STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
See Attached	530008	A. BUILDING ____ B. WING ____	C 09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAGEWEST HEALTH CARE	1320 BISHOP RANDALL DRIVE LANDER, WY 82520

(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 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 9/8/25 through 9/18/25. The survey was prompted by complaint intake WY00004529. Based upon the findings of the survey team, SageWest Healthcare was found not in compliance with the requirements for A-2400 and A-2406.	A 000		
A2400	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 interviews, and review of outside records and policies and procedures, the facility failed to ensure an appropriate medical screening examination was provided for 1 of 20 sample patients (#1). 1. Refer to A-2406 for details on the facility's failure to ensure patient #1 was provided an appropriate medical screening examination.	A2400		
A2406	MEDICAL SCREENING EXAM CFR(s): 489.24(a) & 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-	A2406		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amanda Vick
TITLE: CEO
(X6) DATE: 3/23/2026

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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A2406	Continued From page 1 (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 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	A2406		

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A2406	Continued From page 2 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 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 interviews, and review of outside records and policies and procedures, the facility failed to ensure an appropriate medical screening examination was provided for 1 of 20 sample patients (#1). The	A2406		

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A2406	Continued From page 3 findings were: 1. Review of the ED record showed patient #1 arrived on 6/3/25 at 7:18 PM. The patient's caregiver stated the patient had been making verbal threats of suicide. The patient was not expressing suicide ideations to ED staff and did not want to be seen. A note written on 6/3/25 at 8:25 showed the patient was opting to leave. Staff at assisted living facility A was contacted and advised if patient needed to return to be brought back. Patient stated s/he was not suicidal and wanted to go. The patient left the ED at 8:28 PM prior to a medical screening exam. The following concerns were identified: a. Further review of the medical record showed no evidence the facility informed the patient of the benefits of examination nor the risks of refusing an examination. In addition, there lacked evidence the facility attempted to have the patient sign a form indicating they were refusing examination. b. During an interview on 9/9/25 at 7:20 PM registered nurse (RN) #1 stated he saw the patient in the ED lobby. The patient stated s/he told staff at the assisted living facility that if they didn't pay attention, s/he would kill himself/herself. The RN stated he asked the patient questions such as what was his/her name, what was their date of birth, what year was it and where was the patient and his/her answers were "fine." The caregiver stated the patient's daughter wanted to check him/her in, but the RN told them they could not check the patient in against his/her will. He stated the patient never saw a physician and an against medical advice (AMA) form was not filled out. He stated an AMA form would be done if the provider had seen the patient, but this patient was not seen by a physician; they left	A2406		

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A2406	Continued From page 4 without being seen. The patient returned to the assisted living facility with the caregiver. c. Review of the record from assisted living facility A showed on 6/2/25 the patient made suicidal threats both on the phone to his/her son and after the call. A note dated 6/2/25 at 11:05 PM showed EMS (emergency medical services) was called to evaluate the patient due to his/her suicidal statements. EMS had the patient sign a refusal form and told facility staff they didn't feel the patient was a danger to himself/herself. A noted dated 6/3/25 at 8:20 PM showed the patient agreed to be seen in the ED. At the ED the resident told the nurse that there was no reason for him/her to be seen. The patient told the nurse s/he made the comments to get the attention from the DFS (Department of Family Services) worker. The nurse stated the ED would not admit the patient for an evaluation, regardless of the suicidal remarks, due to the patient reporting there was no need for evaluation. Nurse reiterated that he would not take the patient back because s/he didn't want to be seen. The nurse stated he would need to see a POA (power of attorney) paper that stated his/her son was able to make healthcare decisions for the patient. The son was informed of the ED's response and was unable to find POA form. The resident returned to the facility. 2. Review of the facility's policy "LL.026 EMTALA-Medical Screening and Treatment of Emergency Medical Conditions" (effective 11/16/23) showed "...The Hospital must provide for an appropriate Medical Screening Examination conducted by a physician or other Qualified Medical Professional, including to the extent necessary ancillary services within the Hospital's capabilities and on-call physician services, to determine whether	A2406		

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A2406	Continued From page 5 or not an Emergency Medical Condition exists......D. Special Circumstances: Withdrawal of Request for Examination. 1. If a patient withdraws his or her request for examination or treatment, an appropriately trained individual from the emergency department staff should discuss the medical issues related to a voluntary withdrawal. In the discussion, the emergency department staff should: a. Offer the patient further medical examination and treatment as may be required to identify and stabilize an Emergency Medical Condition; b. Inform the patient of the benefits of the examination and/or treatment, and of the risks of withdrawal prior to receiving the examination and/or treatment that was refused; and c. Use reasonable efforts to get the patient to sign a form indicating that the patient has refused the recommended examination and/or treatment. The form should contain a description of risks discussed and of the examination and/or treatment that was refused." 3. Review of the "Management of Behavioral Health Patients" (effective 2/2024) showed "...2. A Medical Screening Exam (MSE) will be completed by a provider, including appropriate labs and diagnostic studies. NOTE: Patients have the right to refuse care, lab or other recommended ordered procedures. 3. All patients will be screened for suicidal/homicidal ideation (SI/HI) using the Columbia Suicide Severity Rating Scale (C-SSRS) in the electronic medical record. Assessment will directly address: a. Suicide Ideation b. Plan c. Intent d. Suicidal or self harming behaviors e. Risk Factors f. Protective factors 4. The ED/Inpatient provider will determine whether or not a Tele-psychiatry consult is warranted."	A2406		

