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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	531309	A. BUILDING _____ B. WING _____	R-C 01/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH BIG HORN HOSPITAL DISTRICT	1115 LANE 12 LOVELL, WY 82431

(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
{C 000}	INITIAL COMMENTS A revisit survey was conducted on 1/21/26 through 1/26/26 for all previous deficiencies cited on 4/24/25.	{C 000}		
{C2400}	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 interview, and review of policies and procedures, the facility failed to ensure an appropriate medical screening examination was provided for 1 of 10 sample patients (#5). In addition, the facility failed to ensure a mid-level practitioner consulted with a physician at the time of transfer who agreed with, and subsequently countersigned, the certification for 2 of 2 patients who were transferred (#8, #10). The findings were: 1. Refer to C-2406 for details on the facility's failure to ensure patient #5 was provided an appropriate medical screening examination. 2. Refer to C-2409 for details on the facility's failure to ensure a mid-level practitioner consulted with a physician at the time of transfer who agreed with, and subsequently countersigned, the certification for patients #8 and #10.	{C2400}		
{C2406}	MEDICAL SCREENING EXAM CFR(s): 489.24(a) and 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	{C2406}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 4/1/26

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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{C2406}	Continued From page 1 emergency department", as defined in paragraph (b) of this section, the hospital must- (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	{C2406}		

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{C2406}	Continued From page 2 is pursuant to an appropriate State emergency preparedness plan or, in the case of a public 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 interview and review of policies and procedures, the facility failed to provide an appropriate medical	{C2406}		

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{C2406}	Continued From page 3 screening examination (MSE) to determine if an emergency medical condition (EMC) existed for 1 of 10 sample patients (#5). The findings were: 1. Review of the medical record showed patient #5 presented to the emergency department (ED) on 1/15/26 at 9:51 AM with complaints of bilateral lower leg pain and sweating more than normal. Review of the provider note by family nurse practitioner (FNP) #1 showed the patient stated s/he had experienced pain in both lower legs for the past 3 days, with tenderness in the posterior calves and pain that extended to the tops of his/her feet. The patient also reported increased generalized sweating. The patient denied current dyspnea (shortness of breath) but noted that last week s/he was more short of breath. The provider's physical examination notes showed 2+ nonpitting edema (swelling that feels firm and doesn't leave a lasting dent (pit) when pressed) to both lower extremities and pain with palpation of both calves. The provider's differential diagnoses included DVT (deep vein thrombosis; blood clot), edema, musculoskeletal strain/sprain, inactivity, and other. The provider's note showed the patient was hemodynamically stable (vital signs are within normal ranges). The patient was concerned that the pain in the lower legs may be due to blood clots because of an extended period of inactivity due to being sick. The patient did not take any blood thinning medications. The provider discussed ultrasound imaging to rule out DVT which the patient was agreeable to. The following concerns were identified: a. The provider's note showed "Unfortunately due to current ultrasound imaging scheduled today, study is not able to be completed until around 1 PM. Discussed this with the patient and [s/he] is okay with coming back to radiology	{C2406}		

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{C2406}	Continued From page 4 department to have this performed. I let the patient know that I will call [him/her] with the results once they have been read by a radiologist. [S/he] is agreeable to plan of care moving forward..." b. The provider documented the disposition was "Discharge to home." c. Review of the discharge instructions for the patient showed the patient was evaluated for calf pain in both legs. The instructions read "...As we discussed, I think this is most likely due to increased in activity since you have been sick as well as baseline swelling in your legs...An ultrasound has been ordered to rule out blood clots. Please return to the radiology department after 1 PM today for your scan..." d. Review of the ED disposition documentation showed the patient was discharged home on 1/15/26 at 10:49 AM. e. Further review of the electronic medical record showed no evidence the patient returned to the facility to have the ultrasound imaging. f. Review of an ED provider note dated 1/17/26 (2 days later) showed the patient presented to the ED with complaints of chest pain and left arm pain that started 2-3 hours prior to arrival. The provider documented the patient was in the ED two days prior for bilateral calf pain and was advised to return 2 hours later to have a leg ultrasound, however that was not completed. The patient stated s/he fell asleep and the calf pain had since resolved. The physical exam was positive for sweating. The provider's assessment was non-cardiac chest pain. The provider documented that normal cardiac markers and D-dimer (protein fragment found in the blood that indicates a blood clot has formed and is being broken down by the body) ruled out pulmonary embolism and acute cardiac process. The	{C2406}		

