

Wyoming State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER South Lincoln Nursing Center			STREET ADDRESS, CITY, STATE, ZIP CODE 711 Onyx St PO Box 390, Kemmerer, Wyoming, 83101	
(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
S0000	<p>OPENING COMMENTS</p> <p>Rules and Regulations utilized for this survey are:</p> <p>Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11, effective 07/01/2020</p> <p>Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000</p> <p>A licensure survey was conducted by Healthcare Licensure and Surveys from 7/7/25 through 7/10/25.</p> <p>The following common abbreviations are used throughout this document:</p> <p>MDS: Minimum Data Set</p> <p>CNA: Certified Nursing Assistant</p> <p>Less commonly used abbreviations will be annotated in each deficiency.</p>	S0000		07/25/2025
S2900	<p>Organization and Administration</p> <p>CFR(s): Ch 11 Sec 5(a)</p> <p>(a) Governing Body. The Nursing Care Facility shall have a governing body which has the legal authority and responsibility to operate the Nursing Care Facility. The governing body shall:</p> <p>(i) Appoint a full-time, on premise, administrator qualified by education, training and experience as established by the Wyoming Board of Nursing Home Administrators.</p> <p>(A) The administrator shall have a current license as a Wyoming Licensed Nursing Home Administrator.</p>	S2900	The facility will identify a qualified individual to be the nursing home administrator by or before September 9, 2025. If the qualified individual identified is an Administrator in Training (AIT) , the CEO of South Lincoln Hospital District will ensure that the qualified individual has been approved for a Nursing Home Administrator Provisional License by the Wyoming State Board of Nursing Home Administrators and will perform monthly audits related to this licensee to ensure they are meeting all requirements of the AIT Program.	09/09/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S2900	<p>Continued from page 1</p> <p>(ii) Temporary License. A temporary license may be granted by the Wyoming Board of Nursing Home Administrators:</p> <p>(A) To fill a position of Nursing Home Administrator that unexpectedly becomes vacant;</p> <p>(B) For a period not to exceed six (6) months;</p> <p>(C) After consideration by the Board of Nursing Home Administrators on an individual basis; and</p> <p>(D) To an individual who does not meet all the licensing requirements under the Act, but who is of good character and meets the educational requirements as stated.</p> <p>(iii) A temporary license may be renewed for good cause for one (1) time if requested thirty (30) days prior to the termination of the initial temporary license.</p> <p>(iv) The administrator of a hospital with a connection nursing care wing can serve as the administrator and shall be licensed as a Wyoming Nursing Home Administrator.</p> <p>(v) The administrator shall enforce the rules and regulations relative to the level of health care and safety of residents and for the protection of their personal and property rights.</p> <p>(vi) The administrator shall plan, organize, and direct those responsibilities delegated to him by the governing body or its equivalent.</p> <p>(vii) An employee of the facility shall e authorized in writing to act on the administrator's behalf during his/her absence.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on staff interview, review of the facility change in personnel form, and review of Wyoming's active nursing home administrator's licenses, the Governing Body failed to employ a qualified nursing home</p>	S2900		

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S2900	Continued from page 2 administrator. The census was 18. The findings were: 1. Review of the state survey agency "Healthcare Facility Change in Personnel/E-mail Address Form" showed the previous administrator was being changed to the Director of Quality and Compliance and a new administrator was named. The change was indicated as effective 6/16/25. 2. Review of the Wyoming State Board of Nursing Home Administrators "Active Roster" last updated on 7/14/25 showed the facility administrator did not hold an active license or an active provisional license. 3. Interview with the facility administrator on 7/7/25 at 3:52 PM revealed the administrator was the CEO of the facility and confirmed he did not hold an active nursing home administrator's license.	S2900		
S2982	Residents Activities CFR(s): Ch 11 Sec 17 (a)(ii) (a) Resident Activity Program. An on-going program of meaningful activities appropriate to the needs and interests of residents shall be provided. (ii) Activities shall be designed to promote the physical, social and mental well-being of each resident. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, resident and staff interview, medical record review, and policy and procedure review, the facility failed to ensure individual activities of preference were provided to 4 of 4 sample residents (#1, #5, #7, #18) reviewed for activities. The findings were: 1. Interview with 8 residents during resident council on 7/8/25 at 2:08 PM revealed the facility had not had any activities for at least 2 weeks and they felt there should be at least a daily activities. 2. Review of the quarterly MDS assessment dated 6/9/25 showed resident #5 had a BIMS score of 9 out 15, which indicate moderate cognitive impairment, and diagnoses which included anxiety disorder, non-Alzheimer's dementia, and depression. Review of the annual MDS assessment dated 12/23/24 showed the resident indicated it was very important to listen to music, keep up with the news, do his/her favorite activity, and go outside	S2982	Addressing the facility's failure to ensure individual activities were provided for sample residents reviewed, the facility's activities director will complete a section F from the MDS on all residents by 08/15/2025 to ensure the activities director is aware of resident preferences/likes/dislikes. The activities director will also create an activities calendar with at least two activities per day by 08/15/2025, on weekends the activities director will ensure that these activities are something floor staff can assist the residents to engage in. The activities director will also ensure that the activities calendar is posted in each resident's room to ensure residents are aware of the activities that are scheduled to occur. There will also be an activities log that will be created based off of the monthly calendar, and the activities director or staff on shift who conduct the activity will make note of who participated in the activity, the date, and the time. Compliance of the number of activities to occur out of the month will be tracked through the Quality Assurance and Assessment (QAA) committee monthly to ensure compliance and sustainment. The facility will ensure that assigned personnel related to activities will have adequate time to accomplish their responsibilities. LTC policy will reflect changes to promote daily activities within the center to aid resident physical and mental well-being. This has been updated as of the submission of this POC. It reads that our facility will ensure activities are planned with respect to residents' likes and dislikes, provide for an activities calendar with scheduled activities twice daily. This will be posted in each resident's room in a	08/15/2025

