| 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 08/28/2025 |
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| **Polaris Rehabilitation and Care Center** | **2700 E 12th Street , Cheyenne, Wyoming, 82001** |

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| F0000 | INITIAL COMMENTS<br><br>A complaint investigation was performed on 8/28/25. The survey was prompted by complaints #2602955, and #2603036.<br><br>The following common abbreviations are used throughout this document:<br><br>ADL: Activities of Daily Living<br><br>BIMS: Brief Interview for Mental Status<br><br>CNA: Certified Nursing Assistant<br><br>LPN: Licensed practical nurse<br><br>MDS: Minimum Data Set<br><br>RA: Resident Assistant<br><br>RN: Registered Nurse<br><br>CIT: CNA in Training<br><br>Less commonly used abbreviations will be annotated in each deficiency. | F0000 | | |
| F0677<br>SS = E | ADL Care Provided for Dependent Residents<br><br>CFR(s): 483.24(a)(2)<br><br>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on resident and staff interview, medical record review, resident grievance review, and policy and procedure review, the facility failed to ensure routine bathing was provided for 5 of 10 sample residents (#1, #2, #3, #4, #6) reviewed for activities of daily living. The findings were:<br><br>1. Review of the quarterly MDS assessment dated 6/13/25 | F0677 | Corrective Action for Affected Residents Residents #1, #2, #3, #4, and #6 bathing preferences and schedules were reviewed and updated in their care plans on or before 9/17/2025<br><br>Identifying other Residents having the Potential to be Affected The SDC or designee conducted a facility-wide audit of resident bathing records from 8/29/25 to 9/1/25 to identify residents who may have missed scheduled baths/showers. Resident interviews were conducted to ensure bathing preferences were being honored. Care plans were reviewed and updated to reflect current bathing preferences and assistance needs on or before 9/19/2025<br><br>Measures put into place or Systemic Changes The SDC or designee revised the facility's bathing schedule on 9/1/25 to ensure adequate staff coverage for resident bathing needs. The SDC or designee will in-service | 09/19/2025 |

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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| F0677 SS = E | Continued from page 1<br>showed resident #2 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included morbid obesity, acute respiratory failure, and disorder of skin and subcutaneous tissue. Further review showed the resident had bilateral lower extremity impairment and required partial/moderate assistance with personal hygiene and substantial/maximal assistance with bathing/showering. The following concerns were identified:<br><br>a. Interview with the resident on 8/28/25 at 11:52 AM revealed the facility did not have enough staff and call lights could take between 15 and 30 minutes to be answered. The resident revealed s/he did not receive bathing regularly and prior to 8/26/25, the last shower s/he received was while s/he was in the hospital. Further interview revealed s/he had to contact the director to get the bed bath s/he received on 8/26/25.<br><br>b. Review of a "Concern Form" dated 8/26/25 showed the resident reported s/he had not received a bed bath after requesting one for the prior 2 days. The immediate intervention showed a bed bath was provided on 8/26/25 at 4:21 PM.<br><br>c. Review of the bathing record from 6/1/25 to 8/28/25 showed the resident did not receive any bathing for 20 days between 6/21/25 and 7/11/25, 23 days between 7/22/25 and 8/15/25, and 10 days between 8/15/25 and 8/26/25.<br><br>2. Review of the quarterly MDS assessment dated 7/31/25 showed resident #4 had a BIMS score of 14 out 15, which indicated the resident was cognitively intact, and had diagnoses which included non-traumatic brain dysfunction and non-Alzheimer's dementia. Further review showed the resident required supervision or touching assistance with bathing. The following concerns were identified:<br><br>a. Review of the bathing record from 6/1/25 to 8/28/25 showed the resident did not receive any bathing for 19 days between 6/24/25 and 7/14/25, 23 days between 7/22/25 and 8/15/25, and 12 days between 8/16/25 and 8/28/25.<br><br>3. Review of the annual MDS assessment dated 7/21/25 showed resident #1 had a BIMS score of 15 out 15, which indicated the resident was cognitively intact, and had diagnoses which included peripheral vascular disease, obesity, right below the knee amputation, depression, toxic encephalopathy, and respiratory failure. Further review showed upper extremity impairment on 1 side, lower extremity impairment on both sides, and was | F0677 | Continued from page 1<br>Licensed nurses, Certified Nursing Assistants (CNAs), and Resident Assistants (RAs) by 9/19/2025 on:<br><br>Proper documentation of bathing<br><br>Following resident bathing preferences and schedules<br><br>Protocol for reporting staffing concerns<br><br>Process for requesting assistance when unable to complete scheduled baths<br><br>Plan to Monitor Performance The nursing staff scheduler or designee will audit 5 resident bathing records to ensure the resident received shower per their shower preference. The DON or designee will conduct 5 random resident interviews weekly for 12 weeks to ensure satisfaction with bathing services.<br><br>The Administrator or designee will report monitoring results to the Quality Assurance and Performance Improvement (QAPI) committee monthly for three months. The QAPI committee will evaluate the effectiveness of interventions and make adjustments as needed until substantial compliance is achieved and maintained.<br><br>Date of Compliance: 9/19/2025 | |

