

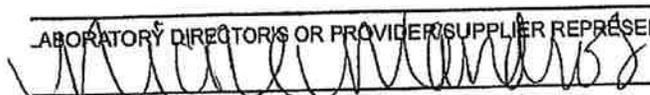
Wyoming State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/06/2025
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NAME OF PROVIDER OR SUPPLIER Hospice of Sweetwater County	STREET ADDRESS, CITY, STATE, ZIP CODE 333 Broadway Street, Suite 220 , Rock Springs, Wyoming, 82901
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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
S0000	OPENING COMMENTS A licensure survey was conducted by Healthcare Licensing and Surveys from 9/2/25 to 9/5/25.	S0000		
S1002	<p>Organization and Management</p> <p>CFR(s): Ch 10 Sec 5 (a)(III)</p> <p>(a) Governing Body. The hospice program shall have a governing body which has the legal authority and responsibility to operate the hospice program. The governing body shall:</p> <p>(iii) Insure that all staff successfully complete, at a minimum, a full fingerprint-based National Criminal Background Check before unsupervised direct patient contact. If there are any flags on the background check and the facility employs the individual, the facility must document in the individual's personnel file that prior to hire the flagged issue was thoroughly investigated and it was determined the individual is appropriate to provide services to vulnerable adults.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on personnel record review and staff interview, the agency failed to ensure fingerprint background checks were done for 5 of 5 staff records reviewed (CNA #1, CNA #2, RN #1, RN #2, SW #1). The findings were:</p> <p>1. Review of the personnel files the following concerns:</p> <p>a. Review of the file for CNA #1 file showed no evidence that a fingerprint background check was completed.</p> <p>b. Review of the file for CNA #2 file showed no evidence that a fingerprint background check was completed.</p> <p>c. Review of the file for RN #1 file showed no evidence that a fingerprint background check was completed.</p> <p>d. Review of the file for RN #2 file showed no evidence that a fingerprint background check was completed.</p>	S1002		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 9/26/25
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STATE FORM

Event ID: 1D618F-H1

Facility ID: WY531500

If continuation sheet Page 1 of 2

Accepted by [Signature] on 10/10/25

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 09/05/2025
NAME OF PROVIDER OR SUPPLIER Hospice of Sweetwater County			STREET ADDRESS, CITY, STATE, ZIP CODE 333 Broadway Street, Suite 220 , Rock Springs, Wyoming, 82901	
(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
S1002	Continued from page 1 e. Review of the file for SW #1 file showed no evidence that a fingerprint background check was completed. 2. Interview on 9/4/25 at 2:35 PM with the administrator revealed the agency was unaware the staff needed the fingerprint background check done.	S1002		
S1035	Licensing CFR(s): Ch 10 Sec 12 (k) (k) Posting of License. (l) The current license issued by the State Survey Agency shall be displayed in a public area within the hospice. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation and staff interview the agency failed to ensure the current Wyoming State License for Hospice Programs was posted in a public area. The findings were: Observation on 9/2/25 at 2:10 PM showed the agencies Wyoming State License for Hospice Programs was on a wall in the employee break room. Interview with the administrator on 9/2/25 at 2:14 PM revealed she was unaware the license was to be posted in a public area. The administrator moved the license at that time to the main lobby.	S1035		

Hospice of Sweetwater County
333 Broadway, Suite 220
Rock Springs WY, 82901
531500

Ref: LH-2025-0814 Survey Date: 9/5/2025

Tag	Provider Plan of Correction
S1002	The Executive Director will ensure that a finger print based background check is completed on all existing employees by October 20 th , 2025 and every new employee moving forward. Evidence of the completion of these background checks will be documented in each employee file. An educational staff meeting providing any updates to policies and processes will be held prior to October 20 th , 2025. This issue will be audited by the Executive Director, or designee, and monitored by the QAPI committee to ensure ongoing resolution.
S1035	The Executive Director has placed the Wyoming State License in the office entryway, visible to the public. The Executive Director will ensure this current and all future licenses are displayed in the office entryway. An educational staff meeting providing any updates to policies and processes will be held prior to October 20 th , 2025. This issue will be audited by the Executive Director, or designee, and monitored by the QAPI committee to ensure ongoing resolution.