

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535061	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/01/2026
NAME OF PROVIDER OR SUPPLIER Wyoming Veterans' Skilled Nursing Facility			STREET ADDRESS, CITY, STATE, ZIP CODE 700 Veteran's Lane , Buffalo, Wyoming, 82834	
(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 from 3/31/26 through 4/1/26 for all previous deficiencies cited on 1/23/26. The following common abbreviations are used throughout this document: PASRR: Preadmission Screening and Annual Veteran Review Less commonly used abbreviations will be annotated in each deficiency.	F0000	Immediate Actions to Correct Deficiency (Residents Affected) <ul style="list-style-type: none"> A new PASRR Level I was completed for Resident #12 on 4/7/2026, followed by the submission of a subsequent PASRR Level II review on 4/22/2026, as indicated by diagnosis of Schizo affective disorder meeting the criteria for major mental illness according to the three major criteria in 42CFR 483.102(b). Resident #23 completed a new request for PASRR Level II Review and now is confirmed and scheduled for a Level II assessment on 5/11/2026. 	
F0645 SS = D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and	F0645		

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 <i>Interim Administrator</i>	(X6) DATE <i>4/30/2026</i>
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F0645 SS = D	<p>Continued from page 1</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <p>(i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure a Preadmission Screening and Resident Review (PASRR) level I or PASRR Level II was completed for 2 of 4 sample residents (#12, #23) reviewed for pre-admission screening. The findings were:</p>	F0645	<p>Measures Taken to Identify Other Residents at Risk</p> <ul style="list-style-type: none"> • 100% of current charts were reviewed by the Director of nursing on 4/20/2026 to ensure a valid PASRR Level I is on file and that any required Level II determinations are current. • One additional resident was identified with a missing PASRR I, which was submitted and corrected immediately. This triggered a Level II determination that was subsequently submitted and scheduled for a Level II assessment. <ul style="list-style-type: none"> ○ Four residents from previous visits who had received technical denials were submitted again for PASRR II Review. <ul style="list-style-type: none"> ➢ One of these four residents was approved with no need for further review. ➢ The remaining three residents required scheduling for PASRR II Assessments, which are scheduled for 5/5/2026, 5/7/2026, and 5/8/2026. 	

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F0645 SS = D	<p>Continued from page 2</p> <p>1. Review of the quarterly MDS assessment dated 3/25/26 showed resident #12 had a BIMS score of 2 out of 15, which indicated severe cognitive impairment, and had diagnoses which included depression and schizophrenia. The following concerns were identified:</p> <p>a. Review of a PASRR Level I dated 2/19/26 showed resident #12 had diagnoses which included schizoaffective disorder. Further review showed the resident was marked no for "Does this person have a major mental illness according to the three major criteria in 42CFR 483.102(b)," "Does this person have any history of Mental Illness requiring treatment mor intensive than outpatient services in the past two years," and "Is there any presenting evidence of Mental Illness including possible disturbance in orientation, affect or mood that is not attributable to dementia or other medical diagnosis list above." Further review showed the "PASRR Level I Screening Summary" indicated the "decision" was "no evidence of mental illness or intellectual disability."</p> <p>b. Interview with the social worker on 4/1/26 at 9:45 AM revealed she had filled the PASRR level I out incorrectly and she would request to re-submit a new assessment.</p> <p>2. Review of medical records revealed a PASRR Level II request was submitted for resident #23 on 2/23/26 for diagnoses which included post-traumatic stress disorder and schizophrenia. Further review showed the request was denied due to "technical denial". Review of the resident's medical record showed no evidence a PASRR Level II was completed. The following concerns were identified:</p> <p>a. Interview with the social worker on 4/1/26 at 9:45 AM revealed she had not submitted all of resident #23's records correctly for the PASRR II request and she was waiting for an LT 101 assessment to further complete. She requested the LT 101 assessment on 3/2/26. She stated that she was unaware she was missing documents and did not know when determinations for the requests had been made.</p> <p>3. Review of the policy titled "Preadmission Screening and Annual Veteran Review (PASARR)" dated 1/1/23 showed "...The community will not admit any new Veterans with: Mental Disorder-unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission or Intellectual Disability unless</p>		<p>Systemic Changes and Measures to Prevent Recurrence</p> <ul style="list-style-type: none"> The "Preadmission Screening and Resident Review" policy was updated to clarify that a "technical denial" is not a completed assessment and requires immediate follow-up. Staff education on 4/20/2026, regarding accurate completion of Level I screenings, the requirement for Level II completion prior to admission (unless an exception applies), and the process for responding to technical denials within 48 hours was completed. All new admissions will be reviewed by the Interdisciplinary Team (IDT) for appropriate PASRR Assessment and level completion during admissions meetings prior to the official admission date being set. Additionally, the Director of Nursing (DON) obtained access to serve as a back-up for the social services, allowing for additional verification of PASRR status on 4/16/2026 . 				

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F0645 SS = D	Continued from page 3 the State intellectual disability or developmental disability authority has determined prior to admission that because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing community; and if the individual requires such level of services, whether the individual requires specialized services for intellectual disability..."	F0645	<p>Monitoring/Quality Assurance</p> <ul style="list-style-type: none"> • Going forward, audits will be conducted for all new admissions with the IDT team during admissions meetings. • Audits will be conducted to ensure the accuracy of all current residents quarterly by the MDS coordinator, Director of Nursing, and Social services until 100% compliance is obtained. • The results of the audits will be reported by social services to the QAPI team during each meeting. If 100% compliance is not met, the QAPI team will determine the need for further root cause analysis or increased frequency of audits. <p>Date of Compliance</p> <ul style="list-style-type: none"> • The facility identifies April 29, 2026 as the date of compliance following the completion of the final scheduled Level II assessment and completion of all staff education. 	