

PRINTED: 12/01/2025  
FORM APPROVED

## Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  WY531314	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  C 11/19/2025
NAME OF PROVIDER OR SUPPLIER  NIOBRARA HEALTH & LIFE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 921 SOUTH BALLANCEE AVENUE LUSK, WY 82225		
(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) COMPLETE DATE
S 000	<p><b>OPENING COMMENTS</b></p> <p>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.</p> <p>The following common abbreviations are used throughout this document:</p> <p>CNA: Certified Nurse Aide HR: Human Resource staff RN: Registered Nurse PA: Physician Assistant</p> <p>Less commonly used abbreviations will be annotated in each deficiency.</p>	S 000	<p>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. Facility updated Central Registry Policy Immediately to ensure all employees are screened prior to hire date.</p> <p>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.</p> <p>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</p>	
S1301	<p><b>Ch 17 Sec 6 Organization and Management</b></p> <p>(a) Governing Body. The Critical Access Hospital shall have a governing body which:</p> <p>(i) Has the legal authority and responsibility to operate the facility.</p> <p>(ii) Appoints an administrator who is responsible for managing the facility.</p> <p>(iii) Provides verification of a central registry information check on all employees hired at the time of or after the filing of these rules. The individual agencies or corporations are responsible to initiate and follow this process to completion.</p> <p>Central registry information can be obtained by contacting the Department of Family Services at 307-777-5366. (This number is subject to change)</p>	S1301		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6850

ODJ111

12/14/25  
If continuation sheet 1 of 5

Dana Gilleland

C9D

12/14/25

POC accepted Spoke to Dana Gilleland on 12/15/25 @ 8:00am

Jewel

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S1301	<p>Continued From page 1</p> <p>(iv) Adopts, revises, and approves personnel policies, including; but not limited to:</p> <p>(A) Frequency of evaluations;</p> <p>(B) Insuring confidentiality of central registry information checks.</p> <p>(v) Prepare an organizational chart that reflects the administrative control and lines of authority for the delegation of responsibility from management down to the clients care level.</p> <p>(vi) The governing body shall ensure that all services provided are consistent with accepted standards of practice.</p> <p>(vii) The governing body shall be accountable for the quality of care provided to the patient.</p> <p>(viii) There shall be policies and procedures for services offered, which shall be reviewed annually by the governing body. Policies required, but not limited to:</p> <p>(A) Every patient shall be under the care of a physician or under the care of a mid-level practitioner supervised by a physician.</p> <p>(B) Whenever a patient is admitted to the facility by a mid-level practitioner, the facility's sponsoring physician shall be notified of that fact, by phone or otherwise, within twenty-four (24) hours, and a written notation of the consultation and of the physician's approval or disapproval shall be maintained in the patient's record;</p>	S1301	<p>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.</p> <p>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.</p> <p>D) Policy 19329642 for Central Registry Verification has been updated to ensure the facility complies with all Federal and State licensure requirements.</p> <p>E) Human Resources has documented dates of each Central Registry Verifications to ensure all are in the Human Resources Personnel file prior to start date.</p> <p>F) RN#1 has completed Central Registry check and added to the personnel file. HR and CEO have developed a pre-hire checklist that will ensure both have signed off prior to start date and checked for accuracy.</p>	12/05/25

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S1301	<p>Continued From page 2</p> <p>(C) A physician, a mid-level practitioner or a registered nurse shall be on duty and physically available in the facility when there are inpatients;</p> <p>(D) When there are no inpatients, the facility may close (i.e. be unstaffed) provided an effective system is in place to ensure that a practitioner with training and experience in emergency care is on call and available by telephone or radio twenty-four (24) hours a day; and</p> <p>(E) Patient care shall meet the provisions in Section 4.(h).</p> <p>(xi) Personnel Records.</p> <p>(A) There shall be one person designated responsible for maintaining confidentiality.</p> <p>(x) Employee Health.</p> <p>(A) Policies and procedures shall be developed for employee health, including a policy identifying communicable diseases that could put the patient population at risk.</p> <p>(xi) Services.</p> <p>(A) Furnished services, including contracted services, shall comply with all applicable licensure standards;</p> <p>(B) Medical and nursing staff shall be licensed, certified, or registered according to Wyoming laws and rules; and</p>	S1301		

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S1301	<p>Continued From page 3</p> <p>(C) Staff members shall provide health services only within the scope of his or her license, certification or registration.</p> <p>This State Rule and Regulation is not met as evidenced by: Based on personnel records review, and staff interview, the facility failed to ensure a central registry, was done for 1 of 5 sample staff records reviewed (RN #1). 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:</p> <p>Pertaining to Central Registry:</p> <ol style="list-style-type: none"> <li>1. Review of the personnel record for RN #1 failed to show evidence the central registry was checked. The date of hire was 8/6/25.</li> <li>2. Interview with HR #1 on 11/18/25 at 1:10 PM revealed the facility had checked the central registry only on the CNAs, not other staff.</li> </ol> <p>Pertaining to mid-level practitioner:</p> <ol style="list-style-type: none"> <li>1. Review of patient #1 medical record 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 appetite, fatigue and malaise. Results from the emergency department shows a mild acute kidney injury secondary to dehydration, lactic acidosis, and leukopenia.</li> </ol>	S1301		

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S1301	Continued From page 4  [S/he] is being admitted to the hospital for IV hydration and resolution elevated 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.	S1301			