STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535031	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wind River Rehabilitation and Wellness	**1002 Forest Dr , Riverton, Wyoming, 82501**

(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 5/20/26 through 5/21/26. The survey was prompted by complaint intakes 2994662, 2807654, and 2691402. The following common abbreviations are used throughout this document: BIMS: Brief Interview for Mental Status DON: Director of Nursing MDS: Minimum Data Set Less Commonly used abbreviations will be annotated in each deficiency.	F0000		05/23/2026
F0690 SS = D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition	F0690	Preparation and execution of the response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of the state and federal law. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with the State Operations Manual F0690 Bowel/Bladder, incontinence, Catheter, UTI Corrective Action The affected resident is no longer residing at the facility at the time of this deficiency. Initial audit completed by DNS/Designee to validate residents with an indwelling	05/23/2026

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

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F0690 SS = D	Continued from page 1 demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is NOT MET as evidenced by: Based on medical record review and staff interview, the facility failed to ensure catheter care was provided according to physician orders for 1 of 3 sample residents (#3) reviewed. The findings were: 1. Review of the 2/4/26 quarterly MDS assessment showed resident #3 had a BIMS score of 6 out of 15, which indicated severe cognitive impairment, and had diagnoses which included bladder obstruction, renal insufficiency, heart failure, diabetes mellitus, non- Alzheimer's dementia and history of a cerebrovascular accident. Review of the physician's orders showed the resident had an order dated 10/20/25 to change the foley catheter every 28 days. The following concerns were identified: a. Review of a nursing note attached to the foley catheter orders dated 2/14/26 and timed 4:10 PM showed "…Unable to get to before resident was up and…will not allow staff to lay [him/her] back down. Will attempt in AM." Review of a progress note dated 2/15/26 and timed 12:30 PM showed the note was created on 5/21/26 at 12:33 PM. Further review showed "…Reattempt to change foley this AM was unsuccessful." There was no evidence the staff had reattempted to change the urinary catheter or evidence the foley catheter was changed in the month of February. b. Review of a nursing note dated 3/14/26 and timed 3:26 PM showed the note was created on 5/21/26 at 12:28 PM. Further review showed "…Resident refused foley change this shift despite multiple attempts and education." There was no evidence the staff had reattempted to change the urinary catheter or evidence the catheter was changed in the month of March. c. Review of medical record showed no evidence the	F0690	Continued from page 1 foley catheter has been changed as ordered by the physician in the last 30 days. PCP will be contacted to ensure the current order aligns with CDC recommendations for indwelling foley catheter. No other residents are affected by this deficiency. Staff education in-services will be completed for licensed nurses to ensure the physician order is being followed. Licensed nurses will be educated on proper documentation and notification if residents refuse. DNS/Designee will complete a weekly audit for 90 days to validate foley catheter compliance. Any findings during the audit will be discussed in the monthly QAPI. The Director of Nursing or designee will report the tracking and trending of the audits to the facility monthly Quality Assurance Meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee. Date of compliance: May 23, 2026	05/23/2026

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F0690 SS = D	Continued from page 2 urinary catheter had been changed in April prior to the resident's discharge from the facility on 4/11/26. 2. Interview with the MDS coordinator on 5/21/26 at 1:03 PM confirmed the urinary catheter had not been changed between February and April. 3. Interview with the DON on 5/21/26 at 1:20 PM revealed staff were expected to follow physician orders and change urinary catheters monthly. 4. Interview with the DON on 5/21/26 at 1:28 PM revealed the facility had no policy regarding the frequency of urinary catheter changes.	F0690		05/23/2026
F0775 SS = D	Lab Reports in Record - Lab Name/Address CFR(s): 483.50(a)(2)(iv) §483.50(a)(2) The facility must- (iv) File in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory. This REQUIREMENT is NOT MET as evidenced by: Based on medical record review and staff interview, the facility failed to ensure laboratory reports were in the residents medical record for 1 of 3 sample residents (#3) reviewed. The census was 56. The findings were: 1. Review of the 2/4/26 quarterly MDS assessment showed resident #3 had a BIMS score of 6 out of 15, which indicated severe cognitive impairment and had diagnoses which included bladder obstruction, renal insufficiency, heart failure, diabetes mellitus, non-Alzheimer's dementia and history of a cerebrovascular accident. Further review of the resident's medical record showed the presence of an indwelling urinary catheter (foley) and chronic urinary tract infections (UTI). Review of the physician's orders showed the resident had an order dated 3/17/26 to obtain a urinalysis following behavioral and cognitive changes as well as a history of chronic UTI's. The following concerns were identified: a. Review of the medical record showed a urinalysis was collected on 3/19/26; however, there was no evidence of the facility received or followed up on	F0775	F0775 Lab Reports in Record- Lab Name/Address Corrective Action Affected resident is no longer residing in the facility at the time of this deficiency. Initial audit completed by DNS/Designee to validate residents with labs ordered that labs were obtained and results of labs have been received and documented in the resident record in the last 14 days. No other residents are affected by this deficiency. DNS/Designee will educate licensed nurses and medical records regarding obtaining labs per physician order and obtaining lab results for patient record. DNS/Designee will complete a weekly audit of labs ordered/obtained to validate compliance for 90 days. Any findings will be corrected and discussed in QAPI. The Director of Nursing or designee will report the tracking and trending of the audits to the facility monthly Quality Assurance Meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	05/23/2026

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F0775 SS = D	Continued from page 3 the results of the urinalysis. b. Interview with the DON on 5/21/26 at 11:30 AM confirmed there was no evidence of the urinalysis result in the resident's chart. The DON revealed there was no indication the urinalysis had been tested at the laboratory. Further interview revealed the facility had not attempted to obtain the results or follow-up on the results of the urinalysis.	F0775	Continued from page 3 Date of compliance: May 23, 2026	05/23/2026