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

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SageWest Health Care
EMTALA Plan of Correction – Submitted 03/23/2026
Survey Completed 9/18/2025

Tag	Deficiency	Corrective Actions
A 000	INITIAL COMMENTS	Submission of this Plan of Correction is not an admission that the citations are accurate or that the Hospital violated the cited law or regulations. Immediately following receipt of the survey findings, the Hospital's CEO notified the Governing Body of the survey findings. The Governing Body authorized the development and implementation of a corrective action plan. The CEO convened an Executive Team comprising the Chief Nursing Officer (CNO), Director of Quality (DQM), Director of Risk Management, and Emergency Department (ED) Managers to discuss the survey findings, complete investigations, and develop a responsive corrective action plan. Completion Date : 3/25/26 Responsible Person : CEO The Governing Body oversaw, reviewed, and approved this Plan of Correction for submission to respond to Tags A 2400 and A 2406. Completion Date : 3/25/26 Responsible Person : CEO
A 2400	COMPLIANCE WITH 489.24 CFR 489.20(l); (X-ref A-2406)	The Executive Team reviewed the Hospital's applicable EMTALA policies and procedures governing medical screening examinations and developed a corrective action plan that includes reinforcement of the Hospital's refusal of treatment policy, training and education of staff on how to document patient refusals, and an ongoing audit and monitoring system to track compliance and evaluate the effectiveness of the action plan, as described in greater detail in response to Tag A 2406.
A 2406	MEDICAL SCREENING EXAMINATION 42 CFR 489.24 (a) & (c)	The Hospital takes its EMTALA obligations very seriously and endeavors to provide an appropriate medical screening examination within its capability to all patients who present to the ED. It is always the Hospital's goal to provide high quality care to our patients as expeditiously as possible. **Action Items**

Tag	Deficiency	Corrective Actions
		The ED Managers, CNO, Director of Risk, and Director of Quality reviewed the Hospital's EMTALA policies governing medical screening examinations and patient refusals, and determined that they did not require revisions, but that documentation of refusals required standardization and staff required re-education regarding compliance with the policy and documentation expectations. Completion Date: 3/18/26 Responsible Person: CNO The ED Managers, CNO, Director of Risk, and Director of Quality revised the Refusal of Exam/Treatment Form used to apprise patients of the risks and benefits of refusing recommended exams and treatments, and to obtain the patient's informed consent to refuse the exam/treatment. This form memorializes the decision-making process for our ED patients in that it concisely lists the benefits and the risks of declining a medical screening examination or treatment, documents the staff member who apprised the patient of the risks and benefits, and documents the patient's signature or refusal to sign. The form was approved by the ED Managers and CNO in September 2025 but was revised to include additional signature lines. Completion Date: 3/18/2026 Responsible Person: CNO The Director of Quality and ED Managers created an audit tool form to be completed by the ED Managers daily during the week, and on Mondays for weekend refusals. Completion Date: 3/20/2026 Responsible Party: CNO and ED Managers **Training and Education** The CNO notified all Nursing Leadership and Nurses via email sent on 4/8/2026 of the requirement to educate ED patients on the risks and benefits of any examination and/or treatment they are refusing, and to seek the patient's signature on the Refusal form. The updated refusal of exam/treatment form was included as an attachment to the notification email. Completion Date: 4/8/2026

Tag	Deficiency	Corrective Actions
		Responsible Person: CNO The ED Managers completed additional in-person refresher education of all ED nursing staff and ED registration members at the 4/8/2026 staff meeting. Training emphasized the importance of making an effort to convince the patient to remain in the ED for a medical screening examination and providing verbal education to patients on the risk/benefits of the exam/treatment the patient is refusing. All patient refusals for exam and/or treatments must be documented on the updated refusal form, and staff were reminded to request the patient's signature on the form or to document if the patient refuses to sign. The updated refusal forms were reviewed with staff, and education was provided on proper completion of the updated form. Completion Date: 4/8/26 Responsible Party: ED Managers The Director of Education directed that all hospital staff complete a general EMTALA training course as assigned via the online learning platform. Training course completion is validated through an online attestation. The Director of Education notifies the department directors of any employees that have not completed the training, for necessary follow-up, and staff that have not completed the training by the completion date or who were unable to complete the training due to PTO or other scheduling issues are not permitted to wok another shift until the training is complete. Completion Date: 10/03/2025 Responsible Party: Director of Education **Audit and Monitoring** The Emergency Department Managers for the ED will complete audits on all patients whose ED disposition is "left without being seen," to verify that the refusal is completely and accurately documented in the records, on the Refusal Form. More specifically, the audit verifies that risks/benefits were discussed with the patient – including identification of who had the discussion with the patient - and that informed consent to refuse the exam/treatment was obtained in the form of the patient's/representative's signature, or that the patient's refusal to sign is documented. The audits are completed daily during the week and on Mondays for refusals over the weekend. Any issues of concern are addressed immediately with staff involved. Audits are performed until a

Tag	Deficiency	Corrective Actions
		substantial compliance rate is achieved for three consecutive months, after which audit frequencies may be adjusted. The ED Managers present summary information of audit results at the ED Operations Committee monthly meetings and immediately after, to the Governing Body. Completion Date: 4/9/2026 & ongoing Responsible Party: ED Managers