

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/25/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 534004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/15/2025
NAME OF PROVIDER OR SUPPLIER WYOMING BEHAVIORAL INSTITUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 2521 EAST 15TH STREET CASPER, WY 82609		
(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	
A 000	INITIAL COMMENTS	A 000			
A 148	<p>PATIENT RIGHTS: ACCESS TO MEDICAL RECORD CFR(s): 482.13(d)(2)</p> <p>The patient has the right to access their medical records, including current medical records, upon an oral or written request, in the form or format requested by the individual. If it is readily producible in such form and format (including in an electronic form or format when such medical records are maintained electronically); or if not, in a readable hard copy form or such other form or format as agreed by the facility and the individual, and within a reasonable timeframe. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.</p> <p>This STANDARD is not met as evidenced by: Based on medical record review, staff and family interview, and review of policies and medical record request documentation, the facility failed to provide medical records upon request for 1 of 3 sample patients (#2) reviewed for access to medical records. The findings were:</p> <p>1. Review of the medical record showed patient</p>	A 148			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 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.

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A 148	<p>Continued From page 1</p> <p>#2 was under the age of 18 and was in the facility from 8/15/25 to 8/27/25. Further review of the medical record showed the legal guardian (parent) filled out a request for health information form on 8/25/25, requesting the medical record for patient #2. Review of a progress note by a therapist dated 8/25/25 showed the patient's parent was demanding the patient's medical records. The therapist assisted the parent in filling out the request form correctly and told the parent that medical records are not released until at least 10 days after the patient has been discharged (per medical records department). A letter to the parents of patient #2 by the assistant clinical of youth clinical services dated 8/26/25 showed the treatment team recommended that the medical records not be released during the patient's admission. The following concerns were identified:</p> <ul style="list-style-type: none"> a. During an interview on 10/14/25 at 2:39 PM the parent of patient #2 stated they never received the medical records they requested, even after the patient was discharged. b. Documentation to show the medical records were provided to the family was requested, but no documentation was provided by the facility. c. During interviews on 10/15/25 at 9:17 AM and 9:43 AM the medical records director stated the facility called the parents and told them the medical records were available for pick-up. When the parents did not pick up the records, she stated the facility mailed them. However, she stated the facility did not have any documentation to show the records were sent. <p>2. Review of the facility's policy "Privacy Policy 19.0: Patient's Right of Access," revised 5/30/24, showed "Unless there are valid grounds to deny a</p>	A 148			

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A 148	Continued From page 2 Personal Representative access to all or a portion of the patient's DRS [designated record set] (see below), the Facility must provide a patient's Personal Representative (a person with authority under state law to make health care decisions for the patient) with access to the patient's DRS upon the Personal Representative's written request...Timeframe to Respond to a Request for Access a. Initial Time to Respond. The Facility must either approve the patient's Request for Access and provide access, or deny the patient's Request for Access, in whole or in part, no later than thirty (30) calendar days after it has received the patient's Request for Access. HHS has indicated that "The 30 calendar days is an outer limit and [Facilities] are encouraged to respond as soon as possible..."	A 148			