STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535025	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Polaris Rehabilitation and Care Center	**2700 E 12th Street , Cheyenne, Wyoming, 82001**

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F0000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 4/21/26 to 4/22/26. The survey was prompted by complaint intakes #2973095, #2986742, #2990526, #2806194, #2977120, #2977120, and #2737292. The following common abbreviations are used throughout this document: DON: Director of Nursing RN: Registered Nurse LPN: Licensed Practical Nurse MA-C: Certified Medication Aide CNA: Certified Nursing Assistant Less commonly used abbreviations will be annotated in each deficiency.	F0000		05/15/2026
F0838 SS = F	Facility Assessment CFR(s): 483.71(a)(1)(3)(b)(1)(c)(1)-(5) §483.71 Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations (including nights and weekends) and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. §483.71(a) The facility assessment must address or include the following:	F0838	Corrective Action for Residents Affected: The Facility Assessment was immediately reviewed and revised to include specific staffing needs for each shift (day, evening, and night) based upon resident acuity, census, skilled mix, behavioral health needs, ADL assistance needs, rehabilitation needs, and clinical complexity. The revised assessment now specifically addresses staffing considerations for Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Medication Aides (MA-Cs), and Certified Nursing Assistants (CNAs). No residents were identified as having negative outcomes related to this documentation deficiency. Identification of Other Residents at Risk: All residents residing within the facility had the potential to be affected by the deficient documentation practice within the Facility	05/14/2026

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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F0838 SS = F	Continued from page 1 §483.71(a)(1) The facility's resident population, including, but not limited to: (i) Both the number of residents and the facility's resident capacity; (ii) The care required by the resident population, using evidence-based, data-driven "methods" that considering the types of diseases, conditions, physical and behavioral health needs, cognitive disabilities, overall acuity, and other pertinent facts that are present within that population, consistent with and informed by individual resident assessments as required under § 483.20; (iii) The staff competencies and skill sets that are necessary to provide the level and types of care needed for the resident population; (iv)The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services. §483.71(a)(2) The facility's resources, including but not limited to the following: (i) All buildings and/or other physical structures and vehicles; (ii) Equipment (medical and non- medical); (iii) Services provided, such as physical therapy, pharmacy, behavioral health, and specific rehabilitation therapies; (iv) All personnel, including managers, nursing and other direct care staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care; (v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and (vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other	F0838	Continued from page 1 Assessment. The facility conducted a comprehensive review of the entire Facility Assessment document to ensure all resident populations, staffing considerations, and operational practices were accurately reflected and compliant with regulatory requirements. Systemic Changes Implemented: The facility revised the Facility Assessment process to ensure: Staffing needs are identified by specific shift (day, evening, and night) Staffing considerations are based upon resident acuity and census changes Skilled versus long-term care populations are evaluated Contingency staffing planning is included Recruitment and retention strategies are documented Staffing adjustments are based on admissions, discharges, behavioral health needs, infection control concerns, falls risk, and changes in resident condition Education was provided to the Administrator regarding Facility Assessment regulatory requirements under §483.71, including the requirement for ongoing evaluation of staffing needs based upon resident acuity and shift-specific considerations. Monitoring Process: 4.)The Administrator and/or designee will complete and report off to QAPI the one-time review of the revised Facility Assessment to ensure: Shift-specific staffing needs are addressed	05/14/2026

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F0838 SS = F	Continued from page 2 organizations. §483.71(a)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach as required in §483.73(a)(1). § 483.71(b) In conducting the facility assessment, the facility must ensure: § 483.71(b)(1) Active involvement of the following participants in the process: (i) Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and (ii) Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable. (iii) The facility must also solicit and consider input received from residents, resident representatives, and family members. §483.71(c) The facility must use this facility assessment to: §483.71(c)(1) Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in § 483.35(a)(3). §483.71(c)(2) Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population. §483.71(c)(3) Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population. §483.71(c)(4) Develop and maintain a plan to maximize recruitment and retention of direct care staff.	F0838	Continued from page 2 Acuity considerations are documented Staffing contingency plans remain current Recruitment and retention strategies are included as necessary	05/14/2026