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{C2406}	Continued From page 5 provider documented the differential diagnoses included acute coronary syndrome (a medical emergency caused by sudden, reduced blood flow to the heart). A troponin level (measures level of protein released into blood when the heart muscle is damaged) was drawn at 7:36 PM and was 7.2 ng/L (within the reference range). However, there lacked evidence a second high-sensitivity troponin was drawn to rule out acute coronary syndrome, given that the patient's pain started less than three hours prior to the troponin being drawn. According to the "2022 ACC Expert Consensus Decision Pathway on the Evaluation and Disposition of Acute Chest Pain in the Emergency Department" from the JACC (Journal of the American College of Cardiology) Journals, Vol 80, No 20, a high-sensitivity cardiac troponin should be repeated 3-6 hours after symptoms that were concerning for acute coronary syndrome. g. During an interview on 1/24/26 at 10:19 AM FNP #1 stated the patient was personally concerned about blood clots. However, he had a lower suspicion of DVT because it was in both legs. He stated he gave the patient the choice to stay in the ED or come back for the ultrasound. He stated he explained the risks of going home to the patient, but he was not sure how well he documented that. 2. Review of the facility's "EMTALA Guidelines" policy, reviewed 3/11/25, showed "...1. NBHH will provide an appropriate medical screening exam (MSE), by **qualified medical personnel** and within the capabilities of the emergency department including ancillary services routinely available to the emergency department, to determine if an emergency medical condition exists."	{C2406}		

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C2409	APPROPRIATE TRANSFER CFR(s): 489.24(e)(1-2) (1) General If an individual at a hospital has an emergency medical condition that has not been stabilized (as defined in paragraph (b) of this section), the hospital may not transfer the individual unless - (i) The transfer is an appropriate transfer (within the meaning of paragraph (e)(2) of this section); and (ii)(A) The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer. The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer. (B) A physician (within the meaning of section 1861(r)(1) of the Act) has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based; or (C) If a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its bylaws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section 1861(r)(1)	C2409		

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C2409	Continued From page 7 of the Act) in consultation with the qualified medical person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based. (2) A transfer to another medical facility will be appropriate only in those cases in which - (i) The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child; (ii) The receiving facility (A) Has available space and qualified personnel for the treatment of the individual; and (B) Has agreed to accept transfer of the individual and to provide appropriate medical treatment. (iii) The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required under paragraph (e)(1)(ii) of this section, and the name and address of any on-call physician (described in paragraph (g) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after	C2409		

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C2409	Continued From page 8 transfer; and (iv) The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer. This STANDARD is not met as evidenced by: Based on medical record review, staff interview, and review of policies and procedures, the facility failed to ensure a mid-level practitioner consulted with a physician at the time of transfer who agreed with, and subsequently countersigned, the certification for 2 of 2 patients who were transferred (#8, #10). The findings were: 1. Review of the medical record showed patient #8 presented to the emergency department (ED) on 12/28/25 with complaints of a fall after passing out. Review of the note by the provider, family nurse practitioner (FNP) #1, showed a CT (computed tomography) scan showed a fracture of C7 (cervical) vertebra. A consultation was done with a physician at another hospital who agreed to accept the patient as a transfer. The following concerns were identified: a. Review of the transfer certification dated 12/28/25 showed it was signed by FNP #1. There lacked a countersignature by a physician. b. During an interview on 1/24/26 at 10:19 AM FNP #1 stated they do not have a physician sign the transfer certification. He stated they consult with a physician at the receiving facility. 2. Review of the medical record showed patient #10 presented to the ED on 12/26/25 with a complaint of a severe headache. Review of the note by the provider, physician assistant (PA) #1, showed a consultation was done with a	C2409		

