 0.6mg every day and to take 1 tablet instead of every other day take 0.5 tablet. DON notified, provider notified, Medication corrected to AVS per provider, no other orders made, resident notified of med error and educated on colchicine use for pericarditis, attempted to contact resident's sister [name] same unsuccessful, message left for her to return call. Residents V/S T98.8 P 75 R 18 BP 128/69 02 sat 94% on room air." b. Review of a "Medication Error" report dated 10/22/25 and timed 11 AM showed the nursing description was "This writer called to check on resident's medication Colchicine because it was still on order from the pharmacy and had not come in, per pharmacy they said they had sent in a months [sic] supply and mentioned that the prescription said every other day this writer checked the AVS and noted that the order was put in for colchicine 0.6mg every day and to take 1 tablet instead of every other day take 0.5 tablet." Further review showed the "Description of Action Taken" was "DON notified, provider notified, Medication corrected to AVS per provider, no other orders made, resident notified of med error and educated on colchicine use for pericarditis, attempted to contact resident's sister [name] same unsuccessful, message left for her to return call. Residents V/S T98.8 P 75 BP 128/69 O2 sat 94% on room air." c. Review of a hospital "Discharge Plan of Care" dated 10/2/25 showed "...While you were here you were found to have fluid surrounding your heart and inflammation of your heart, which required fluid removal from around your heart (called a pericardiocentesis) and a drain placement from 8/20-8/25. For your heart inflammation (called pericarditis) we have been treating you with a medication called colchicine, which you will need to continue after discharge. On your most recent ultrasound of your heart, both the fluid surrounding your heart and your heart inflammation have improved. It will be very important for you to follow-up with your cardiology team (heart specialists) ..." d. Review of the medication administration record for October 2025 showed the colchicine was marked as "other: see progress notes" on 10/22, 10/25, 10/27, and 10/29 and administered on 10/31. Review of the progress notes showed the colchicine was "unavailable" on 10/25	F0760	Continued from page 1 3.) The DON or designee has provided education for nursing staff regarding medication administration procedures, which was already implemented as a corrective action. The DON or designee has established a new process for nursing staff to follow regarding After Visit Summary (AVS) and orders for residents returning from the emergency department or hospital, which have already been implemented as corrective action. By 12/01/2025, the DON or designee will conduct additional in-service training for licensed nursing staff and medication technicians on the facility's "Unavailable Medications" policy, specifically emphasizing the requirement to immediately notify the physician, pharmacy, and DON when medications are unavailable and doses are missed. By 12/04/2025, the DON or designee will implement a tracking log system to document when medications are unavailable, including the date, resident identifier, medication name, reason for unavailability, actions taken, and physician notification confirmation. By 12/01/2025, the DON or designee will revise the medication administration record documentation process to require specific notation of physician notification when doses are omitted due to unavailable medications. 4.) Beginning 12/04/2025, the DON or designee will conduct weekly audits of medication administration records to verify that when medications are marked as unavailable or omitted, there is documentation of physician notification. The audit will review a sample of 5 residents who had any medication marked as "other: see progress notes" or similar unavailable notations. The Quality Assurance and Performance Improvement (QAPI) committee will review monthly reports on medication availability issues and physician notification compliance rates. The DON 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 of the set-forth protocol is achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535025	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Polaris Rehabilitation and Care Center	**2700 E 12th Street , Cheyenne, Wyoming, 82001**

(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
F0760 SS = D	Continued from page 2 and "on order" on 10/27 and 10/29. Further review showed no evidence the physician or pharmacy was notified that the medication was not available for administration or there were doses the resident didn't receive. e. Review of the medication administration record for November 2025 showed the colchicine was marked as "other: see progress notes" on 11/4, 11/8, and 11/10 and administered on 11/2, 11/6, and 11/12. Review of the progress notes showed the colchicine was "on order" on 11/4 and 11/8 and "Unavailable in facility" on 11/10. Further review showed no evidence the physician or pharmacy was notified that the medication was not available for administration or there were doses the resident didn't receive. f. Observation on 11/13/25 at 2:45 PM showed the resident's colchicine was available in the medication cart and one dose had been removed from the medication card. Interview with RN #1 at that time revealed if medications were not available, the nurse should notify the DON, provider, and pharmacy. g. Interview with nurse practitioner #1 on 11/14/25 at 10:19 AM revealed if the resident did not receive the colchicine, there was a potential for harm. She revealed the resident could have fluid build up and she would expect the facility to notify her or another provider of any missed doses. She revealed she could not find any evidence the provider was notified of the missed doses and revealed she would order an echo now that she was aware. h. Interview with the regional clinical director on 11/14/25 at 8:55 AM confirmed she was aware of the initial medication error for the resident and confirmed the resident did not receive the medication until 11/12/25. She revealed if medications were not available, she would expect the nurse to contact the pharmacy for a stat delivery. If the medication could not be delivered, the nurse should contact the physician and follow the physician's guidance. Further interview revealed she was unable to find any evidence the physician was notified of the subsequent missed doses. 2. Review of a facility policy titled "Unavailable Medications" dated 2025 showed "...4. Medications may be unavailable for a number of reasons. Staff shall take immediate action when it is known that the medication is unavailable: a. Determine reason for unavailability, length of time medication is	F0760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535025	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Polaris Rehabilitation and Care Center	**2700 E 12th Street , Cheyenne, Wyoming, 82001**

(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
F0760 SS = D	Continued from page 3 unavailable, and what efforts have been attempted by the facility or pharmacy provider to obtain the medication. b. Notify physician if inability to obtain medication upon notification or awareness that medication is not available. Obtain alternative treatment orders and/or specific orders for monitoring resident while medication is on hold. c. If facility allows: Determine whether resident has home supply. Obtain orders to use home supply. Administer first dose after pharmacist has verified that the medication is correct with respect to name, dose, and form of medication. 5. If a resident misses a scheduled dose of the medication, staff shall follow procedures for medication errors, including physician/family notification, completion of a medication error report, and monitoring the resident for adverse reactions to omission of the medication."	F0760		