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S2982	<p>Continued from page 3 to get fresh air when weather was good. Further review showed it was somewhat important to have books, newspapers, and magazines to read, be around animals such as pets, and do things in groups of people. The following concerns were identified:</p> <p>a. Observation on 7/7/25 at 4:29 PM showed the resident was in his/her room, seated in a recliner making moaning noises and watching television. Observation on 7/8/25 at 8:58 AM showed the resident was in his her room, seated in a recliner making moaning noises and watching television. Observation on 7/9/25 at 1:57 PM showed a balloon hit activity was performed in the common area; however, the resident was not offered or assisted to attend.</p> <p>b. Review of the activity participation from 6/1/25 through 7/9/25 showed there were no activities from 6/18/25 to 7/8/25. The resident was marked active participation for in room visit, movies/television, and talking/conversing on 7/9/25 and was marked as passive participation for exercise on 7/9/25 with a note which said "[s/he] wheeled [him/herself out to lunch." All other activities on 7/8/25 and 7/9/25 were marked as "not paying attention/sleeping."</p> <p>c. Interview with the activities director on 7/10/25 at 8:54 AM revealed resident #5 did not participate in many activities. The activity director revealed the resident liked music and she tried tried to take him/her for a walks; however, s/he wanted to be in his/her recliner.</p> <p>3. Review of the quarterly MDS assessment dated 5/10/25 showed resident #1 had a BIMS score of 14 out 15, which indicated the resident was cognitively intact, and had diagnoses which included anxiety disorder and depression. Review of the annual MDS assessment dated 12/9/24 showed the resident indicated it was very important to be around pets and animals, keep up with the news, do things with groups of people, do his/her favorite activities, go outside to get fresh air when the weather was good, and participate in religious services and practices. Further review showed the resident indicated it was somewhat important to listen to music s/he liked. The following concerns were identified:</p> <p>a. Review of the activity participation from 6/10/25 through 7/8/25 showed there were no activities from 6/18/25 to 6/23/25 and no activities between 6/25/25 and 7/8/25.</p> <p>4. Review of the annual MDS assessment dated 4/30/25</p>	S2982	Continued from page 3 visible easy to read format. It will ensure appropriate staff is trained and available to assist with planned engagement activities. It also reads there is training to allow for activities to continue on weekends when the AD is unavailable. A log of activities will be kept in the appropriate folder and accessible for review at anytime by staff, residents or family members.	

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S2982	<p>Continued from page 4 showed resident #7 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included depression. Further review showed the resident indicated it was very important to listen to music s/he liked, to be around pets and animals, keep up with the news, do things with groups of people, go outside to get fresh air when the weather was good, and participate in religious services and practices. Further review showed the resident indicated it was somewhat important to do his/her favorite activities. The following concerns were identified:</p> <p>a. Review of the activity participation from 6/1/25 through 7/9/25 showed there were no activities from 6/18/25 to 7/8/25.</p> <p>5. Review of the admission MDS assessment dated 5/29/25 showed resident #18 had short-term and long-term memory impairment and diagnoses which included Alzheimer's disease and non-Alzheimer's dementia. Further review showed the resident indicated it was somewhat important go outside to get fresh air when the weather was good and participate in religious services and practices. The following concerns were identified:</p> <p>a. Review of the activity participation from 6/1/25 through 7/9/25 showed there were no activities from 6/18/25 to 7/8/25.</p> <p>6. Review of the June 2025 activity calendar showed 34 activities which were scheduled from 6/19/25 and 6/30/25. Review of the July 2025 activity calendar showed there were 25 activities scheduled from 7/1/25 to 7/10/25 which included 12 activities scheduled during the survey. Observations during the survey from 7/7/25 through 7/10/25 showed only 2 activities were performed which included manicures for residents in the common area on 7/8/25 and noodle ball on 7/9/25.</p> <p>7. Interview with the activities director on 7/10/25 at 8:54 AM revealed in addition to performing activities, she was also working the floor as a CNA. She revealed she was not able to perform daily activities and confirmed the activity schedule had not been followed during the survey. She revealed she was working two days per week on the floor as a CNA and she did not work on the weekends.</p> <p>8. Review of the policy titled "Resident Activities" provided by the facility on 7/10/25 showed "...C. A monthly schedule of planned activities will be posted in each resident's room. These activities will be offered daily..."</p>	S2982		

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