STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535021	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wyoming Retirement Center	**890 US HWY 20 SOUTH , Basin, Wyoming, 82410**

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F0000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 6/28/26 through 7/1/26. The following common abbreviations are used throughout this document: COVID-19: Coronavirus disease 2019 Less commonly used abbreviations will be annotated in each deficiency.	F0000		
F0700 SS = E	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interviews, medical	F0700	F0700 – Bedrails CFR(s): 483.25(n)(1)-(4)2 1. The facility acknowledges that clinical assessments to ensure entrapment risk was assessed were missing from the medical records for Residents #1, #6, #9, and #25. The facility recognizes that a lack of assessment could potentially cause serious injury for these residents and others. Entrapment risk assessments have been completed, for the identified residents. Bedrail/ enablers have been removed for resident #25 and #9. Informed consents for bed rails have been obtained for Resident #1, and #6, as of July 23, 2026	7/23/2026

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
[signature]	Administrator	7/23/26

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F0700 SS = E	Continued from page 1 record review, and review of facility policy, the facility failed to ensure entrapment risk was assessed, review the risks and benefits of bed rails with the resident or representative, or obtain informed consent prior to installation for 4 of 4 sample residents (#1, #6, #9, #25) reviewed for use of bed rails. The census was 49. The findings were: 1. Observation on 6/29/26 at 11:05 AM showed resident #1 had bilateral bed enablers (bed rails) installed and attached to the bed frame. Further observation with the maintenance director on 7/1/26 at 8:45 AM showed the measurements revealed a 1-inch gap between the mattress and the enabler, a 4-inch wide by 6-inch tall gap within the rail structure, and a 5-inch by 4-inch space from the mattress to the top of the enabler. The following concerns were identified: a. Review of the medical record showed no evidence of a clinical assessment which determined the resident's risk for entrapment had been completed. Further review showed no evidence documentation of informed consent or the benefits and hazards of bed rails were reviewed with the resident or resident representative. 2. Observation on 6/29/26 at 11:06 AM showed resident #25 had bilateral bed enablers installed and attached to the bed frame. Further observation with the maintenance director on 7/1/26 at 8:44 AM showed the measurements revealed a 2-inch gap between the mattress and the enabler, a top opening measuring 4.5 inches by 8 inches, and a bottom opening measuring 4.5 inches by 8 inches. The following concerns were identified: a. Review of the medical record showed no evidence of a clinical assessment which determined the resident's risk for entrapment had been completed. Further review showed no evidence documentation of informed consent or the benefits and hazards of bed rails were reviewed with the resident or resident representative. 3. Observation on 6/29/26 at 11:28 AM showed resident #9 had bilateral bed enablers attached to the bed frame. Further observation with the maintenance director on 7/1/26 at 8:51 AM revealed the measurements of resident #9's bed rails were 4 1/2 x 6 inches. The following concerns were identified: a. Review of the medical record showed no evidence of a clinical assessment which determined the resident's risk for entrapment had been completed.	F0700	2. All current residents utilizing bed rails/bed enablers have the potential to be affected by this practice.A full audit of all current residents utilizing side rails or enablers is being conducted. Comprehensive entrapment risk assessments will be completed, and written informed consents will be obtained for all current residents utilizing these devices by July 30, 2026. 3.The facility's "Bed Safety and Bed Rails" policy has been reviewed and updated. To ensure ongoing compliance, the clinical entrapment risk assessment and the procurement of informed consent have been integrated into the standard admission assessment protocol. Going forward, any individual moving into the facility who requires or requests bed rails/enablers will have an entrapment risk assessment completed and informed consent obtained prior to the installation or use of the device. Nursing educated on the updated protocol and the mandatory requirement to complete these components prior to device utilization. 4.The Director of Nursing (DON) or a designee will audit all new admissions and current residents utilizing bed rails weekly for the next 3 months, then quarterly thereafter, to ensure completed entrapment risk assessments and signed informed consents are present in the medical records. The results of these audits will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee for review and further recommendations if necessary.	7/23/2026

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F0700 SS = E	Continued from page 2 Further review showed no evidence documentation of informed consent or the benefits and hazards of bed rails were reviewed with the resident or resident representative. 4. Observation on 6/29/26 at 12:44 PM showed resident #6 had bilateral bed enablers built into the bed frame of his/her bed. Further observation with the maintenance director on 7/1/26 at 9:15 AM revealed the measurements of resident #6's bed rails were 4 inches x 8 inches, and there was a 2-inch gap between the bed rail and the mattress. The following concerns were identified: a. Review of the medical record showed no evidence of a clinical assessment which determined the resident's risk for entrapment had been completed. Further review showed no evidence documentation of informed consent or the benefits and hazards of bed rails were reviewed with the resident or resident representative. 5. Interview with the North unit manager on 6/30/26 at 4:52 PM confirmed the facility did not assess residents for risk of entrapment in bed rails. Further interview revealed the facility did not have signed consents on file for the use of bed rails. 6. Review of the policy titled "Bed Safety and Bed Rails" and last updated August 2022 showed "...6. The resident assessment to determine risk of entrapment includes, but is not limited to: a. medical diagnosis, conditions, symptoms, and/or behavioral symptoms; b. size and weight; c. sleep habits; d. medication(s); e. acute medical or surgical interventions; f. underlying medical conditions; g. existence of delirium; h. ability to toilet self safely; i. cognition; j. communication; k. mobility (in and out of bed); and l. risk of falling...8. Before using bed rails for any reason, the staff shall inform the resident or representative about the benefits and potential hazards associated with bed rails and obtain informed consent..."	F0700		
F0883 SS = E	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop	F0883		

