

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 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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(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	OPENING COMMENTS A licensure survey was conducted by Healthcare Licensing and Surveys from 5/2/26 to 5/5/26.	S0000	See attached for PoC	
S1002	<p>Organization and Management</p> <p>CFR(s): Ch 10 Sec 5 (a)(iii)</p> <p>(a) Governing Body. The hospice program shall have a governing body which has the legal authority an responsibility to operate the hospice program. The governing body shall:</p> <p>(iii) Insure that all staff successfully complete, at a minimum, a full fingerprint-based National Criminal Background Check before unsupervised direct patient contact. If there are any flags on the background check and the facility employs the individual, the facility must document in the individual's personnel file that prior to hire the flagged issue was thoroughly investigated and it was determined the individual is appropriate to provide services to vulnerable adults.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on personnel file review, and staff interview, the agency failed to ensure full fingerprint based national criminal background checks were completed prior to unsupervised direct patient contact for 3 of 5 personnel reviewed (CNA #1, RN #1, SW #1). The findings were:</p> <ol style="list-style-type: none"> 1. Review of the personnel file for CNA #1 showed a hire date of 7/8/25. Further review showed there was no fingerprint background check done. 2. Review of the personnel file for RN #1 showed a hire date of 12/30/25. Further review showed there was no fingerprint background check done. 3. Review of the personnel file for SW #1 showed a hire date of 7/22/25. Further review showed there was no fingerprint background check done. 4. Interview with the executive director (ED) on 3/4/26 	S1002		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Christina Rand RN</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>3/27/2026</i>
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STATE FORM

Event ID: 1F2BE8-H1

Facility ID: WY9045

If continuation sheet Page 1 of 2

4/2/26 Accepted 12:15pm C. Spracklen talked w Christina

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S1002	Continued from page 1 at 3:44 PM revealed the agency was unaware the fingerprint background check was needed.	S1002		
S1006	<p>Organization and Management</p> <p>CFR(s): Ch 10 Sec 5 (a)(vii)</p> <p>(a) Governing Body. The hospice program shall have a governing body which has the legal authority an responsibility to operate the hospice program. The governing body shall:</p> <p>(vii) Ensure adequate numbers of qualified staff to provide quality hospice care and volunteer services, and, if offered, non-hospice respite care.</p> <p>This LICENSURE REQUIREMENT 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> <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.</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>	S1006		

PROVIDER'S PLAN OF CORRECTION

Agency: Wyoming Home Health Inc; dba Everwind Hospice

Survey Exit Date: 3/05/2026

Ref: LH-2026-0290

The hospice acknowledges the cited deficiencies and has implemented corrective actions to achieve and sustain compliance with all applicable Conditions of Participation (CoPs). The Plan of Correction addresses the specific deficient practices, the system changes implemented to prevent recurrence, the method of monitoring compliance, and the responsible staff.

Tag S1002

Regulation: 42 CFR §418.114(b); CFR §10 Sec 5(a)(iii)

Deficiency:

The hospice failed to ensure that fingerprint-based National Criminal Background Checks were completed prior to unsupervised direct patient contact.

Corrective Action for Individuals Affected

- All current hospice employees have had fingerprints submitted to the Division of Criminal Investigation (DCI) for completion of fingerprint-based national criminal background checks no later than 03/31/2026.
- All affected employees were restricted to supervised patient visits until background check results were received and reviewed.

Systemic Changes to Prevent Recurrence

- The hospice developed a Hospice Personnel Background Screening Policy to require completion and verification of fingerprint-based background checks prior to any unsupervised patient contact.
- A fingerprint background verification step was permanently added to the Human Resources onboarding checklist effective 03/05/2026.
- The Administrator is required to review and confirm documented clearance before authorizing independent patient visits for new hires.

Monitoring and Ongoing Compliance

- Background check results are uploaded to the employee personnel file upon receipt.
- The Administrator will conduct 100% review of all new hire files to ensure compliance.
- Compliance will be reviewed ongoing during administrative audits.

Responsible Party

- Administrator
- Human Resources Director

Completion Date

- 03/31/2026
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Tag S1006

Regulation: 42 CFR §418.114(d); CFR §10 Sec 5(a)(iv)

Deficiency:

The hospice failed to ensure adequate use of volunteers and failed to maintain an organized volunteer program as part of interdisciplinary hospice services.

Corrective Action for Individuals Affected

- At the time of survey, the hospice had implemented a Performance Improvement Plan (PIP) addressing deficiencies in volunteer utilization.
- Volunteer services were reviewed, and gaps in recruitment, tracking, and integration into hospice services were identified and addressed.

Systemic Changes to Prevent Recurrence

- The hospice reestablished formal volunteer recruitment activities, including postings on Idealist.com and outreach using volunteer recruitment brochures.
- Brochures were created for distribution to churches, colleges, and community organizations.
- The Administrator implemented a volunteer tracking system to monitor volunteer hours compared to total patient care hours.

Quality Assessment and Performance Improvement (QAPI) Integration

- A benchmark was established requiring volunteer hours to constitute at least 5% of total patient care hours, consistent with CMS expectations.
- Volunteer utilization is reviewed monthly through QAPI meetings.
- If volunteer utilization falls below benchmark, a corrective PIP will be implemented and monitored by the QAPI committee.

Monitoring and Sustainability

- Volunteer data is reviewed monthly.
 - Findings and trends are documented in QAPI meeting minutes.
 - Ongoing recruitment and program evaluation are incorporated into the hospice operational plan.
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Responsible Party

- Administrator
 - QAPI Committee
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Completion Date

- 04/04/2026
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Administrator Attestation

The hospice affirms that the corrective actions described above have been implemented and will be maintained through ongoing monitoring, policy enforcement, and QAPI oversight to ensure sustained compliance with CMS Conditions of Participation.

