STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535045	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Powell Valley Care Center	**777 Avenue H , Powell, Wyoming, 82435**

(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 and Licensing Surveys from 8/24/26 through 8/27/26. Also reviewed in the course of the survey was complaint #3068437. The following common abbreviations were used throughout this document: DON: Director of Nursing BIMS: Brief Interview for Mental Status CNA: Certified Nursing Assistant LPN: Licensed Practical Nurse Less commonly used abbreviations will be annotated in each deficiency.	F0000		09/22/2026
F0578 SS = D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents	F0578	A POLST audit was conducted on 9/22/2026 identifying 4 residents who did not have completed POLST's. Notifications were sent to residents' physician and/or POA on 9/22/2026 requesting updated advanced directives. This will be completed at the next provider visit with the residents. Printed POLST's will be located inside each resident closet door for easy access in case of an emergency. IF resident wishes to not have the printed POLST on the door this will be documented in EMR. This will be completed as October activity calendars are placed in resident rooms by 10/1/2026. A total of 3 audits will be done for completion; Once a month starting in October.	10/31/2026

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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F0578 SS = D	Continued from page 1 concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is NOT MET as evidenced by: Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure a resident's right to formulate an advanced directive for 1 of 2 sample residents (#4) reviewed for cardiopulmonary resuscitation (CPR) code status. The findings were: 1.Review of the quarterly MDS assessment dated 8/4/26 showed resident #4 had severe cognitive impairment, and had diagnoses which included non-traumatic brain dysfunction, Alzheimer's disease, and dementia. The following concerns were identified: a. Review of the residents chart alert showed a code alert status of Do not Resuscitate (DNR). b. Review of the residents POLST dated 2/17/20 showed the resident had elected to allow natural death and was designated as DNR if s/he had no pulse and was not breathing. Further review showed the order was not signed by the resident or the residents representative. c. Review of the form titled "Wyoming Health Care Directive" dated 7/16/20 showed the resident elected not to prolong life if "I have an incurable	F0578	Continued from page 1 Audits for compliance will be reviewed by LTC QAPI.	10/31/2026

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F0578 SS = D	Continued from page 2 and irreversible condition that will result in my death within a relatively short time, or I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or the likely risks and burdens of treatment would outweigh the expected benefits." Further review showed no CPR code status. 2. Interview with the administrator on 8/27/26 at 11:59 AM confirmed the POLST form was not signed by the resident or the residents representative. 3. Interview with the social services director on 8/7/26 at 12:01 PM revealed if the resident was unable to sign the POLST form the facility was expected to obtain a signature from the resident representative. 4. Review of the document titled "DO NOT RESUSCITATE (DNR) PROTOCOL AND POLST PROTOCOL" last revised 3/23 showed "Policy…The wishes of the patient/resident, as reflected in the Cardiopulmonary Resuscitation Directive…Advanced Directives…by the designated guardian and/or power of attorney for healthcare will be respected…CPR is defined as…measures to restore cardiac function or to support breathing in the event of respiratory or cardiac arrest or malfunction…Cardiopulmonary resuscitation includes, but is not limited to, chest compressions, delivering electric shock to the chest, or manual or mechanical methods to assist breathing…".	F0578		10/31/2026
F0584 SS = D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.	F0584	Grievance education and guidance for staff will be provided via Connect Teams, PVHC's online education platform. This education will include industry standards for long term care and will have a short exam. This education module will be due by October 31st, 2026. Grievances will now be entered into the Safety Zone platform for more efficient tracking. This platform is used by PVHC to track events that happen in the facility. Grievances will be resolved within 30 calendar days of notification. If applicable, service recovery will be provided Grievances will be reviewed on a monthly basis for 3 months for compliance. This review will begin in	10/31/2026

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F0584 SS = D	Continued from page 3 (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is NOT MET as evidenced by: Based on facility grievance review, resident and staff interview, and policy and procedure review, the facility failed to ensure protection of the resident's property from loss or theft for 1 of 2 sample residents (#5) reviewed for a homelike environment. The findings were: 1. Review of the comprehensive MDS assessment dated 6/23/26 showed resident #5 had a BIMS score of 15 out of 15, which indicated intact cognition, and diagnoses which included anxiety, depression, and morbid obesity. The following concerns were identified: a. Review of a grievance form dated 7/8/26 and timed 9 AM showed resident #5 reported his/her pajamas were missing. Further review showed the facility had apologized and looked for the missing item but that no “service recovery” was offered. b. Interview with the resident on 8/24/26 at 8:09 PM revealed s/he had missing clothing, which included 3 pairs of pajamas. Further interview revealed the missing items were never replaced by the facility.	F0584	Continued from page 3 October. Audits for compliance will be reviewed by LTC QAPI committee.	10/31/2026

