

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 531530	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/05/2026
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NAME OF PROVIDER OR SUPPLIER Everwind Hospice	STREET ADDRESS, CITY, STATE, ZIP CODE 801 E 4th St., Ste 14D, Gillette, Wyoming, 82718
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E0000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 3/5/26. Based upon the findings of the survey, it was determined that no deficiencies were identified pertaining to the Emergency Preparedness Rule.	E0000	TAG L0641 – CONDITION OF PARTICIPATION: VOLUNTEERS 42 CFR §418.78 1. How the deficiency was corrected The hospice revised and implemented a comprehensive Volunteer Program that meets all requirements of 42 CFR §418.78. Policies now clearly define volunteer roles, recruitment and retention practices, supervision, documentation, cost savings tracking, and activity monitoring. A designated Volunteer Coordinator has been appointed to oversee implementation and compliance. 2. How the hospice will identify other individuals who may be affected: All hospice volunteer records and current patient assignments were reviewed to ensure volunteers are appropriately utilized and documented. Any gaps identified were corrected immediately. 3. What systemic changes were made to ensure the deficiency will not recur: Volunteer program oversight has been incorporated into the hospice's QAPI program. Written policies and standardized tools (logs, reports, and audits) have been implemented to ensure ongoing compliance with all volunteer Conditions of Participation. 4. How the hospice will monitor continued compliance: The Volunteer Coordinator will conduct monthly audits. Findings will be reviewed monthly by the QAPI Committee, with corrective actions implemented as needed.	4/4/26
L0000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys on 3/2/26 through 3/5/26. The following common abbreviation are used throughout this document: CNA: Certified Nursing Assistant RN: Registered Nurse SW: Social Worker Less commonly used abbreviations will be annotated in each deficiency.	L0000		
L0641	VOLUNTEERS CFR(s): 418.78 §418.78 Conditions of participation: Volunteers. The hospice must use volunteers to the extent specified in paragraph (e) of this section. These volunteers must be used in defined roles and under the supervision of a designated hospice employee. This CONDITION is NOT MET as evidenced by: Based on record review, staff interview, and Performance Improvement Plan (PIP) review, the agency failed to ensure volunteers were used in administrative and/or direct patient care roles (refer to L644) and failed to demonstrate ongoing efforts to recruit volunteers (refer to L645). In addition, the facility	L0641		

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 <i>Christy Rene RN</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>3/27/2026</i>
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4/12/26 Accepted C Squaden talked w Christina 12:15pm

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L0641	Continued from page 1 failed to document the cost savings achieved through the use of volunteers (refer to L646). Further, the facility failed to ensure volunteers provided administrative and/or direct patient care hours in an amount that equaled, at a minimum, 5 percent of the total patient care hours of all paid employees and contract staff (refer to L647). This system failure resulted in the inability of the facility to meet the Condition of Participation for Volunteers.	L0641	5. Responsible Party: Administrator and/or Volunteer Coordinator Completion Date: 30 days from survey exit	4/4/26
L0644	<p>ROLE</p> <p>CFR(s): 418.78(b)</p> <p>Volunteers must be used in day-to-day administrative and/or direct patient care roles.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review, staff interview, policy review, and Performance Improvement Plan (PIP) review the agency failed to ensure volunteer services were provided. The findings were:</p> <ol style="list-style-type: none"> 1. Review of the active staff list hand delivered on 3/3/26 at 2:30 PM showed no volunteers were included. 2. Interview with the Executive Director (ED) on 3/5/26 at 10 AM revealed the agency just hired their first volunteer. The person had committed to 1 to 2 hours weekly. She revealed the agency had not had any volunteers prior to that time. 3. Review of the policy "Volunteer Services" hand delivered on 3/5/26 at 10:15 AM by the ED showed "...Hospice uses volunteers in administrative or direct patient care roles under the supervision of Volunteer Coordinator. Volunteers are considered Hospice employees to facilitate compliance with core services..." 4. Review of the PIP showed a start date of 2/6/26. The problem statement/opportunity for improvement showed "Through ongoing QAPI review, internal audit, or census and utilization monitoring, the agency identified a deficiency in meeting the CMS hospice volunteer requirement..." The Identified Discrepancies showed "...Volunteer hours below the required 5% threshold. Inadequate recruitment and retention of hospice volunteers. Volunteer services not integrated into patient care plans. Lack of volunteer program." 	L0644	<p>TAG L0644 - ROLE OF VOLUNTEERS</p> <p>42 CFR §418.78(b)</p> <ol style="list-style-type: none"> 1. How the deficiency was corrected Volunteer job descriptions were revised to clearly include both administrative and direct patient care roles. Volunteers are now assigned to day-to-day administrative tasks and/or direct patient care activities, such as companionship and respite support, based on hospice needs. 2. How the hospice will identify other individuals who may be affected: All current volunteer assignments were reviewed to confirm appropriate utilization. Any volunteers not actively assigned were scheduled or reassigned accordingly. 3. What systemic changes were made to ensure the deficiency will not recur: Volunteer scheduling and assignment processes were formalized. Minimum utilization expectations are monitored relative to patient census and operational needs. 4. How the hospice will monitor continued compliance: Volunteer assignments and hours will be reviewed monthly by the Volunteer Coordinator and reported monthly to QAPI. 5. Responsible Party: Volunteer Coordinator, Director of Clinical Services 	4/4/26
L0645	RECRUITING AND RETAINING	L0645		

