

Wyoming State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/23/2026
NAME OF PROVIDER OR SUPPLIER Wyoming Veterans' Skilled Nursing Facility			STREET ADDRESS, CITY, STATE, ZIP CODE 700 Veteran's Lane , Buffalo, Wyoming, 82834	
(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
S0000	<p>OPENING COMMENTS</p> <p>Rules and Regulations utilized for this survey are:</p> <p>Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11, effective 07/01/2020</p> <p>Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000</p> <p>A licensure survey was conducted by Healthcare Licensure and Surveys from 1/20/26 through 1/23/26.</p>	S0000		02/17/2026
S2955	<p>Discharge Planning</p> <p>CFR(s): Ch 11 Sec 10 (a)(ii)</p> <p>(a) The facility shall maintain a centralized, coordinated program to ensure that each resident has a planned program of continuing care which meets the post discharge needs.</p> <p>(ii) The facility shall have in operation an organized discharge planning program.</p> <p>(A) This program shall include the resident, physician(s), nurses, social services personnel, dietitian, and therapists to identify problems and goals thus preparing the resident for the next level of care and arranging for placement in the appropriate care environment.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure an organized discharge planning program for 1 of 2 sample residents (#24) reviewed for closed records. The findings were:</p> <p>1. Review of a progress note dated 10/28/25 and 1:05 PM showed resident #24 discharged from the facility.</p>	S2955	<p>1. Since Resident #24, the resident affected by the deficient practice, has already been discharged, no further resident-specific corrective action can be completed for this resident. The systemic plan of correction outlined in the following sections will ensure this deficient practice does not recur for any resident.</p> <p>2. The facility has implemented systemic measures to ensure organized discharge planning is completed for all residents prior to discharge, thereby addressing the potential for any resident to be affected by the deficient practice in the future. The systemic measures, detailed in Section 3, serve as the primary corrective action for all other residents.</p> <p>3. The facility has implemented the following measures to ensure organized discharge planning is completed for all residents prior to discharge:</p> <p>Establishment of a Discharge Planning Protocol: A revised, step-by-step discharge planning assessment has been developed. This protocol mandates the initiation of discharge planning upon admission and a mandatory IDT meeting to finalize the plan at least 72 hours prior to the anticipated discharge date. Completion Date: 2/10/2026</p>	03/02/2026

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S2955	<p>Continued from page 1 Further review of the progress notes showed no evidence the facility completed discharge planning prior to the resident's discharge.</p> <p>2. Interview with the DON on 1/22/26 at 4:26 PM confirmed the facility did not perform discharge planning prior to the resident's discharge.</p> <p>3. Review of the facility policy titled "Transfer or Discharge" dated 12/4/23 showed "...The WVSN Social Services Manager (or designee if Social Services Manager is Unavailable) will provide the veteran and family member or legal representative, and the Office of the State Long-Term Care Ombudsman, with a notice of Transfer or Discharge. Notice of Community-initiate transfer or discharge will be provided 30 days before transfer or discharge unless in case of emergency transfer..."</p>	S2955	<p>Continued from page 1</p> <p>Mandatory Discharge Planning Form: A new, centralized discharge planning checklist/form has been created and implemented. This form must be completed and signed by all required IDT members and will remain part of the resident's records. Completion Date: 2/2/2026</p> <p>IDT Education and Training: All members of the Interdisciplinary Team (IDT), including Social Services, Nursing, and Administrative staff, have received training on the revised "Transfer or Discharge" policy and the new Discharge Planning Protocol. Completion Date: 2/13/2026</p> <p>4. The effectiveness of the corrective measures will be monitored through the following quality assurance (QA) plan:</p> <p>Initial Audit of 100% of New Discharges: The Director of Nursing (DON) and Social Services will conduct an initial audit of 100% of new discharges for compliance. Completion Date: 3/2/2026</p> <p>Monthly Discharge Audit: The Social Services Manager, or Director of Nursing, will audit 100% of all closed resident records with discharges for the first month following the initial training.</p> <p>Quarterly Audit: After the first month, the Director of Nursing (DON) will conduct a quarterly audit of a minimum of 5 discharge records to ensure ongoing compliance.</p> <p>QA Review: The results of the monthly and quarterly audits will be reviewed by the facility's QA at their regularly scheduled meetings. Any identified deficiencies will result in immediate re-education and modification of the QA process as necessary. The next QA review is scheduled for 4/29/2026.</p>	