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F0883 SS = E	Continued from page 3 policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and	F0883	F0883 & F0887: The facility acknowledges that during the recent survey, it was identified that medical records lacked proper documentation to indicate that influenza, pneumococcal, and COVID-19 vaccinations were consistently offered to residents. Additionally, the facility failed to adequately maintain records showing that necessary vaccine education was provided, or that formal resident denials, declinations, or clinical reasons for no treatment given were documented within the residents' medical records. It is recognized that these retrospective documentation omissions occurred and cannot be retroactively altered or fixed. To ensure full compliance and to prevent future occurrences, the facility has established a comprehensive system to track, and document all resident immunizations: The facility has entered into a partnership with the local Public Health office. Under this agreement, the Public Health office will directly provide and coordinate the administration of influenza, pneumococcal, and COVID-19 vaccinations for our residents. The facility has implemented a tracking spreadsheet to closely monitor the immunization process for every resident. This spreadsheet will serve as an active audit tool to ensure the following elements are verified and recorded: That the vaccine was officially offered. That the required vaccine education (covering benefits and risks) was provided to the resident or resident representative. That a formal declination or reason for refusal/contraindication is explicitly recorded if the vaccine is not administered. That all completed vaccination records, signed education forms, or formal declination documents are successfully uploaded into the electronic medical record, accompanied by a corresponding progress note.	7/23/2026

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F0883 SS = E	Continued from page 4 (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is NOT MET as evidenced by: Based on medical record review, staff interview, and policy and procedure review, the facility failed to offer and/or provide influenza and pneumococcal vaccinations to 5 of 5 sample residents (#9, #12, #29, #36, #56) reviewed for immunization status. The findings were: 1. Review of the medical record for resident #12 showed the resident admitted to the facility on 4/11/24 and was marked "not eligible" for the influenza vaccination, with no date indicated. Further review showed no evidence the resident was offered or received an annual influenza vaccination. 2. Review of the medical record for resident #29 showed the resident admitted to the facility on 4/15/26, received the PCV-23 (pneumococcal) vaccination on 4/24/2012, refused the PCV-20 (pneumococcal) vaccination on 9/23/23, and was documented "refused" for the influenza vaccination with no date indicated. Further review showed no evidence the resident was offered or received the PCV-20 vaccination since 9/23/23 and no evidence the resident was offered or received an annual influenza vaccination. 3. Review of the medical record for resident #36 showed the resident admitted to the facility on 4/19/22 and was documented "refused" for the PCV-20 vaccination and influenza vaccination with no date indicated. Further review showed no evidence the resident was offered or received the PCV-20 vaccination or an annual influenza vaccination. 4. Review of the medical record for resident #56 showed the resident admitted to the facility on 5/6/25 and was documented "refused" for the PCV-20 vaccination and influenza vaccination with no date indicated. Further review showed no evidence the resident was offered or received the PCV-20 vaccination or an annual influenza vaccination. 5. Review of the medical record for resident #9	F0883		

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F0883 SS = E	Continued from page 5 showed the resident admitted to the facility on 7/14/25 and last received the influenza vaccination on 10/3/24. Further review showed no evidence the resident was offered or received an annual influenza vaccination since 10/3/24 and no evidence the resident was offered or received the pneumococcal vaccination. 6. Interview with the administrator on 6/29/26 at 4:31 PM revealed the facility did not have evidence residents were offered immunizations annually. 7. Review of the policy titled "Vaccines" dated 4/29/21 showed "...All residents and staff who have no medical contradictions to the flu will be offered the vaccines annually between October 1st and March 31st. Residents will be offered the pneumococcal vaccine and COVID-19 vaccines on admission and as new vaccines are recommended..."	F0883		
F0887 SS = E	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80 Infection control §483.80(d)(3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects, associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses.	F0887		

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F0887 SS = E	Continued from page 6 (v) The resident or resident representative, has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; and (vi) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and (B) Each dose of COVID-19 vaccine administered to the resident, or (C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal. (vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following: (A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine; (B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and (C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). This REQUIREMENT is NOT MET as evidenced by: Based on medical record review, staff interview, Centers for Disease Control and Prevention (CDC) recommendation review, and policy and procedure review, the facility failed to offer and/or provide COVID-19 vaccination to 5 of 5 sample residents (#9, #12, #29, #36, #56) reviewed for immunization status. The findings were: 1. Review of the medical record for resident #12 showed the resident admitted to the facility on 4/11/24 and the last COVID vaccine dose was administered on 3/31/24. Further review showed no evidence the resident was offered or received the 2025-2026 COVID vaccine. 2. Review of the medical record for resident #29 showed the resident admitted to the facility on	F0887		

