PRINTED: 12/01/2025
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	531314	A. BUILDING _____ B. WING _____	C 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIOBRARA HEALTH & LIFE CENTER	921 SOUTH BALLANCEE AVENUE LUSK, WY 82225

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C 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 11/17/25 to 11/19/25. The survey was prompted by complaint intake WY000004553. The following common abbreviations are used throughout this document: CNA: Certified Nurse Aide HR: Human Resource staff RN: Registered Nurse PA: Physician Assistant LPN: Licensed Practical Nurse Less commonly used abbreviations will be annotated in each deficiency.	C 000		
C1006	PATIENT CARE POLICIES CFR(s): 485.635(a)(1) (1) The CAH's health care services are furnished in accordance with appropriate written policies that are consistent with applicable State law. This STANDARD is not met as evidenced by: Based on medical record review, staff interview, and policy review, the facility failed to ensure a physician was notified when a patient was admitted by a mid-level practitioner for 1 of 4 sample patient records (#1). The findings were: 1. Review of the medical record for patient #1 showed on 11/15/25 "...HPI [History of Present Illness] [patient name] is being admitted to the hospital from the emergency department for several days of weakness, decreased appetitie, fatigue and malaise. Results from the emergency department shows a mild acute kidney injury secondary to dehydration, lactic acidosis, and	C1006	The facility will ensure each mid-level practitioner consistently communicating with the Medical Director and Chief of Staff regarding any Inpatient or Swing Bed Admissions. A) A policy was added to Policy Stat on 11/ 20 (Policy #19419100) outlining the formal process for a mid-level admission to Inpatient and Swing Bed. The policy outlines Communication expectations and results to be discussed the following morning with Chief of Staff and Medical Director. MDs are responsible For adding a chart note per the recommendations of our legal counsel to ensure that not only communication is happening but that's it accurately represented on the chart for compliance with CMS Regulations and guidelines.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dana Gilleland — TITLE: CEO — (X6) DATE: 12/14/25

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 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.

Dana Gilleland

POC accepted. Spoke to Dana Gilleland on 12/15/25 @ 8:30am

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C1006	Continued From page 1 leukopenia. [S/he] is being admitted to the hispital for IV hydration and resolution leevated lactate. CT of the chest abdomen pelvis is not acute..." The order was placed by PA #2. Further, review failed to show a physician was notified. The patient was admitted to inpatient (medical/surgical). 2. Review of the policy "Extended Care Facility (ECF) Admission Procedure" had delivered on 11/18/25 at 1:10 PM by HR showed "...2. c. The physical admission orders and note MUST be done by an MD or credentialed ER provider in the EMR system under the (ECF) tab no later than 24 hours after admission..." No inpatient admission policy was provided. 3. Interview with HR #1 on 11/18/25 at 2:15 PM confirmed the admission documentation was only signed by the PA and there was no evidence the physician had been notified of the admission.	C1006	B) Facility implemented a process whereas the Clinical Educator is required to check chart each day to ensure there are no outstanding Inpatient or Swing Bed charts that have not been signed off on by Chief of Staff or Medical Director. Chart Review will be added to QAPI meetings each month with Board Representative to ensure process is being followed. C) Facility created a formal on-call schedule for providers to be on-call to demonstrate additional levels of communication and accountability between MD's and Mid-Level Admissions.	12/05/25
C1046	NURSING SERVICES CFR(s): 485.635(d)(1) Nursing services must meet the needs of patients. (1) A registered nurse must provide (or assign to other personnel) the nursing care of each patient, including patients at a SNF level of care in a swing-bed CAH. The care must be provided in accordance with the patient's needs and the specialized qualifications and competence of the staff available. This STANDARD is not met as evidenced by: Based on medical record review, patient and patient representative interview, staff interview, and policy review, the facility failed to ensure	C1046	The facility will implement the following processes to ensure nursing services meet the federal and state guidelines. A) A new process has been implemented to ensure the CNAs utilize the call system for the RN on duty to evaluate the resident's skin status. The RN manager will monitor this process to ensure 100% compliance with the process. The nursing staff will then not only initial the TAR and they will be required to make a note in the nursing notes in the EMR. The process will be verified by the leadership representative at the weekly rounding.	

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C1046	Continued From page 2 patient care was provided according the patient's needs for 1 of 20 patients reviewed (#17). The findings were: 1. Review of the medical record for patient #17 showed the patient had diagnoses including diabetes mellitus,depressive disorder, anemia, history of hip fracture, and chronic renal insufficiency. Review of the 8/27/25 at 12:05 AM notes showed "...HPI [History of Present Illness] right lower leg laceration. Again [s/he] was found on the floor in [his/her] room. [S/he] is not sure what happened but [s/he] thinks [s/he] caught [his/her] right leg against [his/her] walker. [S/he] has a large laceration to the right lower extremity. [S/he] also has right wrist and right shoulder pain. [S/he]denies loss of consciousness and is alert and oriented." The following concern were identified: a. Review of the September 2025 Medication Administration Record (MAR) / Treatment Administration Record (TAR) showed an order for "Right lower leg dressing changes as needed, dated 8/26/25. Further, review showed only 1 removal of dressing on 9/10/25. There was no dressing change or other removal noted for the month of September. Review of the order "Change dressings everyday and as needed if soiled. can remove in shower." showed it was started on 9/15/25. Review of the medical record showed on 9/22/25 and 9/23/25 the task was not completed. 2. Interview with LPN #1 on 11/18/25 at 8:25 AM revealed the nurse would initial the order when the care was completed in the MAR/TAR. Further, they revealed if something was not done the line would be left blank.	C1046	B) The facility implemented a process (Policy 14689958) that any break in the skin from injury or pressure should have a referral or case put in for Wound Care Services to evaluate the wound needs. The Director of Nursing has also implemented the workflow that will include that wounds be documented in the wound tab in the flowsheet and with an accompanying photo to upload to the facility EMR, Athena Capture. C) The Director of Nursing and Nurse Manager will provide ongoing education and support to all clinical staff on new processes. The quality assurance team will meet monthly to ensure the processes and education weekly rounding is checked thoroughly during weekly manager meetings.	12/10/25

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C1046	Continued From page 3 3. Interview on 11/17/25 at 8:10 AM with the patient representative revealed the wound on the right lower leg happened on 8/25/25. The patient fell in the facility. They stated the leg became necrotic, and they [the facility] left it open. The patient saw his/her provider on 9/26/24 and the wound was debrided, due to how necrotic it was. The wound care team started taking over care. 4. Interview with patient #17 on 11/18/25 at 8:38 AM revealed s/he had his/her walker, was coming out of the bathroom and fell. S/he stated a wire from the walker cut the right lower leg. S/he stated the Emergency Department stitched up the leg. S/he stated the nurses were not taking care of him/her like they were suppose to. The patient stated the wound got bad. 5. Interview with PA #1 and RN #2 on 11/19/25 at 10:45 AM revealed the patient came in for a follow-up on 9/26/25 on the wrist. The patient stated his/her leg was bothering them. S/he had a fall in August and had 17 sutures. They assessed the wound, and debrided at that time. The patient now has wound care services. 6. Review of the policy "Wound Assessment and Management" had delivered on 11/18/25 at 1:10 PM showed "...3. Wounds must be assessed for possible infection every time the dressing is change...If a wound is suspected to be infected the physician who has assumed care of the patient must be notified immediately for intervention...5. General skin checks will be done daily by nursing staff and documented as such..."	C1046		