

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53A051	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/06/2026
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NAME OF PROVIDER OR SUPPLIER South Lincoln Nursing Center	STREET ADDRESS, CITY, STATE, ZIP CODE 711 Onyx St PO Box 390, Kemmerer, Wyoming, 83101
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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
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F0000	<p>INITIAL COMMENTS</p> <p>A complaint survey was conducted by Healthcare Licensing and Surveys on 1/6/26 which was prompted by complaint #2688149.</p> <p>The following common abbreviations are used throughout this document:</p> <p>BIMS: Brief Interview for Mental Status</p> <p>CNA: Certified Nursing Assistant</p> <p>DON: Director of Nursing</p> <p>MDS: Minimum Data Sheet</p> <p>RN: Registered Nurse</p> <p>Less commonly used abbreviations will be annotated in each deficiency.</p>	F0000		01/17/2026
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F0609 SS = D	<p>Reporting of Alleged Violations</p> <p>CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p>	F0609	<p>In order to prevent the facility from failing to report injuries of unknown source within the required timeframe in the future, the facility will provide all staff with education on the required timeframe for reporting. Staff will also be educated on the importance of reporting immediately due to this timeframe. Staff will also be provided with education on the importance of monitoring residents closely, communicating with one another, and always immediately beginning an investigation to determine what happened and charting accordingly. All education will be completed by 01/23/2026, with staff being required to turn the quiz in by 01/30/2026 to the DON. The facility's previous full-time DON will also assist the current full-time DON with getting access to the reporting website and demonstrating how to complete an incident report by 01/23/2026. With staff being educated on the reporting timeline, improved communication and resident monitoring, and the current DON being educated on how to report incidents this will lead to ensuring injuries of unknown source are reported within the required timeframe of 2 hours in the future. With this, the facility will also place both incidents for resident #1 and resident #2 into the</p>	01/30/2026
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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	(X6) DATE
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F0609 SS = D	<p>Continued from page 1</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on review of medical records, staff interview, policy and procedure review, and review of the State Survey Agency incident database, the facility failed to ensure injuries of unknown source were reported to the State Agency within the required timeframe for 2 of 2 residents (#1, #2) reviewed for unexplained injuries. The census was 16. The findings were:</p> <p>1. Review of the facility's policy "Abuse Prohibition", last reviewed December 2019, showed "Reporting/Response 1. General Guidance: Alleged violations, including injuries of unknown source, will be reported immediately to the Administrator or designee and the investigative Task Force which consist of the Administrator, Risk Manager, Compliance Officer, and the immediate supervisor of the employee being investigated. Corrective action will be taken depending on the results of the investigation. 2. Time frames: Alleged violations will be reported to the Office of Healthcare Licensing and Surveys and the Department of Family Services within 24 (twenty-four) hours of the allegation. All allegations of abuse will be reported and the results of the investigation will be reported to the appropriate agencies within 5 (five) working days of the incident." The following concerns were identified:</p> <p>a. Review of a 12/4/25 nurse progress note for resident #1 showed the following:</p> <p>i. "At 0407 (4:07 AM) this RN was in another resident's room when the CNA on shift came to this RN and stated "I think you should come take a look at [resident room number], [s/he] is complaining of pain on the left side of [his/her] chest and screamed out when I rolled [him/her] to change [his/her] brief".</p> <p>ii. A 4:10 AM progress note showed the resident rated his/her pain at an 8 out of 10 and the pain was "sharp". The resident explained to the RN that s/he "was getting up yesterday morning and that is when it</p>	F0609	<p>Continued from page 1</p> <p>state incident reporting website on 01/23/2026 so that these incidents can both be reported appropriately through the state website. The facility will also begin to track incidents like this in the future with the assistance of the new tracking sheet for occurrences to be filled out by the charge nurse on shift. On this tracking sheet if the cause is not identified the nurses have been educated on calling the DON immediately, if the cause has been identified the nurse will document appropriately. With this, the DON will check this tracking sheet everyday that the DON is in the facility and sign off that she is aware of the incidents present on the tracking sheet. This will further be tracked through the Quality Assessment and Assurance (QAA) Committee for compliance that the nurses are placing incidents on the tracking sheet and the DON is signing off on them to acknowledge them and investigate further if needed.</p>	