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F0584 SS = D	Continued from page 4 c. Interview with the social services director on 8/26/26 at 4:05 PM confirmed the resident's missing pajamas were never replaced by the facility. The resident had replaced the missing item at his/her own cost. Further interview revealed "Normally missing items are replaced within 30 days…" d. Interview with the administrator on 8/26/26 at 4:12 PM revealed grievances were typically resolved within 24 hours. Additionally, he had been aware of the missing item, but wasn't aware the resident had purchased the replacement pajamas, and stated "typically the facility will purchase and replace missing, lost, or broken items at no cost to the residents." 2. Review of the document titled "Patient/Resident Complaints and Grievances" last revised 6/10/26 showed "Definitions... IV. Service Recovery...The process of making things right after something has gone wrong or customer expectations have not been met…Procedure III. Prompt Resolution of Complaint A. Staff who receive a customer complaint should first try to resolve it according to the Service Recovery Guidelines…V. Complaints and Potential Grievance Resolution Process 1. Once notified of a patient/resident complaint or potential grievance, the responsible person of area in question attempts to make direct communication with the customer to resolve the issue promptly to the customers satisfaction…An issue is considered resolved promptly if a plan for addressing the problem has been agreed to by the customer…"	F0584		10/31/2026
F0628 SS = D	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident.	F0628	Social Services, in conjunction with administrator, monitor when residents are discharged to another facility. This is tracked by excel spreadsheet, emails to staff, and in the EMR. When a resident discharges from the facility, an email is sent to staff, the excel spreadsheet is updated, and a bed hold is sent to the resident or POA, as well as the ombudsman. This process has been in place since 9/15/2026 after the end of our licensure survey. Staff training will be provided at the October staff meeting.	10/31/2026

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F0628 SS = D	Continued from page 5 (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;	F0628	Continued from page 5 Residents or POA are mailed a copy of the Bed Hold form as notification of the transfer. A total of 3 audits will be done for completion; Once a month starting in October. Audits for compliance will be reviewed by LTC QAPI committee.	10/31/2026

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F0628 SS = D	Continued from page 6 (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice.	F0628		10/31/2026

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F0628 SS = D	Continued from page 7 If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is	F0628		10/31/2026

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F0628 SS = D	Continued from page 8 not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). This REQUIREMENT is NOT MET as evidenced by: Based on medical record review, staff interview, and policy and procedure review, the facility failed to provide a written notice of transfer prior to a facility-initiated hospital transfer and provide written information on the bed-hold policy to the resident's representative for 4 of 5 sample residents (#1, #3, #8, #19) reviewed for facility-initiated transfers. The findings were: 1. Review of the medical record showed resident #1 was transferred to the hospital on 7/24/26. Further review showed no evidence the facility provided a written transfer notice or bed-hold policy to the resident and/or the resident's representative. 2. Review of the medical record showed resident #3 was transferred to the hospital on 6/26/26. Further review showed no evidence the facility provided a written transfer notice or bed-hold policy to the resident's representative. 3. Review of the medical record showed resident #8 was transferred to the hospital on 7/13/26 and 7/14/26. Further review showed no evidence the facility provided a written transfer notice or bed-hold policy to the resident's representative. 4. Review of the medical record showed resident #19 was transferred to the hospital on 3/27/26. Further review showed no evidence the facility provided a written transfer notice or bed-hold policy to the resident and/or the resident's representative. 5. Interview with the DON on 8/26/26 at 3:50 PM confirmed the facility had not provided the notices to the resident's representative in writing.	F0628		10/31/2026

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F0628 SS = D	Continued from page 9 6. Review of the facility policy titled "Transfer of Patient/Resident" last updated 1/23/25 showed "...VII. The House Supervisor/Primary Nurse will ensure: A. Signatures of patient/resident/representative and PVHC witness. B. Transfer Form filled out in its entirety. C. Communication of mode of transport to patient/family/staff..."	F0628		10/31/2026