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C2409	Continued From page 9 neurologist at another hospital. The neurologist reviewed the CTA (computed tomography angiography) and was concerned about the basilar artery with possible occlusion (blockage) or stenosis (narrowing of artery). The neurologist recommended transfer. The following concerns were identified: a. Review of the transfer certification dated 12/26/25 showed it was signed by PA #1. There lacked a countersignature by a physician. b. During an interview on 1/22/26 at 11:09 AM PA #1 stated the facility did not have any physicians who worked in the ED. He stated they do not have a physician countersign the transfer certification. He stated they consult with a physician at the receiving facility. 3. On 1/22/26 at 11:12 AM the medical director of the ED stated physicians do not countersign the transfer certifications. He stated there were no physicians who took call in the ED. 4. Review of the EMTALA policies provided by the facility showed they did not include having a provider consult a physician at the time of transfer who would agree with, and later countersign, the transfer certification.	C2409		

NORTH BIG HORN HOSPITAL DISTRICT

PLAN OF CORRECTION

CMS Certification Number: 531309

Survey Dates: January 21–26, 2026 (Revisit)

Submitted by: Eric Connell, Administrator

This Plan of Correction addresses the continued non-compliance cited under:

- **42 CFR §489.20 – Commitments Relevant to Section 1867 Responsibilities (A2400 / C2400)**
- **42 CFR §489.24 – Appropriate Medical Screening Examination (A2406 / C2406)**
- **42 CFR §489.24 – Appropriate Transfer (A2409 / C2409)**

The plan corrects the specific deficiencies, identifies the processes that led to them, details implementation steps, establishes monitoring to prevent recurrence, and designates responsible individuals. All actions will be completed no later than April 9, 2026, with ongoing monitoring thereafter.

1. TAG A2406 / C2406 – MEDICAL SCREENING EXAMINATION

Deficiency Summary (from survey)

The facility failed to provide an appropriate medical screening examination (MSE) within its capabilities (including ancillary services routinely available) for 1 of 10 sampled patients (#5). The patient presented with bilateral lower leg pain and sweating; ultrasound to rule out DVT was ordered but deferred to later the same day, the patient was discharged without it, did not return as instructed, and presented two days later with chest pain. Documentation of risk discussion, shared decision-making, and stabilization efforts was insufficient. EMTALA policy (reviewed 3/11/25) addressed MSE but lacked sufficient detail on timely use of ancillary services and documentation expectations.

Root Cause:

- Provider (mid-level) did not consistently ensure ancillary services (e.g., ultrasound) were completed prior to disposition when within ED capability.
- Inadequate documentation of risks/benefits of discharge vs. observation/transfer and shared decision-making.
- Lack of standardized education on best-practice options when diagnostics are delayed (e.g., empiric anticoagulation + outpatient follow-up, patient hold in ED, or transfer).

Plan of Correction / Corrective Action:

a. **Policy Revision:** The EMTALA Guidelines policy will be revised by April 8, 2026, to require: (1) completion of all ordered ancillary services (lab, imaging, etc.) within ED capability prior to discharge when possible; (2) documented shared decision-making/risk discussion when deferral occurs; and (3) clear alternatives (hold patient, start empiric treatment if indicated, or transfer for immediate diagnostic if emergent).

b. **Education:** Will be held on Wednesday April 8, 2026, the ED Medical Director/Trauma Medical Director will provide mandatory education to all ED providers (mid-level practitioners and physicians) on EMTALA MSE requirements, timely ancillary service use, documentation standards, and best-practice options for delayed diagnostics (e.g., the #5 scenario). Education will include case review of patient #5. Attendance will be documented with sign-in sheets.

Implementation Procedure:

- Policy revision completed and approved by Medical Executive Committee/Board by April 8, 2026.
- Education session scheduled and completed on April 8th (CEO coordinates logistics; ED/Trauma Medical Director to deliver content).

Monitoring Procedure:

- ER/Trauma Coordinator will audit 100% of all ED transfers (and any ED discharge where a diagnostic study was ordered but not completed prior to disposition) for the first 3 months (April–June 2026) to verify MSE compliance, including ancillary services, documentation, and disposition decisions.
- After 3 months, ongoing monitoring will consist of review of a minimum 25% random sample of ED transfers (and any ED discharge where a diagnostic study was ordered but not completed prior to disposition) monthly (or 100% if monthly volume <40 visits), with

focused review of high-risk presentations (chest pain, leg pain/swelling, suspected DVT/PE, etc.). Audits will use a standardized tool and will be reported quarterly to the Quality Assessment/Performance Improvement (QAPI) Committee.

