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

FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53C0001006	A. BUILDING B. WING	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Bone and Joint Ambulatory Surgical Center	1909 Vista Drive , Laramie, Wyoming, 82070

(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
Q0000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 4/6/26 through 4/8/26. Also reviewed in the course of the survey was complaint intake 2721423.	Q0000		
Q0181	ADMINISTRATION OF DRUGS CFR(s): 416.48(a) Drugs must be prepared and administered according to established policies and acceptable standards of practice. This STANDARD is NOT MET as evidenced by: Based on observation, staff interview, and policy and procedure review, the facility failed to ensure medications were inaccessible to unauthorized persons in 1 of 2 emergency medication carts (Building A Post-Anesthesia Care Unit (PACU)). The findings were: 1. Observation on 4/8/26 at 9:30 AM showed an emergency medication cart in Building A in the PACU hall. At that time the surgery technologist supervisor revealed the operating area was not currently in use. The medication cart had a break-away lock on all but the top drawer. The top drawer had an opened bag of numbered break-away locks. The surgery technologist supervisor broke the break-away lock on the remaining drawers for further observation. The medication drawer showed it contained two 10 milliliter (ml) vials of aminophylline (a bronchodilator) which had expired on 2/28/26; three 10 milligram (mg) syringes of epinephrine (used to treat allergic reactions) which had expired on 1/31/26; one box of 2-unit epinephrine injection 0.3 mg single dose auto injection vials which had expired on 2/26/26; and two 0.4 mg/ml vials of naloxone (an opioid antagonist) which had expired on 2/28/26. In addition, the drawer contained an emergency drug kit. 2. Interview with surgical technologist supervisor at the time of the observation revealed the area was used	Q0181	In response to Q0181: 1. The building A crash cart will be secured when ASC RNs are not in the building, with only authorized staff given ability to access, starting 4/13/26. 2. The building A crash cart will have an inventory check completed monthly by ASC RNs, to ensure there are no expirations. Initial crash cart check to be completed by 4/30/2026. 3.Monthly audit of Accurate Accreditation to ensure crash cart checks are completed and no expirations is assigned to the Pre-op/PACU Lead RN. The results of the audits will be reported to the QAPI committee monthly after completion.	

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other ifeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 ys 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 lowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program rticipation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	ASC Director	4-23-26

A voicemail was left for Gail Christensen on 4/27/26 at 1:57 pm to inform her of the acceptance of this plan of correction. Jean Tomic 4/27/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53C0001006	A. BUILDING B. WING	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Bone and Joint Ambulatory Surgical Center	1909 Vista Drive , Laramie, Wyoming, 82070

(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
Q0181	Continued from page 1 for education and training. Further, she revealed that anyone could get in and take the medications and confirmed someone had put new medications in the drawer to replace the expired medications, and had reattached the break-away lock. 3. Interview with registered nurse (RN) #1 on 4/8/26 at 10:05 AM revealed the emergency medication cart in building A was last checked on 11/19/25, and charting to track the medication chart was turned off in Accurate Accreditation (an internet-based software system) in 12/2025. RN #1 confirmed there was not a current system in place to monitor the medication chart. 4. Review of policy "Medication Storage and Preparation Area", hand delivered on 4/8/26 at 10 AM by the surgical technologist supervisor, showed "...Protection of Drugs and Records: All personnel on duty shall protect drugs and records and shall guard against the theft or diversion of drugs. Requirement for Local Storage: Local storage units shall be provided for each drug storage area throughout the Ambulatory Surgery Center (ASC). Drugs shall be kept in locked storage area or be inaccessible to unauthorized individuals..."	Q0181		
Q0220	NOTICE - POSTING CFR(s): 416.50 ... The ASC must also post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients waiting for treatment or by the patient's representative or surrogate, if applicable. This STANDARD is NOT MET as evidenced by: Based on observation and staff interview, the facility failed to ensure a written notice of patient rights was posted in the patient waiting area in 1 of 2 care buildings (Building B). The findings were: 1. Observation on 4/6/26 at 9:50 AM showed the Building B patient waiting area had failed to have a posting of the patient's bill of rights. 2. Interview with co-director #1 on 4/6/26 at 2:55 PM revealed the patient's bill of rights was supposed to be on the wall by the admission desk. Co-director #1 confirmed there was no evidence of the posting in the	Q0220	In response to Q0220: 1. The Patient's Bill of Rights was posted at the surgery center front desk as of 4/8/26. 2. A random audit to ensure the Patient's Bill of Rights is posted will be completed once monthly for 4 months. If failure in compliance is identified, audits will continue as deemed necessary until compliance is reached. This is assigned to the Clinical Education Coordinator. The results of the audits will be reported to the QAPI committee monthly after completion.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53C0001006	A. BUILDING B. WING	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Bone and Joint Ambulatory Surgical Center	1909 Vista Drive , Laramie, Wyoming, 82070

(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
Q0220	Continued from page 2 patient waiting area.	Q0220		
Q0234	CONFIDENTIALITY OF CLINICAL RECORDS CFR(s): 416.50(g) The ASC must comply with the Department's rules for the privacy and security of individually identifiable health information, as specified at 45 CFR parts 160 and 164. This STANDARD is NOT MET as evidenced by: Based on observation, staff interview, and policy and procedure review, the facility failed to ensure the confidentiality of patient medical records. The findings were: 1. Observation on 4/6/26 at 10:05 AM showed an exam room by the pre-operative nurses' desk was used as an office. The sliding door failed to have a lock on it. Inside the area was an open cabinet with patient records present. Observation on 4/6/26 at 2:45 PM showed a staff member came into the exam room, lifted the file cabinet door, took out a patient record, looked at the record, and returned it back to the cabinet without locking the cabinet. 2. Interview with co-director #1 on 4/6/26 at 10:05 AM confirmed the charts in the unlocked cabinet were patient medical records and were accessible by anyone. 3. Review of the policy "Protection and Availability of Medical Records, hand delivered by co-director #1 on 4/6/26 at 11:15 AM, showed "...The ASC shall safeguard the information in the medical record against loss, defacement, tampering, or use by unauthorized persons...Medical records shall be filed in a secure, accessible manner in a designated location, within the ASC or within PBJC."	Q0234	In response to Q0234: 1. The preop office cabinet containing charts will have a lock installed and keys will be distributed to only authorized staff by 4/24/26. 2. Random audits to ensure the cabinet is locked while not actively in use will be performed once a week x 4 weeks, then monthly x 3 months. If failure in compliance is identified, audits will continue as deemed necessary until compliance is reached. This is assigned to the Clinical Education Coordinator. The results of the audits will be reported to the QAPI committee monthly after completion.	