

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>535051</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>02/26/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>Thermopolis Rehabilitation and Wellness</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1210 Canyon Hills Rd , Thermopolis, Wyoming, 82443</b>	
(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 2/25/26 through 2/26/26. The survey was prompted by complaint intakes 2727209 and 2685205.  The following common abbreviations are used throughout this document:  RN: Registered Nurse  Less commonly used abbreviations will be annotated in each deficiency.	F0000		03/12/2026
F0609 SS = D	Reporting of Alleged Violations  CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency,	F0609	Corrective Active: An audit of all state-reportable events from the past previous 5 days was conducted to ensure inclusion of initial/verbatim allegation language and timely reporting occurred. No discrepancies were identified.  Identification: Residents with reportable events are at potential risk.  Systemic Changes: Licensed staff were re-educated on the importance of timely, accurate, and objective reporting by DNS/Designee. Education was provided by the Regional Director of Operations to the Administrator and Director of Nursing, and designees regarding state reporting requirements, with emphasis on documenting and reporting the exact/verbatim allegation language and timely reporting.  Monitoring:  The Administrator or designee will audit 100% of state-reportable events for 90 days to ensure compliance with timeliness, accuracy, verbatim language of the original allegation, and proper resident identification. Audit results will be reviewed in QAPI, and corrective action will be implemented if compliance falls below 100%. After 90 days of sustained	03/02/2026

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
---	-------	-----------

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>535051</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>02/26/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>Thermopolis Rehabilitation and Wellness</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1210 Canyon Hills Rd , Thermopolis, Wyoming, 82443</b>	
(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
F0609 SS = D	<p>Continued from page 1 within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on medical record review, staff interview, state survey agency incident database review, and policy and procedure review, the facility failed to accurately and timely report allegations of abuse for 1 of 13 sample residents (#1) reviewed for reportable allegations. The findings were:</p> <ol style="list-style-type: none"> <li>Review of a progress note for resident #1 dated 1/3/26 and timed 3:26 PM showed "This nurse was sitting in the dining room with residents. [resident #1] was walking around calmly as normal. [S/He] got close to another resident, and without any queue, wound back with a clenched fist and punched a sitting resident in the face. Resident was immediately redirected and didn't seem to recall any of the situation seconds prior. Resident was immediately removed from situation, and placed on one on one. Resident has no recollection of event so only intervention is one on one at this time..."</li> <li>Review of an "Allegation of Resident to Resident Abuse" for resident #2 dated 1/3/26 and timed 3 PM showed "Resident was sitting in dining room when another resident punched [him/her] in the face. Resident did nothing to incur the event and does not recall the situation moments later." Further review showed "Resident that caused the incident was removed and put on one to one. This resident was assessed for injury. There is a red mark on [his/her] cheek, but appears to have already been there. No swelling or pain noted."</li> <li>Review of a facility reported incident dated 1/3/26 and timed 5 PM showed "Resident [#1] walked near resident [#2] and pushed [his/her] face. Resident [sic] separated and redirected. No injury or distress noted for both residents." Further review showed the allegation was reported on 1/4/26 at 5:45 PM, 24 hours and 45 minutes after the alleged incident.</li> <li>Interview with RN #1 on 2/26/26 at 1:59 PM revealed he did not recall the incident; however, whatever he had documented is what he would have reported to the facility administration.</li> </ol>	F0609	Continued from page 1 compliance, monitoring will transition to random monthly audits.	

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>535051</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>02/26/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>Thermopolis Rehabilitation and Wellness</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1210 Canyon Hills Rd , Thermopolis, Wyoming, 82443</b>	
(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
F0609 SS = D	Continued from page 2  5. Interview with the administrator on 2/26/26 at 1:09 PM confirmed the allegation resident #1 punched resident #2 was not accurately reported by the facility. The administrator revealed the investigation, which was initiated following the allegation resident #1 punched resident #2, determined resident #1 pushed resident #2. The administrator confirmed the facility reported the results of the investigation as the allegation and not the actual allegation.  6. Review of the policy titled "Abuse Reporting and Response" published September 2017 showed "...4. The Executive Director of designee reports alleged violations to the state survey agency and others officials in accordance with state law (such as Adult Protective Services and local law enforcement as follows: a. Immediately but not later than 2 hours-All allegations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, if the events that cause the allegation involve abuse or result in serious bodily injury..."	F0609		