STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	531302	A. BUILDING _____ B. WING _____	C 06/24/2025

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MEMORIAL HOSPITAL OF CONVERSE COUNTY	**111 SOUTH 5TH STREET DOUGLAS, WY 82633**

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C 000	INITIAL COMMENTS A complaint health survey for compliance with Emergency Medical Treatment and Labor Act (EMTALA) 42 CFR Part 489.20 Basic Section Commitments Relevant to Section 1867 Responsibilities and 42 CFR Part 489.24 Special Responsibilities of Medicare Hospitals in Emergency Cases, was conducted from 1/28/25 through 6/24/25. The survey was prompted by complaint intake WY0004172. Based upon the findings of the survey team, Memorial Hospital of Converse County was found not in compliance with the requirements for C-2400, C-2405 and C-2406.	C 000	C2400, C2405, and C2406 MHCC will conduct a EMTALA risk assessment. Based on the findings the ED and Patient Access Directors will develop a mitigation plan.	10.15.2025
C2400	COMPLIANCE WITH 489.24 CFR(s): 489.20(l) [The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24. This STANDARD is not met as evidenced by: Based on medical record review, staff, patient and family interviews, and review of policies and procedures and the emergency department (ED) log, the facility failed to provide a medical screening examination (MSE) for 1 of 20 patients (#20) who came to the dedicated ED. The findings were: 1. Refer to C-2406 for details on the facility's failure to provide a MSE to patient #20, who presented to the dedicated ED on 1/4/25.	C2400	Emergency Medical Treatment and Labor Act (EMTALA) policy was created, approved, and will be implemented to address C2400 requirement . All staff working in the Emergency Department, Patient Access, and OB Triage will be educated on the Emergency Medical Treatment and Labor Act (EMTALA) policy content including their responsibilities. Emergency Medical Treatment and Labor Act (EMTALA) policy competency validation will be completed to ensure staff understanding and compliance.	10.15.2025 10.15.2025 10.15.2025
C2405	EMERGENCY ROOM LOG CFR(s): 489.20(r)(3) [The provider agrees,] in the case of a hospital as defined in §489.24(b) (including both the transferring and receiving hospitals), to maintain a central log on each individual who comes to the	C2405	Emergency Department Log policy was created, approved, and will be implemented to address C2405 requirement . Continued on page 2	10.15.2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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C2405	Continued From page 1 emergency department, as defined in §489.24(b), seeking assistance and whether he or she refused treatment, was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred, or discharged. §489.24 The provisions of this regulation apply to all hospitals that participate in Medicare and provide emergency services. This STANDARD is not met as evidenced by: Based on review of the emergency department (ED) log, and patient, family and staff interviews, the facility failed to ensure 1 of 20 patients (#20) who came to the ED seeking emergency medical care, was included on the ED log. The findings were: 1. Interview with family member #1 on 1/29/25 at 10:21 AM revealed their family member (patient #20) had been sick for 2 weeks. On 1/4/25 in the afternoon patient #20 went to the ED and asked for swabs to test for influenza. The admission clerk told the patient it would cost thousands of dollars to be seen since the patient did not have insurance. The admission clerk did not do any paperwork to admit the patient to the ED. The family member stated the facility did nothing, just sent patient #20 away. 2. Interview with patient #20 on 6/24/25 at 3 PM revealed s/he went to the window at the ED on 1/4/25. The patient stated s/he told the person working at the window "I wanted to be tested for influenza A. We had an outbreak in the care center."The patient stated s/he was told they would need to check in to get into the ED. The patient stated s/he did not have insurance at that time, and was told it would be a lot of money out of pocket without insurance. The staff person	C2405	Continued from page 1 All staff working in the Emergency Department will be educated on the policy content including their responsibilities. Emergency Department Log policy competency validation will be completed by Emergency Department staff to ensure staff understanding. ED Director will conduct monthly audits of 10% of the monthly log entries to track log accuracy and will review findings with the CNO. Compliance will be determined through the monthly audits.	10.15.2025 10.15.2025 Ongoing Ongoing

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C2405	Continued From page 2 went back to the ED, and came back out and told the patient the nurse said to try Nyquil, Tylenol and Ibuprofen, and the patient left. 3. Interview on 1/29/25 at 1 PM with admission clerk #1 revealed she did tell the patient it was not about money; it was about taking care of him/her, however the patient left without being seen. 4. Review of the ED log showed the patient was not noted on the log. 5. Interview with the director of nursing on 1/28/25 at 4:30 PM confirmed the patient was not on the ED log. 6. A policy for the ED log was requested but was not provided by the facility.	C2405		
C2406	MEDICAL SCREENING EXAM CFR(s): 489.24(a) and 489.24(c) (a) Applicability of provisions of this section. (1) In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must- (i) Provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter	C2406	Emergency Medical Treatment and Labor Act (EMTALA) policy addressing the C2406 requirement was created, approved, and will be implemented. All staff working in the Emergency Department and OB Triage will be educated on the Emergency Medical Treatment and Labor Act (EMTALA) policy content including their responsibilities. Emergency Medical Treatment and Labor Act (EMTALA) policy competency validation will be completed by Emergency Department and OB Triage staff to ensure staff understanding. Continued on page 4	10.15.2025 10.15.2025 10.15.2025