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| F0677 SS = E | Continued from page 2<br>dependent on staff for bathing/showering and personal hygiene. The following concern was identified:<br><br>a. Review of the bathing record for August 2025 showed the resident went 11 days without bathing from 8/17/25 through 8/28/25.<br><br>b. Interview with the resident on 8/28/25 at 11:45 AM revealed s/he had not received bathing in last couple of weeks, and was not happy about it.<br><br>4. Review of the admission MDS assessment dated 8/22/25 showed resident #3 had a BIMS score of 7 out of 15, which indicated severe cognitive impairment, and diagnoses which included fractures and other multiple trauma. Further review showed the resident had upper extremity impairment on one side and required partial/moderate assistance with personal hygiene and bathing/showering. The following concern was identified:<br><br>a. Review of the bathing record for August 2025 showed the resident did not receive bathing for 9 days between 8/19/25 and 8/28/25.<br><br>5. Review of the quarterly MDS assessment dated 8/9/25 showed resident #6 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact, and diagnoses which included non-traumatic spinal cord injury, wound infection, quadriplegia, and depression. Further review showed the resident had upper and lower extremity impairment on both sides and was dependent for personal hygiene and bathing. The following concern was identified:<br><br>a. Review of the bathing record for August 2025 showed the resident did not receive bathing for 9 days between 8/7/25 and 8/16/25 and 6 days between 8/19/25 and 8/26/25.<br><br>b. Interview with the resident on 8/28/25 at 12:52 PM revealed s/he was not getting showers. The resident revealed the facility provided bed baths; however, s/he did not like bed baths and wanted a shower.<br><br>6. Interview with RA #1 on 8/28/25 at 11:24 AM revealed there were no CNAs in the building. The South only had a CIT and two RA's. Further, s/he stated no baths were given that day.<br><br>7. Review of a "Concern Form" dated 7/18/25 showed the "Resident Council" reported residents would like staff to stop saying they were "Short staffed" a reason residents could not receive timely care such as | F0677 | | |

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| F0677<br>SS = E | Continued from page 3<br>showers, bed changes, late meds, and getting up or laying down.<br><br>8. Review of a "Concern Form" dated 7/7/25 showed resident #9 verbalized concerns of a staff member pushing him/her back to his/her room instead of providing a shower because the facility was "to [sic] short staffed to give [him/her] a shower at that time," staff shutting off the call light without asking what the resident needed help with, and not performing shaving during showers. The actions taken showed "Staff member was educated on informing residents of staffing issues as inappropriate. Residents needs must be met anytime entering the room and to not shut off the call-light until all of those needs were met in a timely manner. Showers to always be offered no matter amount of staff on floor. Nurse to assist staff member with shaves as needed."<br><br>9. Interview with the regional clinical director on 8/28/25 at 4:45 PM confirmed resident bathing was not being performed as it should be. She confirmed there were no additional bathing records for residents.<br><br>10. Review of the facility policy titled "Resident Showers" provided by the facility on 8/28/25 showed "...1. Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety..." | F0677 | | |
| F0725<br>SS = F | Sufficient Nursing Staff<br><br>CFR(s): 483.35(a)(1)(2)<br><br>§483.35 Nursing Services.<br><br>The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.<br><br>§483.35(a) Sufficient Staff.<br><br>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to | F0725 | 1. Corrective Action for Residents Affected<br><br>Resident #2, #3, #4, #6, #8, #9, and #10 were reviewed by the DON or designee to ensure their bathing preferences and schedules were updated in their care plans. Residents received showers/baths in accordance with their preferences. The DON or designee reviewed call light response needs for these residents to ensure timely assistance.<br><br>2. Identification of Other Residents at Risk<br><br>The DON or designee conducted a facility-wide audit of resident bathing records and care plans to identify residents who may have missed scheduled baths/showers. Care plans were updated to reflect current bathing preferences. The DON or designee reviewed call light response times for residents to ensure timely assistance.<br><br>3. Systemic Changes to Prevent Recurrence<br><br>The scheduler or designee calculates daily HPRD and | 09/19/2025 |