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L0645	<p>Continued from page 2 CFR(s): 418.78(c)</p> <p>The hospice must document and demonstrate viable and ongoing efforts to recruit and retain volunteers.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on staff interview, policy review, and review of a Performance Improvement Plan (PIP), the agency failed to ensure an ongoing effort for recruitment and retention of volunteers. The findings were:</p> <p>1. Interview with the Executive Director (ED) on 3/5/26 at 10 AM revealed the agency just hired their first volunteer. She revealed the agency had not had any volunteers prior to that time. She also revealed the agency had gone to a high school, and a community center to try and recruit.</p> <p>2. Review of the policy "Volunteer Services" hand delivered on 3/5/26 at 10:15 AM by the ED showed "...Hospice uses volunteers in administrative or direct patient care roles under the supervision of Volunteer Coordinator. Volunteers are considered Hospice employees to facilitate compliance with core services..." "...6. The Coordinator is responsible for planning, organizing, documenting and direction the comprehensive volunteer services program. Coordination duties include, but are not limited to: On-going recruiting and training of sufficient numbers of volunteers to meet the needs of patients/families regardless of race, gender, ..."</p> <p>3. Review of the PIP showed a start date of 2/6/26. The problem statement/opportunity for improvement show "Through ongoing QAPI review, internal audit, or census and utilization monitoring, the agency identified a deficiency in meeting the CMS hospice volunteer requirement..." The Identified Discrepancies showed "...Volunteer hours below the required 5% threshold. Inadequate recruitment and retention of hospice volunteers. Volunteer services not integrated into patient care plans. Lack of volunteer program."</p>	L0645	<p>Completion Date: 30 days from survey exit</p> <p>TAG L0645 – RECRUITING AND RETAINING VOLUNTEERS 42 CFR §418.78(c)</p> <p>1. How the deficiency was corrected A written Volunteer Recruitment and Retention Plan was implemented. Recruitment methods now include community outreach, social media, and online volunteer search platform. Retention strategies include orientation, ongoing training, recognition activities, and exit interviews.</p> <p>2. How the hospice will identify other individuals who may be affected: Volunteer records were reviewed to ensure recruitment and retention efforts are documented. Any missing documentation was completed.</p> <p>3. What systemic changes were made to ensure the deficiency will not recur: Recruitment and retention activities are now documented using standardized tracking form.</p> <p>4. How the hospice will monitor continued compliance Volunteer recruitment and retention documentation will be reviewed monthly, with trends evaluated annually through QAPI.</p> <p>5. Responsible Party: Volunteer Coordinator Completion Date: 30 days from survey exit</p> <p>TAG L0646 – COST SAVINGS</p>	4/4/26
L0646	<p>COST SAVING</p> <p>CFR(s): 418.78(d)</p> <p>The hospice must document the cost savings achieved through the use of volunteers. Documentation must include the following:</p> <p>(1) The identification of each position that is occupied by a volunteer.</p>	L0646	<p>Completion Date: 30 days from survey exit</p> <p>TAG L0646 – COST SAVINGS</p>	4/4/26