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C2406	Continued From page 3 concerning emergency services personnel and direction; and (ii) If an emergency medical condition is determined to exist, provide any necessary stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section. (2)(i) When a waiver has been issued in accordance with section 1135 of the Act that includes a waiver under section 1135(b)(3) of the Act, sanctions under this section for an inappropriate transfer or for the direction or relocation of an individual to receive medical screening at an alternate location do not apply to a hospital with a dedicated emergency department if the following conditions are met: (A) The transfer is necessitated by the circumstances of the declared emergency in the emergency area during the emergency period. (B) The direction or relocation of an individual to receive medical screening at an alternate location is pursuant to an appropriate State emergency preparedness plan or, in the case of a public health emergency that involves a pandemic infectious disease, pursuant to a State pandemic preparedness plan. (C) The hospital does not discriminate on the basis of an individual's source of payment or ability to pay. (D) The hospital is located in an emergency area during an emergency period, as those terms are defined in section 1135(g)(1) of the Act. (E) There has been a determination that a waiver	C2406	Patient Access EMTALA Communication Standards policy addressing the C2406 requirement was created, approved, and will be implemented. All staff working in the Patient Access will be educated on the Patient Access EMTALA Communication Standards policy content including their responsibilities. Patient Access EMTALA Communication Standards policy competency validation will be completed by Patient Access staff to ensure staff understanding. Patient Access Director will conduct monthly audits of all patients that Leave without being seen.	10.15.2025 10.15.2025 10.15.2025 Ongoing

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C2406	Continued From page 4	C2406		

of sanctions is necessary.
(ii) A waiver of these sanctions is limited to a 72-hour period beginning upon the implementation of a hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver will continue in effect until the termination of the applicable declaration of a public health emergency, as provided under section 1135(e)(1)(B) of the Act.

(c) Use of dedicated emergency department for nonemergency services. If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition.
This STANDARD is not met as evidenced by:
Based on medical record review, staff, patient and family interviews, and review of policies and procedures and the emergency department (ED) log, the facility failed to provide a medical screening examination (MSE) for 1 of 20 patients (#20) who came to the dedicated emergency department (ED) for emergency care. The findings were:

1. Interview with family member #1 on 1/29/25 at 10:21 AM revealed their family member (patient #20) had been sick for 2 weeks. On 1/4/25 in the afternoon patient #20 went to the ED and asked for swabs to test for influenza. The admission clerk told the patient it would cost thousands of

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C2406	Continued From page 5	C2406		

dollars to be seen since the patient did not have insurance. The admission clerk did no paperwork related to the patient's presentation to the ED in order for the patient to be seen. The family member stated the facility did nothing, just sent patient #20 away. Patient #20 was sick and crying. Patient #20 went to a clinic 2 days later and was provided a prescription for a Z-pak (antibiotics) and cough syrup.

2. Interview with patient #20 on 6/24/25 at 3:00 PM revealed s/he went to the window at the ED on 1/4/25. The patient stated s/he told the person working at the window "I wanted to be tested for influenza A. We had an outbreak in the care center (that the patient worked at)." The patient stated s/he was told they would need to check in to get into the ED. The patient stated s/he did not have insurance at that time and was told it would be a lot of money out of pocket without insurance. The staff person went back to the ED, and came back out and told the patient the nurse said to try Nyquil, Tylenol and Ibuprofen. The patient further stated s/he followed up with their private physician, and was prescribed antibiotics. The patient stated s/he did not ask to be seen after s/he was told what to take; s/he just left.

3. Interview on 1/29/25 at 1 PM with admission clerk #1 revealed she did tell the patient it was not about money; it was about taking care of him/her, however the patient left without being seen.

4. Interview on 1/29/25 at 12:30 PM with the registered nurse (RN) on duty that day (RN #1) revealed she did not see the patient.

5. Interview on 1/29/25 at 1:41 PM with the physician on duty that day (physician #1) revealed

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C2406	Continued From page 6 he did not evaluate the patient, nor did he see him/her as a patient in the ED. 6. Review of the ED log showed the patient was not noted on the log. Continued review showed no evidence of patient #20 having a hospital or ED medical record. There lacked evidence the patient was educated on the risks of not having a MSE nor evidence the facility attempted to have the patient sign a form indicating s/he did not want a MSE. 7. Review of the outpatient "Office Physician Progress Note" dated 1/8/25 showed the patient reported having a cough and congestion for 7 - 8 days and felt the symptoms were worsening. The patient stated s/he had not been able to sleep because the cough kept them up all night. The exam showed the ears had abnormal fluid behind the tympanic membrane bilaterally. The assessment and plan showed upper respiratory tract infection, and acute cough. The physician ordered azithromycin (antibiotic) and promethazine-codeine (Antihistamine, Narcotic, and Cold medication). 8. Interview on 1/29/25 at 8:55 AM with quality assurance (QA) staff #1 and #2 revealed if a patient came to the ED they would go through admissions first. They stated admissions cannot refuse patient services, and the clerk was supposed to call the ED staff right away to come and triage the patient. 9. Review of the facility's policy "Emergency Services," revised 12/2022 showed "1. On receiving a patient for emergency service, the ED reception and triage documentation will be completed in the Electronic Medical Record..."	C2406		

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C2406	Continued From page 7 10. Review of the facility's policy "Triage of E.R. Patients," effective 12/2022 showed "Triage Process: 1. As soon as a patient enters the admission area, the admission clerk will call immediately back to the ED with a patient admission. At this point they are to speak with a nurse/paramedic ONLY. The nurse/paramedic is responsible for that patient from this point forward to include timely initial assessment for patient classification ..."	C2406		