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F0838 SS = F	Continued from page 3 §483.71(c)(5) Inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care. This REQUIREMENT is NOT MET as evidenced by: Based on review of the Facility Assessment and staff interview, the facility failed to consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population. The census was 69. The findings were: Review of the "Facility Assessment 2026" dated 1/5/26 showed the total of full-time employees; however, the assessment failed to include the evaluation of resident acuity and specific staffing needs for each shift for RNs, LPNs, MA-Cs, and CNAs to meet the needs of the residents who resided within the facility. Interview with the administrator on 4/22/26 at 3:40 PM confirmed he did not include the specific staffing needs. Further interview revealed he believed he had completed the facility assessment per requirements.	F0838		05/14/2026
F0800 SS = E	Provided Diet Meets Needs of Each Resident CFR(s): 483.60 §483.60 Food and nutrition services. The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff and resident interview, resident meal slip review, resident council minutes review, and policy review, the facility failed to consider resident preferences during 3 of 3 meal observations. The census was 69. The findings were: 1. Observation during three different meals between 4/21/26 and 4/22/26 showed residents were not offered substitute meal items. Further observation showed when alternative meal items were requested, staff told the residents the food item requested was not on the menu.	F0800	Corrective Action for Residents Found to be Affected Residents identified during survey, including Residents #2, #5, #10, and #11, were interviewed regarding meal preferences and substitute meal requests. In addition, all residents were re-interviewed regarding their dietary needs, preferences, and substitute meal requests. Dietary preference reviews were completed to ensure resident preferences and approved substitute options were updated and communicated to dietary staff. The facility clarified and re-educated staff regarding the distinction between approved meal substitutions and requests for additional food items beyond the planned meal service. Residents continued to receive meals consistent with physician orders, approved menus, and dietary guidelines. Requests for additional food items outside of the planned meal service will be reviewed individually to ensure nutritional appropriateness, availability, and consistency with resident care plans and dietary oversight. The Registered Dietitian reviewed the substitute meal	05/22/2026

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F0800 SS = E	Continued from page 4 2. Review of resident #2's meal slips, provided by the resident, showed on 4/14/26 the resident requested 2 containers of yogurt and 2 portions of cottage cheese. The slip showed in writing the resident could only have 1 yogurt and 1 cottage cheese per the administrator. Review of a meal slip dated 4/16/26 showed "Food Adds: Other-SEND YOGURT AT DINNER!! 2 servings…" which was crossed out, and "Not Approved" was documented on the slip. Review of a meal slip dated 4/17/26 showed the resident asked for cottage cheese and documented on the slip in writing it was "Not on Menu." 3. Review of resident #10's meal ticket, provided by the resident, dated 4/19/26 showed "Notes: PCC: Large meat/protein…Room Delivery 2 turkey and cheddar." Documented at the bottom of the slip was "No Double Sandwiches per [administrator name]." 4. Review of the "Resident Council Meeting Minutes" dated 3/23/26 showed "…Residents expressed concerns regarding recent changes to food service. Several items have been removed or reduced, including vegetables for burgers, PB&J sandwiches for evening snacks, and daily ice cream desserts. These changes have led to dissatisfaction among residents." The department assigned was dietary and there was no evidence the concern was addressed. 5. Interview with resident #5 on 4/21/26 at 12:17 PM revealed no condiments including lettuce, tomato, and onion were served with hamburgers. The resident revealed the sandwiches were very thin on meat and cheese and the bread was the main part of any sandwich. The resident revealed the administrator changed the meals and what was allowed. Further interview revealed if items were not on the menu, they were not provided. 6. Interview with resident #2 on 4/21/26 at 12:24 PM confirmed no condiments including lettuce, tomato, and onion were served with hamburgers. The resident confirmed the sandwiches were very thin on meat and cheese and the bread was the main part of any sandwich. The resident confirmed the administrator changed the meals and what was allowed. Further interview confirmed if items were not on the menu, they were not provided. 7. Interview with resident #10 on 4/21/26 at 2:34 PM confirmed no condiments including lettuce, tomato,	F0800	Continued from page 4 categories and alternative menu categories to ensure nutritionally appropriate options are available while honoring resident choice and preferences. Resident Council concerns regarding food service and substitute meal options were reviewed by Administration, Dietary Services, and the Registered Dietitian. Completion Date:5-15-2026 Identification of Other Residents Who May Be Affected All residents residing in the facility have the potential to be affected by the alleged deficient practice. An audit of all resident dietary preference profiles, substitute meal practices, and meal ticket instructions was completed to ensure resident preferences are identified and communicated appropriately. All residents were re-interviewed regarding dietary preferences and substitute meal requests. Completion Date: 5-15-2026 Systemic Changes Implemented to Prevent Recurrence The facility revised and clarified its meal substitution and resident preference process to ensure: Residents are offered approved substitute meal options when declining planned menu items; Resident preferences are reviewed and honored when medically appropriate; Requests for additional food items outside the planned meal service are reviewed appropriately; Substitute menu options are nutritionally evaluated by the Registered Dietitian;	05/22/2026

