



Wyoming State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>03/13/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>The Legacy Living and Rehabilitation Center</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 S Douglas Way , Gillette, Wyoming, 82716</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
S2919	<p>Continued from page 1 review, the facility failed to report required diseases/conditions classified as nosocomial to the Licensing Division. The census was 72. The findings were:</p> <ol style="list-style-type: none"> <li>1. Observation upon entrance to the facility on 3/10/26 at 1:46 PM showed personal protective equipment was required. Interview with the DON at that time revealed the facility had active COVID cases and was in "outbreak" status.</li> <li>2. Review of the state survey agency incident database showed no there was no infectious disease reported for the facility since 1/23/26, which was completed on 1/26/26. Further review showed the report indicated 2 staff members and 1 resident were positive at that time.</li> <li>3. Interview with the DON on 3/13/26 at 10:03 AM revealed the outbreak had been ongoing since 1/23/26 and the facility had a total of 34 positive cases, which included both residents and staff. She confirmed the facility had not reported the additional positive COVID cases.</li> <li>4. Review of a policy titled "Management of Emerging/Novel Infectious Disease Outbreaks" last revised 8/2025 showed "...9. Communicate all suspected cases of emerging/novel ID to the Infection Preventionist (IP) at ext. 1526. The IP will report to the Campbell County Public Health Department, Infectious Disease Medical Director, Wyoming Department of Health (WDH) and the employee health nurse..."</li> </ol>	S2919	Continued from page 1 Reporting Compliance Audit to be completed weekly x12 weeks.	