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L0646	Continued from page 3 (2) The work time spent by volunteers occupying those positions. (3) Estimates of the dollar costs that the hospice would have incurred if paid employees occupied the positions identified in paragraph (d)(1) of this section for the amount of time specified in paragraph (d)(2) of this section. This STANDARD is NOT MET as evidenced by: Based on staff interview, policy review, and review of a Performance Improvement Plan (PIP), the agency failed to document cost savings through the use of volunteers. The findings were: 1. Interview with the Executive Director (ED) on 3/5/26 at 10 AM revealed the agency just hired their first volunteer. The person had committed to 1 to 2 hours weekly. She revealed the agency had not had any volunteers prior to that time. Therefore, the agency could not document cost savings. 2. Review of the policy "Volunteer Services" hand delivered on 3/5/26 at 10:15 AM by the ED showed "...Hospice uses volunteers in administrative or direct patient care roles under the supervision of Volunteer Coordinator. Volunteers are considered Hospice employees to facilitate compliance with core services..." 3. Review of the PIP showed a start date of 2/6/26. The problem statement/opportunity for improvement show "Through ongoing QAPI review, internal audit, or census and utilization monitoring, the agency identified a deficiency in meeting the CMS hospice volunteer requirement..." The Identified Discrepancies showed "...Volunteer hours below the required 5% threshold. Inadequate recruitment and retention of hospice volunteers. Volunteer services not integrated into patient care plans. Lack of volunteer program."	L0646	42 CFR §418.78(d) 1. How the deficiency was corrected The hospice implemented a standardized cost-savings calculation method based on total volunteer hours multiplied by the equivalent hourly rate of paid staff performing comparable duties. 2. How the hospice will identify other individuals who may be affected: All volunteer hours from the current year were reviewed and cost savings calculations were completed retroactively where applicable. 3. What systemic changes were made to ensure the deficiency will not recur: A cost savings log is now maintained and updated monthly. Cost savings data is incorporated into financial and QAPI reviews. 4. How the hospice will monitor continued compliance: Monthly cost savings reports are reviewed by hospice leadership and summarized annually. 5. Responsible Party: Volunteer Coordinator, Finance Manager Completion Date: 30 days from survey exit	4/4/26
L0647	LEVEL OF ACTIVITY CFR(s): 418.78(e) Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff. The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time	L0647	TAG L0647 – LEVEL OF ACTIVITY 42 CFR §418.78(e) 1. How the deficiency was corrected The hospice implemented standardized tracking of volunteer activity, including number of active	

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L0647	<p>Continued from page 4 worked.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on staff interview, policy review, and Performance Improvement Plan (PIP) review, the agency failed to ensure volunteer services were provided to equal at least 5% of the total patient care hours. The findings were:</p> <ol style="list-style-type: none"> 1. Interview with the Executive Director (ED) on 3/5/26 at 10 AM revealed the agency just hired their first volunteer. The person had committed to 1 to 2 hours weekly. She revealed the agency had not had any volunteers prior to that time. Therefore, the volunteer services did not meet the 5% total patient care hours. 2. Review of the policy "Volunteer Services" hand delivered on 3/5/26 at 10:15 AM by the ED showed "...Hospice uses volunteers in administrative or direct patient care roles under the supervision of Volunteer Coordinator. Volunteers are considered Hospice employees to facilitate compliance with core services..." 3. Review of the PIP showed a start date of 2/6/26. The problem statement/opportunity for improvement show "Through ongoing QAPI review, internal audit, or census and utilization monitoring, the agency identified a deficiency in meeting the CMS hospice volunteer requirement..." The Identified Discrepancies showed "...Volunteer hours below the required 5% threshold. Inadequate recruitment and retention of hospice volunteers. Volunteer services not integrated into patient care plans. Lack of volunteer program." 	L0647	<p>volunteers, hours worked, and type of services provided.</p> <p>2. How the hospice will identify other individuals who may be affected: Volunteer activity records were reviewed to ensure service levels appropriately correspond to hospice census and service needs.</p> <p>3. What systemic changes were made to ensure the deficiency will not recur: Monthly volunteer activity reports are now required and reviewed by hospice leadership to ensure adequate activity levels.</p> <p>4. How the hospice will monitor continued compliance: Volunteer activity data is evaluated monthly and incorporated into monthly QAPI reviews.</p> <p>5. Responsible Party: Volunteer Coordinator, Administrator Completion Date: 30 days from survey exit</p> <hr/> <p>Overall CMS Attestation Statement The hospice agrees that the above corrective actions will be implemented for all current and future patients and volunteers, and that systems have been put in place to maintain ongoing compliance with 42 CFR §418.78.</p>	

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