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F0887 SS = E	Continued from page 7 4/15/26, refused the COVID vaccine, and did not indicate a date when the vaccine was offered and declined. Further review showed no evidence the resident was offered or received the 2025-2026 COVID vaccine. 3. Review of the medical record for resident #36 showed the resident admitted to the facility on 4/19/22 and the last COVID vaccine dose was administered on 6/30/22. Further review showed no evidence the resident was offered or received the 2025-2026 COVID vaccine. 4. Review of the medical record for resident #56 showed the resident admitted to the facility on 5/6/25, refused the COVID vaccine, and did not indicate a date when the vaccine was offered and declined. Further review showed no evidence the resident was offered or received the 2025-2026 COVID vaccine. 5. Review of the medical record for resident #9 showed the resident admitted to the facility on 7/14/25 and the last COVID vaccine dose was administered on 5/5/21. Further review showed no evidence the resident was offered or received the 2025-2026 COVID vaccine. 6. Review of the CDC's "2025-2026 COVID-19 Vaccination Guidance" dated 11/4/25 showed the recommendation for unvaccinated individuals was 2 doses of the 2025-2026 vaccine with the 2nd dose being administered 4-8 weeks after the initial dose. Further review showed individuals who completed the initial series should receive 1 dose of the 2025-2026 vaccine at least 8 weeks after the last dose. 7. Interview with the administrator on 6/29/26 at 4:31 PM revealed the facility did not have evidence residents were offered immunizations. 8. Review of the policy titled "Vaccines" dated 4/29/21 showed "...All residents and staff who have no medical contradictions to the flu will be offered the vaccines annually between October 1st and March 31st. Residents will be offered the pneumococcal vaccine and COVID-19 vaccines on admission and as new vaccines are recommended..."	F0887		

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F0761 SS = D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, and policy and procedure review, the facility failed to properly label and identify resident medications and failed to label opened multi-dose vials with the expiration and discard dates in 1 of 5 medication storage areas (North medication room). The census was 63. The findings were: 1. Observation of the North medication room on 6/30/26 at 3:18 PM showed resident #23's Insulin Aspart pen was stored in a communal plastic container which contained other residents' insulin pens. The insulin pen lacked a formal pharmacy dispensing label. The only identifier on the medication was resident #23's first name, handwritten in marker on a piece of medical tape affixed to the pen. The pen had an expiration date of 8/31/26, an open date of 6/22/26, but no discard by date 28 days after opening. 2. Observation of the North medication room on 6/30/26 at 3:18 PM showed an Insulin Glargine pen	F0761	F0761: 1. The facility acknowledges the failure to properly label and identify resident medications, specifically multi-dose insulin pens, with required identifiers, open dates, and calculated discard dates as cited in the North medication room. The facility recognizes that improperly labeled medications could potentially harm all residents. 2. All insulin pens for residents identified in the citation have been immediately reviewed and labeled properly in accordance with facility policy and professional standards. This includes ensuring each pen has a complete label with the resident's full name, medication details, date opened, and the correct calculated discard date. Mandatory education will be provided to all licensed nursing staff. Training will focus on the proper labeling requirements for multi-dose insulin pens are given complete pharmacy labels, and that all opened pens are clearly marked with the resident's full name, the date opened, the calculated discard date, and the initials of the opening nurse. An audit tool has been developed to ensure ongoing compliance. The Director of Nursing (DON) or a designated representative will complete these audits weekly across all medication storage areas to verify that all multi-dose insulin pens are labeled and dated correctly. Any identified issues will be corrected immediately, and the audit results will be reviewed during monthly Quality Assurance and Performance Improvement (QAPI) meetings.	7/2/2026 7/23/2026

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F0761 SS = D	Continued from page 9 assigned to Resident #10 had been opened and accessed. The insulin pen lacked an open date, an expiration date, and a "discard by" date. 3. Interview with the North unit manager on 6/30/26 at 5:23 PM revealed she expected all insulin pens should have a complete pharmacy label which included the resident's full name. She further confirmed that once a multi-dose insulin pen was opened, staff were required to label the pen with the date opened, the calculated discard date, and the initials of the nurse who opened it. The unit manager confirmed the insulin pens for Resident #23 and resident #10 were not labeled in accordance with these standards, and stated the pen for resident #23 was pulled from the Pyxis and that is why it didn't have a pharmacy label. 4. Review of the policy titled "Medication Labeling and Storage" dated 2/2023 showed: "...Labeling of medications and biologicals dispensed by the pharmacy is consistent with applicable federal and state requirements and currently accepted pharmaceutical practices…The medication label includes, at a minimum: a. Medication name; b. Prescribed dose; c. strength; d. Expiration date when applicable; e. Resident's name; f. Route of administration; and g. Appropriate instructions and precautions…Multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial..."	F0761		