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| F0725 SS = F | Continued from page 4<br>all residents in accordance with resident care plans:<br><br>(i) Except when waived under paragraph (f) of this section, licensed nurses; and<br><br>(ii) Other nursing personnel, including but not limited to nurse aides.<br><br>§483.35(a)(2) Except when waived under paragraph (f) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, medical record review, staff and resident interview, facility staffing review, grievance review, facility assessment review, and policy and procedure review, the facility failed to ensure sufficient nursing staff to provide the highest practicable physical, mental, and psychosocial well-being on 2 of 2 resident care units (North unit, South unit). The census was 69. The findings were:<br><br>1. Review of the quarterly MDS assessment dated 6/13/25 showed resident #2 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included morbid obesity, acute respiratory failure, and disorder of skin and subcutaneous tissue. Further review showed the resident had bilateral lower extremity impairment and required partial/moderate assistance with personal hygiene and substantial/maximal assistance with bathing/showering. The following concerns were identified:<br><br>a. Interview with the resident on 8/28/25 at 11:52 AM revealed the facility did not have enough staff and call lights could take between 15 and 30 minutes to be answered. The resident revealed s/he did not receive bathing regularly and prior to 8/26/25, the last shower s/he received was while s/he was in the hospital. Further interview revealed s/he had to contact the director to get the bed bath s/he received on 8/26/25.<br><br>b. Review of a "Concern Form" dated 8/26/25 showed the resident reported s/he had not received a bed bath after requesting one for the prior 2 days. The immediate intervention showed a bed bath was provided on 8/26/25 at 4:21 PM.<br><br>c. Review of the bathing record from 6/1/25 to 8/28/25 showed the resident did not receive any bathing for 20 days between 6/21/25 and 7/11/25, 23 days between 7/22/25 and 8/15/25, and 10 days between 8/15/25 and | F0725 | Continued from page 4<br>compares it to the minimum staffing requirements outlined in the Facility Assessment.<br><br>Any shift that falls below minimum staffing is immediately reported to the DON and Administrator for corrective action.<br><br>Staffing schedules were reviewed and adjusted to support consistent staffing patterns required to meet resident needs.<br><br>Bonuses for picked up shifts were implemented with DON and Administrator approval for shifts falling short of HPRD.<br><br>Scheduler or other CNAs in non-direct care positions will be pulled to work floor shifts as needed to meet the needs of the residents.<br><br>Sign on Bonus for direct care staff Licensed Nurses and CNAs<br><br>The DON or designee provided education to nursing staff (RNs, LPNs, CNAs, RAs) on:<br><br>Proper documentation of bathing in the Point of Care (POC) system<br><br>Call light response expectations and requirements for timely assistance<br><br>Resident rights regarding personal care preferences, including bathing schedules, dignity, and choice<br><br>Communication guidelines regarding staffing concerns, including avoiding statements that reference “being short-staffed,” and instead following proper escalation procedures<br><br>4. Monitoring to Ensure Ongoing Compliance<br><br>The Nurse scheduler or designee will audit five (5) bathing records weekly for twelve (12) weeks to ensure residents received showers according to their preferences. The DON or designee will conduct audits of five (5) random resident call light response times weekly for twelve (12) weeks to ensure call lights are answered timely and residents are satisfied with response time. The DON or designee will conduct five (5) resident interviews weekly for twelve (12) weeks to ensure bathing satisfaction. The Social Services | |

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| F0725 SS = F | Continued from page 5<br>8/26/25.<br><br>2. Review of the quarterly MDS assessment dated 7/31/25 showed resident #4 had a BIMS score of 14 out 15, which indicated the resident was cognitively intact, and had diagnoses which included non-traumatic brain dysfunction and non-Alzheimer's dementia. Further review showed the resident required supervision or touching assistance with bathing. The following concerns were identified:<br><br>a. Review of the bathing record from 6/1/25 to 8/28/25 showed the resident did not receive any bathing for 19 days between 6/24/25 and 7/14/25, 23 days between 7/22/25 and 8/15/25, and 12 days between 8/16/25 and 8/28/25.<br><br>3. Review of the annual MDS assessment dated 7/21/25 showed resident #1 had a BIMS score of 15 out 15, which indicated the resident was cognitively intact, and had diagnoses which included peripheral vascular disease, obesity, right below the knee amputation, depression, toxic encephalopathy, and respiratory failure. Further review showed upper extremity impairment on 1 side, lower extremity impairment on both sides, and was dependent on staff for bathing/showering and personal hygiene. The following concern was identified:<br><br>a. Review of the bathing record for August 2025 showed the resident went 11 days without bathing from 8/17/25 through 8/28/25.<br><br>b. Interview with the resident on 8/28/25 at 11:45 AM revealed s/he had not received bathing in last couple of weeks, and was not happy about it.<br><br>4. Review of the admission MDS assessment dated 8/22/25 showed resident #3 had a BIMS score of 7 out of 15, which indicated severe cognitive impairment, and diagnoses which included fractures and other multiple trauma. Further review showed the resident had upper extremity impairment on one side and required partial/moderate assistance with personal hygiene and bathing/showering. The following concern was identified:<br><br>a. Review of the bathing record for August 2025 showed the resident did not receive bathing for 9 days between 8/19/25 and 8/28/25.<br><br>5. Review of the quarterly MDS assessment dated 8/9/25 showed resident #6 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact, and diagnoses which included non-traumatic spinal cord | F0725 | Continued from page 5<br>Director or designee will review grievances weekly for concerns related to staffing or personal care and will report findings to the DON. The DON or designee will report monitoring results to the Quality Assurance and Performance Improvement (QAPI) Committee monthly. The QAPI Committee will review the data and determine whether continued monitoring is needed until substantial compliance is achieved and maintained.<br><br>5. Date of Compliance<br><br>September 19, 2025 | |