- Non-compliant cases will be referred to peer review and the QAPI Committee for immediate corrective action.

- Monitoring results will demonstrate sustained compliance (>95% for 3 consecutive months) or trigger re-education and intensified auditing.

Person(s) Responsible:

ER/Trauma Coordinator (monitoring and audits);

CEO, Administrator (overall implementation and policy approval);

ED Medical Director/Trauma Medical Director (education content and delivery).

2. TAG A2409 / C2409 – APPROPRIATE TRANSFER

Deficiency Summary (from survey)

The facility failed to ensure a mid-level practitioner consulted with a physician at the time of transfer who agreed with and subsequently countersigned the certification for 2 of 2 transferred patients (#8, #10). Transfer certifications were signed only by the mid-level practitioner. EMTALA policy did not address the physician consultation/countersignature requirement. Interviews confirmed no physicians countersigned transfers; consultation occurred only with the receiving facility.

Root Cause:

- Policy lacked specific language requiring physician consultation and countersignature when a mid-level practitioner initiates a transfer.

- No process existed to ensure real-time physician involvement (consultation and later countersignature) for transfers initiated by mid-levels.

- Inconsistent understanding of 42 CFR §489.24(e)(1)(ii)(C) requirements.

Plan of Correction / Corrective Action:

a. **Policy Revision:** The Transfer policy will be revised by April 8, 2026, to require: (1) mid-level practitioners must consult with a physician (ED Medical Director, on-call physician, or

designated consulting physician) at the time of transfer; (2) the physician must agree with the transfer; and (3) the physician must subsequently countersign the transfer certification form. The policy will include the required elements of the certification (risks/benefits summary) and documentation of the consultation.

b. **Education:** On April 8, 2026, the CEO in conjunction with the ED/Trauma Medical Director will provide mandatory education to all physicians who may consult on transfers and all ED mid-level providers on the revised transfer certification process, including real-time consultation and countersignature requirements.

c. **Immediate Systemic Change:** A revised Transfer Certification Form (with dedicated physician consultation/countersignature section) will be implemented April 1, 2026. Mid-levels will be instructed not to finalize transfers without documented physician consultation.

Implementation Procedure:

- Policy and form revisions completed and approved by April 1, 2026.
- Education will be completed April 8, 2026.
- Revised form and process effective April 1, 2026.

Monitoring Procedure:

- ER/Trauma Coordinator, will audit 100% of all transfers for the first 3 months (April–June 2026) to verify physician consultation occurred at the time of transfer and that the certification was subsequently countersigned by a physician.
- After 3 months, ongoing monitoring will consist of review of 50% of all transfers monthly, with results reported quarterly to the QAPI Committee.
- Any deficiency will trigger immediate re-education, peer review, and corrective action. Sustained compliance (>95% for 3 consecutive months) will be required before reducing audit frequency.

Person(s) Responsible:

ER/Trauma Coordinator (monitoring and audits);

CEO (overall implementation, policy approval, and education coordination).

ED Medical Director/Trauma Medical Director (education content and delivery).

3. TAG A2400 / C2400 – OVERALL COMPLIANCE WITH §489.24

The above corrective actions for A2406 and A2409 fully address the overarching commitment under §489.20(l) and §489.24. No separate actions are required beyond the integrated policy revisions, education, and monitoring described.

Overall QAPI Integration & Reporting:

All monitoring data (audits, peer review findings, education completion) will be aggregated and reported to the QAPI Committee monthly for the first 3 months, then quarterly. Trends will trigger further action (e.g., additional education or process changes). The facility's EMTALA compliance will remain a standing QAPI agenda item until CMS verifies sustained compliance.

Completion Dates:

All corrective actions (policy revisions, education, form implementation, initial audits) will be completed by April 9, 2026. Ongoing monitoring begins immediately thereafter.

Responsible Individual for Overall Plan Implementation:

Eric Connell, Administrator