

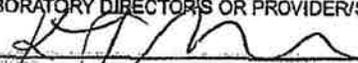
Wyoming State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026
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NAME OF PROVIDER OR SUPPLIER Central Wyoming Hospice Program	STREET ADDRESS, CITY, STATE, ZIP CODE 319 South Wilson Street, Casper, Wyoming, 82601
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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 recertification survey was conducted by Healthcare Licensing and Surveys from 1/12/26 to 1/15/26.	S0000		
S1009	<p>Organization and Management</p> <p>GFR(s): Ch 10 Sec 5 (a)(x)</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>(x) Develop a written grievance procedure.</p> <p>(A) The grievance procedure shall establish a system of reviewing complaints and allegations of patients' rights violations to include, but not be limited to:</p> <p>(I) Patient method to voice grievance;</p> <p>(II) The Hospice Program's written response to patient grievances;</p> <p>(III) List of agencies, with addresses and telephone numbers, for patients to contact if grievances are not addressed satisfactorily; and</p> <p>(IV) Written reports on all grievances and resolutions shall be provided to the State Survey Agency, within ten (10) days after the grievance is filed.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on grievance procedure review, admission packet review, and staff interview the facility failed to ensure a list of agencies, with addresses and telephone numbers were included. The findings were:</p> <p>Review of the policy "Patient/Representative</p>	S1009	<ol style="list-style-type: none"> <li>1. The CEO will revise and edit the Grievance policy, with board approval, to include the names, addresses and phone numbers of the state ombudsman, the Wyoming Department of Health, and the Department of Family Services by 2/23/26.</li> <li>2. The Quality &amp; Compliance Manager will educate all staff on the updated Grievance policy by 2/27/27.</li> <li>3. The Director of Clinical Services will mail a copy of the updated Grievance policy to all current hospice patients families by 2/27/26.</li> <li>4. The Assistant Director of Clinical Services will ensure that the admission packets are updated with the updated grievance packets by 2/27/26.</li> <li>5. The Quality &amp; Compliance Manager will conduct monthly audits of 10% of admissions for the next 6 months. Then will review the admission packets annually in to ensure continued compliance.</li> </ol>	

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CEO	(X6) DATE 2/13/26
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2/17/26 11AM Called + talked w Michael. POC accepted.

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S1009	<p>Continued from page 1</p> <p>Complaints" last reviewed 12/15/25 failed to show the list of agencies with addresses and telephone numbers a patient or patient representative could use for a complant.</p> <p>Review of the patient admisson packet showed the facility only included a phone number for the Director of Clinical Services or the Executive Director, and a phone number for the Long Term Care Ombudeman.</p> <p>Review of hand book "Family Resource Guide hand delivered on 1/16/26 at 10 AM showed "...You or your personal representative has the right to express complaints to Central Wyoming Hospice and to the Department of Health and Human Services..." The notice failed to include the Ombudsman Information, Wyoming Department of Family Services, or Wyoming Department of Health - Healthcare Licensing and Surveys Information.</p> <p>Interview with RN #1 on 1/16/26 at 9:50 AM revealed the addresses and telephone numbers were suppose to be in the policy and were not.</p>	S1009		