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F0609 SS = D	Continued from page 2 started hurting, noting that it hurt when [s/he] got up in the sit-to-stand." iii. A 4:27 AM progress note showed the on-call provider was called and informed of the resident status, and the resident said the pain was sharp...but that resident was in pain at this time without any activity and that resident screamed when changed this morning and that this did not occur when changed earlier in the night." iv. A 4:55 AM progress note showed the resident was transferred to the emergency department for an evaluation. v. A 6:34 AM progress note showed the nurse had received a report from the emergency department, had been diagnosed with a chest wall contusion, and had been prescribed Lortab (hydrocodone/acetaminophen) for pain management. b. Review of a 12/29/25 nurse progress note for resident #2 showed "It was reported to this RN that resident had some bruising around [his/her] anus. This RN assessed and found that there is bruising around [his/her] anus. The bruising is red/purple in color..." 2. Review of the State Agency incident database showed no incidents had been reported since 4/26/25. 3. Interview with the DON on 1/6/26 at 4:05 PM revealed the facility's policy had not been followed and confirmed no incidents had been reported to the state agency since April of 2025.	F0609		
F0610 SS = D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.	F0610	In order to avoid the facility failing to initiate an investigation following an injury of unknown source, in the future all staff will be educated on the importance of telling the charge nurse anything new with any resident. The charge nurses will be educated on obtaining the information from staff, assessing the resident, investigating the situation to determine what occurred and if unable to determine what happened, reported the change to the DON for further investigation and reporting if necessary, The charge nurses will also be educated on a new tracking sheet for the DON to monitor as well, where if the nurses are told about or find something new, a change, an injury, etc. this will be place on the tracking sheet with finding from the nurse's investigation and a cause. If the cause is not found while investigating the situation the charge nurse will call the DON immediately for this to be reported to the state	01/30/2025

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F0610 SS = D	<p>Continued from page 3</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on medical record review, staff and resident interview, and policy and procedure review, the facility failed to initiate an investigation following an injury of unknown source for 2 of 2 residents (#1, #2) reviewed for unexplained injuries. The census was 16. The findings were:</p> <p>1. Review of the 12/8/25 quarterly MDS assessment showed resident #1 had a BIMS score of 12 out of 15 (mild cognitive impairment); weighed 232 pounds; had not had any falls since the last assessment; required substantial/maximal assistance from staff for the mobility activities of daily living of rolling left and right, sitting to lying, lying to sitting on the side of the bed, sitting to standing, and transfers from a chair/bed-to a chair. The resident was totally dependent on staff for toilet transfers. The following concerns were identified:</p> <p>a. Review of RN #1's progress notes on 12/4/25 showed the following:</p> <p>i. "At 0407 (4:07 AM) this RN was in another resident's room when the CNA on shift came to this RN and stated "I think you should come take a look at [resident room number], [s/he] is complaining of pain on the left side of [his/her] chest and screamed out when I rolled [him/her] to change [his/her] brief".</p> <p>ii. A 4:10 AM progress note showed the resident rated his/her pain at an 8 out of 10 and the pain was "sharp". The resident explained to the RN that s/he "was getting up yesterday morning and that is when it started hurting, noting that it hurt when [s/he] got up in the sit-to-stand."</p> <p>iii. A 4:27 AM progress note showed the on-call provider was called and informed of the resident status, and the resident said the pain was sharp...but that resident was in pain at this time without any activity and that resident screamed when changed this morning and that this did not occur when changed earlier in the night."</p>	F0610	<p>Continued from page 3</p> <p>agency. All education will be provided to staff by 01/23/2026, and a quiz will need to be turned back into the DON by 01/30/2026. The DON will also perform an investigation with up to 5 residents to ensure that residents feel safe in the facility and ensure that there is nothing that needs changed in order for residents to feel safe and to ensure nothing needs to be further investigated. With the education provided to all staff and the tracking sheet for charge nurses to fill out based on their investigations, and the DON further seeing the tracking sheet to investigate things further, and report if needed will prevent the failure of investigations being initiated in the future. Along with this, the facility will begin an investigation immediately starting on 01/23/2026 to be completed by 01/24/2026 in the state incident reporting website for the two incidents involving resident #1 and resident #2 to address the failure to investigate these incidents when they occurred previously. The failure to investigate incidents in the future will be addressed and prevented through use of the tracking sheet made that charge nurses have been educated on, where if they find something or something is reported to them they will complete the tracking sheet with an investigation and end goal to find the cause of the injury or incident, if unable to find the cause or if the cause was related to abuse this will be reported to the DON immediately. If the nurse is able to find the cause this will be filled out on the sheet. With this, the DON will review this sheet everyday that the DON is in office and sign off that she has seen the incidents present on the sheet and will allow the DON to be informed and investigate further if needed. The use of this sheet by the charge nurses and the DON signing off on the incidents reported on this sheet will be monitored through the Quality Assessment and Assurance (QAA) Committee for compliance.</p>	

