STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535056	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sage View Care Center	**1325 Sage St , Rock Springs, Wyoming, 82901**

(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 1/14/26 through 1/15/26. The survey was prompted by complaint intake 2715018. The following common abbreviations are used throughout this document: CNA: Certified Nursing Assistant MDS: Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	F0000		
F0805 SS = G	Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is NOT MET as evidenced by: Based on medical record review, staff interview, and facility incident review, the facility failed to ensure food was prepared in a form to meet resident needs for 1 of 9 sample residents (#1) reviewed. This failure resulted in actual harm to resident #1. Corrective measures were implemented prior to the survey and compliance was determined to be met on 1/9/26. The findings were: 1. Review of the quarterly MDS assessment dated 11/5/25 showed resident #1 had no long-term or short-term memory impairment and diagnoses which included cerebral palsy and esophageal obstruction. Further review showed the resident required a mechanically altered and therapeutic diet. Review of the "Nutrition Hydration" care plan last revised on 12/4/25 showed the resident required a mechanically altered diet and had swallowing	F0805	"Past Noncompliance - no plan of correction required"	

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: 535056	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sage View Care Center	**1325 Sage St , Rock Springs, Wyoming, 82901**

(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
F0805 SS = G	Continued from page 1 problems. Further review showed interventions which included aspiration precautions and a minced and moist diet (diet of soft, moist foods that are easy to swallowed and requires minimal chewing). Review of the physician orders showed an order for a regular diet minced and moist texture dated 8/21/25. The following concerns were identified: a. Review of a progress note dated 8/21/25 and timed 10:11 AM showed "Resident had a choking episode at lunch in the dining room, nurse responded to incident where [s/he] was found to be slightly cyanotic, having difficulty breathing and waving hand motions, foaming at the mouth. Nurse performed Heimlich maneuver multiple times until large chunk of pineapple projected from residents mouth. Resident was then able to breathe, skin color returned to pink and resident communicated that [s/he] was better. [S/he] was monitored for a time period after incident occurred with no respiratory complications/distress noted, and no further complications noted. Dr. [name] was notified, attempted to notify sister/POA [name], message was left. ST [speech therapy] eval and treat order was obtained, diet was downgraded to minced and moist. [S/he] was monitored every shift for any further choking incidents with none noted." b. Review of a progress note dated 1/2/26 and timed 5:39 PM showed "Notified by visitor that [resident #1] needed help. [S/he] was putting fingers in mouth and choking. Heimlich maneuver was attempted several times. [S/he] was lifted out of chair and turned downward, Heimlich, back blows and finger sweeps performed. Finally chocolate was extracted. [S/he] was educated that [s/he] would eat snacks at nurses station or in DON room when [s/he] was there. [S/he] agreed. Noted scrape on stomach and redness r/t [related to] Heimlich." c. Review of a progress note dated 1/9/26 and timed 5:39 PM showed "At approximately 1220, there was multiple staff in the main dining room assisting residents, another resident yelled out that [resident #1] needed help. [CNA #1], RNA tended to [resident #1] immediately, and someone in the dining room had also yelled out, not sure if it was another staff member or another resident, that [s/he] may be choking, [resident #1] was waving [his/her] hands and shaking [his/her] head. In appearance [his/her] lips did not appear blue and appeared as though [s/]he was still able to breath and still able to breathe air. [CNA #1] immediately initiated the Heimlich Maneuver for not longer than 30-45 seconds and was able to dislodge a piece of a grilled cheese sandwich. [S/he] was assessed for any	F0805		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535056	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sage View Care Center	**1325 Sage St , Rock Springs, Wyoming, 82901**

(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
F0805 SS = G	Continued from page 2 injury with none noted, denied any pain. [S/he] was placed on alert charting to document any latent injuries r/t performing the Heimlich maneuver, and also to monitor for any symptoms of aspiration. Dr. [name] was notified of incident, speech order was obtained to evaluate and treat. [His/Her] guardian/sister/ was notified of the incident." d. Interview with CNA #1 on 1/15/26 at 11:22 AM revealed on 1/9/26 she heard a resident yell out, saying resident #1 needed help. The CNA was assisting another resident, and went to resident #1, who was waving his/her hands. The CNA revealed she began the Heimlich maneuver; however, after "a couple" unsuccessful thrusts, she attempted back thrusts, then she lifted the resident out of the chair and squeezed. The CNA revealed at that time, the resident expelled part of a sandwich. The CNA revealed the incident lasted 30 to 40 seconds. The CNA revealed the resident's diet order was to be soft and bite sized and s/he would not normally receive a sandwich for meals. The CNA revealed it was her understanding the resident was given the sandwich because s/he requested it. Further interview revealed following the incident, the resident was scared and relieved. e. Interview with cook #1 on 1/15/26 at 11:30 AM revealed on the day of the incident she was serving lunch and resident #1 requested a grilled cheese sandwich. She revealed the resident's diet was to be minced and moist and described it as soft and bite sized and for all breads to be pureed. The cook confirmed the grilled cheese sandwich was not a minced and moist item. She revealed she asked the dietary manager if the resident could have a grilled cheese sandwich and was told yes. She revealed the resident received the grilled cheese sandwich, started eating, and then starting choking. She revealed following the incident the staff was educated on following residents' diet orders. Further interview revealed she thought it would be appropriate to give the resident a grilled cheese sandwich because the resident's family gives him/her items s/he should not eat. f. Interview with the dietary manager on 1/15/26 at 11:10 AM revealed she expected staff to follow the spreadsheet based on each resident's diet order. She confirmed resident #1's diet order was for minced and moist and described it as a mixture of soft and bite sized and pureed. The dietary manager revealed she felt the choking incident on 1/9/26 was her fault because the cook asked if it was ok for the resident to have a grilled cheese sandwich per his/her request and the dietary manager said yes. She revealed she was passing	F0805		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535056	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sage View Care Center	**1325 Sage St , Rock Springs, Wyoming, 82901**

(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
F0805 SS = G	Continued from page 3 drinks at the time and didn't think about it. She revealed she left the dining room and when she returned, CNA #1 was performing the Heimlich maneuver and resident #1 vomited. Further interview revealed following the incident, staff completed immediate education and she performed a tray card audit to ensure tray cards matched the physician orders. 2. Review of the facility's plan of correction dated 1/9/26 showed the following interventions were implemented as a result of the incident: a. All resident diets were audited for compliance by verifying that the diet order matched the meal ticket. b. Education was provided to all dietary staff on following the spreadsheet and matching the diet card to the spreadsheet. Nursing staff and managers on duty were educated on checking the meal ticket with the tray they were serving. c. Audits were implemented and were to be performed twice per week for 4 weeks then once a month for 2 months. 3. The implementation of the plan of correction was verified during the survey.	F0805		