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| F0725 SS = F | Continued from page 6<br>injury, wound infection, quadriplegia, and depression. Further review showed the resident had upper and lower extremity impairment on both sides and was dependent for personal hygiene and bathing. The following concerns was identified:<br><br>a. Review of the bathing record for August 2025 showed the resident did not receive bathing for 9 days between 8/7/25 and 8/16/25 and 6 days between 8/19/25 and 8/26/25.<br><br>b. Interview with the resident on 8/28/25 at 12:52 PM revealed s/he was not getting showers. The resident revealed the facility provided bed baths; however, s/he did not like bed baths and wanted a shower.<br><br>6. Interview with resident #10 on 8/28/25 at 3:06 PM revealed at times it took up to an hour to get call lights answered and s/he didn't always get assistance to the bathroom when needed.<br><br>7. Interview with MA-C #1 on 8/28/25 at 11:46 AM revealed the facility did not have enough staff and she had to pass medications then transition to assisting residents with ADLs. Further interview revealed the North unit had close to 50 residents and staff were unable to get all the care done.<br><br>8. Interview with RA #1 on 8/28/25 at 11:24 AM revealed there was no CNAs in the building and the South unit only had a CIT and two RAs . Further s/he stated no baths were given that day.<br><br>9. Review of a "Concern Form" dated 8/27/25 showed the resident representative for resident #8 verbalized concerns about the resident's call light being left on for 20 minutes and the resident's oxygen not being on the resident.<br><br>10. Review of a "Concern Form" dated 7/18/25 showed the "Resident Council" reported residents would like staff to stop saying they were "Short staffed" a reason residents could not receive timely care such as showers, bed changes, late meds, and getting up or laying down. Further review showed the residents requested a list of what RAs were able to help with due to "often" being told the RAs cannot help and the residents wanted to be able to tell the difference between RAs and CNAs. The actions taken showed the facility began a process for CNAs to wear coral scrubs and RAs to wear maroon scrubs, educated staff regarding telling residents they were short staffed, and a "Significant amount" of RAs "transitioning to CNA's [sic]." | F0725 | | |