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F0610 SS = D	<p>Continued from page 4</p> <p>iv. A 4:55 AM progress note showed the resident was transferred to the emergency department for an evaluation.</p> <p>v. A 6:34 AM progress note showed the nurse had received a report from the emergency department, the resident had been diagnosed with a chest wall contusion, and had been prescribed Lortab (hydrocodone/acetaminophen) for pain management.</p> <p>b. Review of the emergency department evaluation showed the resident "...presents to the emergency department with left-sided chest wall pain that began after an aide rolled him 3 days ago. The patient requires almost 100% assistance to move. [The resident] localizes the pain just below [his/her] left breast. [The resident] states the pain is worse with changing positions or using [his/her] left arm or pushing on this region even taking in a big breath can make it worse. It is most painful when [s/he] is being moved..." The emergency department note showed "Patient was given a Lortab 5 mg pain medication. [His/her] pain localizes to [his/her] chest wall, reproducible with palpation and use of [his/her] left arm. As [s/he] is difficult to position for X-ray imaging we will do a CT to rule out rib fractures. CT of the chest does demonstrate both evidence for left and right anterior chest wall contusions..."</p> <p>c. Review of a 12/5/25 nurse progress note, written by RN #3, showed the resident's representative "was upset that staff were transferring [the resident] without the stand-up lift... [the resident's representative] feels like this has contributed to chest pain." In addition, the note showed "This RN spoke with [physical therapist] and he reports that he was unable to work with [the resident] today due to him being in a lot of pain, causing difficulty in sitting up so he rescheduled for Tuesday. He will evaluate for safe transfers at that time. Staff instructed to use stand up lift till that time."</p> <p>d. Review of a 12/7/25 nurse progress note, written by RN #2, showed "Resident continues to complain of chest wall pain and is utilizing [his/her] PRN (as needed) Hydrocodone 5/325 mg. [The resident] rated it a 6/10 tonight. [The resident complained of [his/her] care and attitudes from staff and called [his/her] daughter. [The resident] reported that [his/her] daughter was coming tomorrow ant that [s/he] was leaving..."</p> <p>e. Review of a 12/8/25 progress note, written by RN #2, showed "Resident continues to complain of pain and is</p>	F0610		

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F0610 SS = D	<p>Continued from page 5 taking [his/her] Hydrocodone PRN. When assessed the resident [s/he] had no bruising on [his/her] chest currently. [The resident] continues to be concerned about [his/her] care and stated that [s/he] does not want [CNA #2] in [his/her] room period. [The resident] stated that [his/her] daughter has expressed this wish as well. [The resident] stated to this RN that [s/he] is not leaving because [his/her] daughter does not want [him/her] too (sic). Will report to administrative nurses..."</p> <p>f. Interview with the resident on 1/6/26 at 8:42 AM revealed s/he "sometimes clashes with CNAs but it was taken care of." The resident stated approximately 6 weeks ago a CNA had grabbed him/her around the chest during a transfer and then indicated the area on his/her left upper chest was still sore. The resident was unwilling to share any further information.</p> <p>g. Telephone interview with RN #2 on 1/6/26 at 3:34 PM revealed she had not witnessed any event that led up to resident #1's injury; however, the resident had told her CNA #2 had transferred him/her without using the sit-to-stand lift. RN #1 stated she had emailed the DON and RN #3 to inform them of the allegation.</p> <p>2. Review of the 12/9/25 quarterly MDS assessment showed resident #2 had a BIMS score of 5 out of 15 (severe cognitive impairment); required substantial/maximal assistance for the mobility activity of rolling left and right and was totally dependent on staff for sitting to lying; chair/bed-to-chair transfers, toilet transfers and tub/shower transfers. The following concerns were identified:</p> <p>a. Review of 12/29/25 nurse progress note, written by RN #2, showed "It was reported to this RN that resident had some bruising around [his/her] anus. This RN assessed and found that there is bruising around [his/her] anus. The bruising is red/purple in color..."</p> <p>b. Review of a 12/30/25 nurse progress note, written by RN #2, showed "Resident is alert and oriented to person and place. [S/he] has a hard time remembering staff names but not faces. [S/he] is transferred via Hoyer. [S/he] is mobile via staff in a wheelchair. [S/he] does have some bruising around [his/her] anus that is going away..."</p> <p>3. Review of the facility documentation showed no evidence the injuries of unknown source had been investigated.</p>	F0610		

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F0610 SS = D	Continued from page 6 4. Interview with the chief compliance officer on 1/6/26 at 2:34 PM revealed he had consulted the safety officer and an occurrence report related to resident #1 had not been received. 5. Interview with RN #3 on 1/6/26 at 2:45 PM revealed the facility did not track injuries of unknown origin. 6. Interview with the DON on 1/6/26 at 4:05 PM revealed the facility's policy had not been followed and occurrence reports had not been filed related to the injuries of unknown source. 7. Review of the Abuse Prohibition policy, provided by the chief compliance officer, showed "Investigation 1. Immediacy: Alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of patient/resident property, will be investigated immediately..."	F0610		