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F0800 SS = E	Continued from page 5 and onion were served with hamburgers. The resident confirmed the sandwiches were very thin on meat and cheese and the bread was the main part of any sandwich. The resident confirmed the administrator changed the meals and what was allowed. Further interview confirmed if items were not on the menu, they were not provided. 8. Interview with resident #11 on 4/21/26 at 4:38 PM confirmed confirmed no condiments including lettuce, tomato, and onion were served with hamburgers. The resident confirmed the sandwiches were very thin on meat and cheese and the bread was the main part of any sandwich. The resident confirmed the administrator changed the meals and what was allowed. Further interview confirmed if items were not on the menu, they were not provided. 9. Interview with RN #1 on 4/21/26 at 11:20 AM revealed the administrator cut back the availability of yogurt and cottage cheese, limiting them to breakfast only. Further the RN revealed the residents' snacks were being made in house and chips, crackers, cream pies, pudding, and ice cream were taken away. 10. Interview with CNA #1, CNA #2, and CNA #3 on 4/22/26 at 11:30 AM confirmed the administrator cut back the availability of yogurt and cottage cheese, limiting them to breakfast only and confirmed the residents' snacks were being made in house and chips, crackers, cream pies, pudding, and ice cream were taken away. 11. Interview with cook #1 on 4/22/26 at 9:20 AM revealed there was no dietary manager since 3/23/26 and did there not a dietitian. She revealed the administrator took over the dietary services, had cut back the amount of food ordered, and restricted what food items the residents could have. 12. Interview with the Dietitian on 4/22/26 at 10:57 AM revealed she just started on Friday and had not evaluated residents or meals. 13. Interview with the administrator on 4/22/26 at 4:15 PM revealed on 12/4/25 the residents agreed to the change in alternative menu. He stated if the resident wanted chips or snacks other than what was provided, there were vending machines in the hall they could use. Further interview revealed the administrator was unable to provide information showing the alternative items available to residents met the required nutrition for meals.	F0800	Continued from page 5 Resident Council dietary concerns are formally reviewed, responded to, and documented. The facility conducted a Resident Council meeting where residents participated in reviewing and approving revised substitute menu categories based on resident preference and input. Categories reviewed included breakfast alternatives, protein alternatives, and dessert alternatives. The Registered Dietitian reviewed and approved substitute menu categories to ensure nutritional appropriateness and consistency with resident dietary needs. Education was provided to dietary staff, nursing staff, and facility leadership regarding: Resident rights related to food preferences and choices; Requirements under F800 related to nourishing, palatable, and well-balanced diets; Appropriate handling of substitute meal requests and additional food requests; Documentation and communication of resident dietary concerns. Completion Date: 5-14-2026 Monitoring / Quality Assurance The Administrator will conduct meal service audits three times weekly for four weeks, then weekly for eight weeks to ensure: Residents are offered approved substitute meal options; Resident dietary preferences are honored when appropriate; Staff appropriately follow substitute meal and	05/22/2026

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F0800 SS = E	Continued from page 6 14. Review of the policy titled “Nutritional Management” provided by the administrator on 4/21/26 at 11:05 AM showed “…2. Identification/assessments:...b. The dietary manager or designee shall obtain the resident's food and beverage preferences upon admission, significant change in condition, and periodically throughout his or her stay....3. Evaluation/analysis:.. b. The dietitian shall use data gathered from the nutritional assessment to estimate the resident's calorie, nutrient, and fluid needs and whether intake is adequate to meet those needs. Current standards of practice/formulas are used in calculating these estimates...”	F0800	Continued from page 6 additional food request processes. 4.) Resident Council dietary concerns and meal satisfaction will continue to be reviewed monthly through the QAPI process to ensure ongoing resident choice, satisfaction, and compliance with dietary regulations. Results of audits will be reviewed during QAPI meetings. Additional education or corrective action will be implemented as indicated.	05/22/2026