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| F0725 SS = F | Continued from page 7<br><br>11. Review of a "Concern Form" dated 7/7/25 showed resident #9 verbalized concerns of a staff member pushing him/her back to his/her room instead of providing a shower because the facility was "to [sic] short staffed to give [him/her] a shower at that time," staff shutting off the call light without asking what the resident needed help with, and not performing shaving during showers. The actions taken showed "Staff member was educated on informing residents of staffing issues as inappropriate. Residents needs must be met anytime entering the room and to not shut off the call-light until all of those needs were met in a timely manner. Showers to always be offered no matter amount of staff on floor. Nurse to assist staff member with shaves as needed."<br><br>12. Review of the "Facility Assessment" dated 1/6/25 showed the minimum staffing needed based on hours per resident day (HPRD) for a census of 72.2 on the day shift (6 AM to 6 PM) was 3 RNs, 3 LPNs, and 5 CNAs, or 11 nursing staff members (132 actual hours). The HPRD for a census of 72.2 on the night shift (6 PM to 6AM) was 2 RNs, 2 LPNs, and 4 CNAs, or 8 nursing staff members (96 actual hours). The HPRD was 1.83 HPRD for day shift minimum nursing staff, 1.33 HPRD for night shift minimum nursing staff, and 3.18 HPRD for the 24-hour minimum nursing staff.<br><br>13. Review of the nursing staff schedules for from 7/28/25 through 8/28/25 showed the 24-hour HPRD for 7/28 was 2.54, 7/29 was 2.16, 8/1 was 2.42, 8/2 was 1.95, 8/3 was 2.1, 8/4 was 2.44, 8/5 was 2.54, 8/6 was 2.36, 8/7 was 2.15, 8/8 was 1.88, 8/9 was 2.08, 8/10 was 2.23, 8/11 was 2.49, 8/12 was 2.16, 8/13 was 2.18, 8/14 was 2.13, 8/15 was 2.38, 8/16 was 2.25, 8/17 was 1.95, 8/18 was 2.26, 8/17 was 1.96, 8/18 was 2.26, 8/19 was 2.14, 8/20 was 2.33, 8/21 was 2.29, 8/22 was 2.30, 8/23 was 1.96, 8/24 was 2.13, 8/25 was 1.99, 8/26 was 2.22, and 8/27 was 2.22. Further review showed the day shift nursing staff HPRD on 8/28 was 1.01.<br><br>14. Interview with the human resources coordinator on 8/28/25 at 4:02 PM revealed he completed the facility assessment and confirmed the minimum staffing HPRD could be calculated by taking the minimum staff numbers times 12 hours and dividing the total hours by the census of 72.2. Further he confirmed the daily calculation for HPRD would be the number of actual hours worked by nursing staff divided by the census.<br><br>15. Interview with the regional clinical director on 8/28/25 at 4:45 PM confirmed the facility continued to have staffing challenges and confirmed the bathing was | F0725 | | |

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| (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 |
|---|---|---|---|---|
| F0725 SS = F | Continued from page 8<br>not being performed as it should be. | F0725 | | |
| F0732 SS = E | Posted Nurse Staffing Information<br><br>CFR(s): 483.35(i)(1)-(4)<br><br>§483.35(i) Nurse Staffing Information.<br><br>§483.35(i)(1) Data requirements. The facility must post the following information on a daily basis:<br><br>(i) Facility name.<br><br>(ii) The current date.<br><br>(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:<br><br>(A) Registered nurses.<br><br>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).<br><br>(C) Certified nurse aides.<br><br>(iv) Resident census.<br><br>§483.35(i)(2) Posting requirements.<br><br>(i) The facility must post the nurse staffing data specified in paragraph (i)(1) of this section on a daily basis at the beginning of each shift.<br><br>(ii) Data must be posted as follows:<br><br>(A) Clear and readable format.<br><br>(B) In a prominent place readily accessible to residents, staff, and visitors.<br><br>§483.35(i)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.<br><br>§483.35(i)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by | F0732 | Corrective Action for Affected Residents The Director of Nursing (DON) or designee revised the daily staffing posting form on or before 9/19/25 to include the total number of hours worked for Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Certified Nursing Assistants (CNAs) per shift.<br><br>Identifying other Residents having the Potential to be Affected Since this deficiency relates to posting requirements that affect facility-wide operations, this has the potential to affect the information available to residents, staff, and visitors.<br><br>Measures put into place or Systemic Changes The DON or designee developed and implemented a new daily staffing form that clearly displays the facility name, current date, total number and actual hours worked by RNs, LPNs, and CNAs per shift, and resident census. The Staffing Coordinator or designee will be in-serviced by 09/19/2025 on the proper completion of the daily staffing form, including calculating and documenting total hours worked per category of staff. The form will be posted at the beginning of each shift in a prominent location accessible to residents, staff, and visitors. The Administrator or designee will maintain these forms for a minimum of 18 months.<br><br>Plan to Monitor Performance The DON or designee will audit the daily staffing posting form 5 times per week for 12 weeks ensure compliance with all required elements. The Administrator or designee will report monitoring results to the Quality Assurance and Performance Improvement (QAPI) committee monthly for review and recommendations until substantial compliance is achieved and maintained.<br><br>Date of Compliance 09/19/2025 | 09/19/2025 |

| 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 08/28/2025 |
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| 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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| F0732 SS = E | Continued from page 9<br>State law, whichever is greater.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on daily staff posting review and staff interview the facility failed to ensure the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: RN, LPN, CNA were documented on the posting. The census was 69. The findings were:<br><br>1. Review of the daily staff postings from 7/28/25 through 8/28/25 showed staff names, position worked, and number of hours individual staff worked; however, the posting failed to identify the total hours worked for all RNs, LPNs, and CNAs.<br><br>2. Interview with the administrator on 8/28/25 at 2:47 PM confirmed the daily staff posting did not give the total number of hours for the RNs, LPNs, and the CNAs. | F0732 | | |