STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 531509	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospice of Laramie	1754 Centennial Drive , Laramie, Wyoming, 82070

(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
L0000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 1/7/26 to 1/9/26. The survey was prompted by complaint Intake 2677948.	L0000		
L0505	EXERCISE OF RIGHTS/RESPECT FOR PROPRTY/PERSON CFR(s): 418.52(b)(1) (1) The patient has the right: (i) To exercise his or her rights as a patient of the hospice; (ii) To have his or her property and person treated with respect; (iii) To voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of the hospice; and (iv) To not be subjected to discrimination or reprisal for exercising his or her rights. This STANDARD is NOT MET as evidenced by: Based on medical record review, staff interview, complaint review, and policy review, the facility failed to ensure the patient's representative was treated with respect, and was free to exercise their rights without fear of reprisal from the hospice for 1 of 5 sample patients (#1). The findings were: 1.Review of a spiritual counselor visit note for patient #1 dated 11/24/25 showed "Interventions Performed This Visit, DON [Director of Nursing] called me before this visit with the parents. She told me that she had recommended to {mothers name} to consider retaining a GAL {Guardian Ad Litem} to deal with the co-parenting issues..." "...Listened as Z shared his resentment, distrust and fear re [sic] triangulations with the fa. [sic] He complained that talk of a GAL is unnecessary..." "...I referred him to the {administrators' name}."	L0505		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE Executive Director	(X6) DATE 2/4/2026

2/10/26 11AM Talked w Sarah. POC accepted

Hospice of Laramie - 531509 **Survey Date: 01/09/2026**
Ref: LH-2026-0104

Tag Number: L0505

The facility will ensure that patients' rights during their time as a patient of Hospice of Laramie are fully respected and follow the CFR(s):418.52(b)(1) standard of patient rights.

To address the deficiencies listed in the Statement of Deficiencies, Hospice of Laramie will do the following:

- Patients in question has passed away, concerns cannot be addressed moving forward. Currently, Hospice of Laramie has no other pediatric patients, but with the following actions will ensure that no rights of these patients and their representatives are violated.
- Assign training to staff via the Online Training platform used by the organization titled "Protecting Patient Rights in Hospice". This training will be required annually moving forward. Date of Assignment to Staff: 02/04/2026, Expected Date of Completion by active staff members: 02/20/2026
    - Responsible Party: Course Assigned by Executive Director
- Administrative staff and relevant staff parties (Patient Care Liaison and Admission to name a couple) will consult with a legal specialist in Pediatric Patient Rights to address any concerns and gain a better understanding of intricacies of navigating multiple patient representatives' situations. Expected Date of Completion: 02/20/2026
    - The meeting will be recorded through video or notes and relevant parts shared with clinical team
    - From this meeting, Hospice of Laramie will revise current documents mentioning patient rights and add documentation or statements as applicable
    - Responsible Party: Meeting Set Up by Executive Director, Revision of Documentation to be completed by Clinical Director
- Staff will be debriefed on the complaints and findings and course of action during the February Staff Meeting (02/18/2026). They will be encouraged during this meeting to ask questions and complete the online training prior to the deadline
    - Responsible Party: Executive Director and Clinical Director
- Immediate audit: The Clinical Director, Executive Director, and the Director of Operations will review all current patients for compliance with Patient Rights

requirements and moving forward will periodically (to be at least monthly) audit/check-in on patient charts to ensure patient rights continue to be met with the upmost respect. Quality Assurance (QA) Reviewers will be training in relevant areas of patient rights to check for compliance.

- In QAPI, any incidents from patient/family complaint/grievances will be discussed as part of the quarterly meeting. Additionally, QAPI team will specifically analyze any difficult situations (i.e. strained family dynamics, pediatrics, or complex social needs) or abnormalities for compliance.
- Responsible Party: Clinical Director
- Expected Date of Completion: 02/20/2026 for initial review, Ongoing for future review of patients

Name of Administrator: Sarah Kirkland
Title: Executive Director
Signature: _____
Date: 2/10/2026