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 07/23/2026

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

(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 from 7/21/26 through 7/23/26. The survey was prompted by complaint intakes #3109071, #3105707, #3097489, #3092733, #3073416, #3071304, #3105813, #3056889, #3091072, #3073439, #3033586, #3031001, #3015110, #3007079, #2998135, and #2998156. The following common abbreviation are used throughout this document: BIMS: Brief Interview for Mental Status CNA: Certified Nursing Assistant DON: Director of Nursing MDS: Minimum Data Set RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F0000		08/05/2026
F0727 SS = F	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): §483.35(b)(1)-(3) §483.35(b) Registered Nurse §483.35(b)(1)Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.	F0727	F727 – RN 8 Hours/7 Days per Week 1. Corrective action: The facility reviewed the nursing schedule for July 5, 2026, and confirmed RN coverage was not provided for eight consecutive hours on that date. Current nursing schedules were reviewed to verify RN coverage is scheduled for at least eight consecutive hours each day, seven days per week immediately. The Director of Nursing, Administrator/designee, and Scheduler have been educated on the federal requirement for RN coverage on 8/6/2026 by Regional Director of Clinical Services. 2. Identification of other residents affected: All residents have the potential to be affected by this deficient practice. The Director of Nursing or designee reviewed the current and upcoming nursing schedules on 8/6/2026 to verify RN coverage is scheduled for a minimum of eight consecutive hours	08/07/2026

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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F0727 SS = F	Continued from page 1 This REQUIREMENT is NOT MET as evidenced by: Based on review of nurse schedules, and staff interview, the facility failed to ensure the services of an RN were used for at least 8 consecutive hours a day, 7 days a week. The census was 69. The findings were: 1. Review of the nurse schedule from 7/1/26 through 7/22/26 showed there was not an RN scheduled for 8 consecutive hours on 7/5/26. 2. Interview with the regional nurse consultant on 7/22/26 at 11:40 AM confirmed the facility was not staffed with a RN for 8 consecutive hours on 7/5/26.	F0727	Continued from page 1 each day, seven days per week. No identified gaps were found. Any identified gaps in RN coverage will be corrected immediately. 3. Systemic changes: The facility has implemented the following process: The Director of Nursing or designee will review the nursing schedule weekly to verify RN coverage is scheduled for a minimum of eight consecutive hours each day. Any schedule changes occurring after the schedule has been posted will be reviewed by DON/designee to ensure continued compliance with RN coverage requirements. The Administrator/designee, Director of Nursing, HR and Scheduler have been educated regarding the federal requirement to maintain RN coverage for at least eight consecutive hours each day, seven days per week on 8/6/2026 by Regional Director of Clinical Services. If an unexpected staffing vacancy occurs, the facility will utilize available PRN staff, agency staff, or in-house qualified management RNs to maintain compliance. 4. Monitoring The Administrator/designee will review the previous seven (7) days of RN timekeeping records/punches weekly for four (4) weeks, then monthly for two (2) months to verify that an RN worked at least eight (8) consecutive hours each day, seven (7) days per week. The Administrator/designee will present the audit findings and any identified patterns or corrective actions to the facility's Quality Assurance and Performance Improvement (QAPI) Committee for review and additional recommendations as indicated. Date of Compliance: 8/15/2026	08/07/2026

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F0695 SS = D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observation, medical record review, resident interview, policy and procedure review, review of email correspondence, and staff interview, the facility failed to provide oxygen services to 1 of 3 sample residents (#6) reviewed. The findings were: 1. Review of the quarterly MDS assessment dated 4/26/26 showed resident #6 had a BIMS score of 15 out of 15 which indicated the resident was cognitively intact and s/he received supplemental oxygen. The resident had diagnoses which included a debility with cardiorespiratory conditions, acute and chronic diastolic heart failure, and renal insufficiency. Review of the physician orders showed a 12/29/25 order for the resident's oxygen tubing to be changed weekly, or as needed, and the tubing was to be dated at the time of the change. In addition, a 2/12/25 order showed the oxygen concentrator filter was to be cleaned on a weekly basis. The following concerns were identified: a. Interview with the resident on 7/21/26 at 12:05 PM revealed s/he was concerned about the filters on the oxygen concentrators not being cleaned, the humidifier bottle not being refilled, and his/her oxygen tubing not being changed on a regular basis. Observation at the time of the interview showed the oxygen concentrator was located at the foot of the resident's bed near the door. The humidifier bottle was approximately one quarter full and a gallon sized bottle of water was on the floor near the concentrator. b. Review of the resident's April, May, June, and July 2026 medication administration records (MAR) and treatment administration records (TAR) showed no documentation the resident's oxygen tubing had been changed or the concentrator filter had been cleaned.	F0695	F695 – Respiratory/Tracheostomy Care and Suctioning 1. Corrective action for residents affected: Resident #6's oxygen-related physician orders were reviewed for accuracy by DON. The oxygen tubing was replaced, the oxygen concentrator filter was cleaned in accordance with manufacturer recommendations, and the physician orders were reviewed and updated as appropriate. Documentation processes were verified by DON/designee to ensure recurring oxygen maintenance tasks populate correctly within the electronic medical record. 2. Identification of other residents having the potential to be affected: The Director of Nursing or designee will audit all residents receiving oxygen therapy to verify: Physician orders accurately reflect the required oxygen maintenance. Oxygen tubing changes are completed and documented according to physician orders and facility policy. Oxygen concentrator filter maintenance is consistent with manufacturer recommendations and physician orders. Recurring tasks are correctly built within the electronic medical record and available for documentation. Any identified concerns will be corrected immediately. 3. Systemic changes: The facility will implement the following process changes: All new and revised oxygen-related physician orders will be reviewed by the Director of Nursing/designee to ensure recurring tasks are accurately entered into the electronic medical record. Oxygen equipment maintenance orders will be	08/07/2026

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F0695 SS = D	Continued from page 3 c. Interview with the DON on 7/23/26 at 9:44 AM revealed it was the facility's expectation for the oxygen concentrator filters to be cleaned and oxygen tubing to be changed at least weekly or sooner if needed. d. Review of an email provided by the business office manager on 7/23/26 from a representative of an oxygen supply company showed routine maintenance for the oxygen concentrators was limited to monthly cleaning of external air filters. e. Interview with the regional nurse consultant on 7/23/26 at 12:15 PM revealed the physician order for changing the resident's oxygen tubing and cleaning the oxygen concentrator filter was entered into the system incorrectly and confirmed no documentation was available. 2. Review of the Oxygen Administration policy showed "...5. a. Follow manufacturer recommendations for the frequency of cleaning equipment filters b. Change oxygen tubing and mask/cannula weekly and as needed if it becomes soiled or contaminated."	F0695	Continued from page 3 verified by DON/designee to ensure consistency with manufacturer recommendations and facility policy. Nursing staff will receive education regarding oxygen equipment maintenance, physician order verification, documentation requirements, and facility policy for oxygen administration. Respiratory-related physician orders will be reviewed by DON/designee during clinical meetings to ensure appropriate implementation and documentation. 4. Corrective actions: The Director of Nursing or designee will audit five residents receiving oxygen therapy weekly for four weeks, then monthly for two months, to verify: Oxygen tubing changes are completed and documented as ordered. Oxygen concentrator filter maintenance is completed according to physician orders and manufacturer recommendations. Physician orders are accurately built within the electronic medical record. Required documentation is completed. Audit results will be reviewed through the facility's Quality Assurance and Performance Improvement (QAPI) program. Additional education and corrective action will be implemented as indicated. Date of Compliance: 8/15/2026	08/07/2026