Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF021	A. BUILDING: _____ B. WING _____	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING PIONEER HOME	141 PIONEER HOME DRIVE THERMOPOLIS, WY 82443

(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) COMPLETE DATE
S 000	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 08/24/2020. Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001. A licensure survey was conducted by Healthcare Licensing and Surveys from 2/23/26 through 2/25/26. Also reviewed in the course of the survey were complaint intakes LIC-26-027, LIC-24-083, LIC-24-069 and LIC-24-066. Abbreviations used in this document: CNA: Certified Nurse Aide LPN: Licensed Practical Nurse Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5004	Ch 12 Sec 6 (e) Personnel and Staffing Requirements (e) Personnel Policies and Records. (i) Management shall provide new employee orientation and education regarding resident rights, evacuation, and emergency procedures, as well as training and supervision designed to improve resident care. (ii) A record for the manager and each employee shall be maintained and contain at a minimum, the following information: (A) Name, current address and telephone number;	S5004	Julie Hoffman 3-19-26 TITLE Administrator	

3/31/26 - I spoke to the administrator, Julie Hoffman, and informed her the plan would be accepted with an alleged date of compliance of 3/19/26. Date of compliance added to POC. Tim

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S5004	Continued From page 1 (B) Social Security Number; (C) Education; (D) Work experience, documentation of reference checks; (E) Date of employment; (F) Position in the assisted living facility (job description); (G) Documentation of tuberculin testing; (H) Orientation checklist; (I) I-9, (Employment Eligibility Verification); (J) W-4, (Employee's Withholding Allowance Certificate); (K) Licensure, Certification, or Credentials; (e.g., RN, LPN, CNA, etc.); (L) Documentation of all completed background and Central Registry background check with no offenses. This State Rule and Regulation is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure new employee orientation was provided to 1 of 7 sample employees (#1) reviewed for personnel records. The findings were: 1. Review of the personnel record for LPN #1 showed no evidence new employee orientation	S5004	Julie Hyde 3.19.26 Administrator	

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S5004	Continued From page 2 was provided prior to resident contact. 2. Interview with the administrative assistant on 2/24/26 at 10:17 AM confirmed the LPN was working with residents and the facility did not have evidence new employee orientation was provided.	S5004		
S5009	Ch 12 Sec 7 (b)(iv) Assisted Living Facility (ALF) Core Services (b) (iv) Frequency of assessment. An assessment must be conducted: (A) No earlier than one (1) week prior to admission; (B) Immediately upon any significant change in the resident's mental or physical condition; or (C) No less than once every twelve (12) months. This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure an assessment was completed immediately upon any significant change for 1 of 6 sample residents (#10) reviewed for frequency of assessments. The findings were: 1. Review of the medical record for resident #10 showed the resident admitted to the facility on 12/16/25 with diagnoses which included hypertension, mild cognitive impairment, atrial fibrillation, history of venous thrombosis and embolism, and diverticulosis. The following	S5009	Julie Walker 3-19-26 Administrator	

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S5009	Continued From page 3 concerns were identified: a. Review of the progress notes showed resident #10 showed the resident did not have any change in condition between 12/16/25 and 1/17/26. b. Review of a progress note dated 1/17/26 at 8:59 PM showed "This nurse found resident walking halls with no shoes or socks on yelling out and whistling for [his/her] dog [name]. Resident stated [s/he] needed to find [his/her] dog so [s/he] could feed her. Redirected resident and walked with [him/her] to [his/her] room. Had resident changed into [his/her] nightgown. Due to resident's confusion and insistence on finding [his/her] dog this nurse told resident [his/her] 'granddaughter picked up [his/her] dog earlier" and that 'I would call [his/her] granddaughter to make sure [name] is safe and has food.' Resident seemed less anxious after this visit and went to bed. c. Review of a progress note dated 1/23/26 and timed 7:39 PM showed "res was observed with a bluish colored bruise to [his/her] left temple, by [his/her] tablemate , during meal time, res stated that [s/he] fell in [his/her] bathroom this am, and bumped [his/her] head, res denies pain or discomfort at this time , neuros appear to be at baseline, when questioned about how [s/he] got off of the floor , res stated 'I managed' res reminded to let staff know if she has any falls etc. [s/he] agreed." d. Review of a progress note dated 1/24/26 and timed 12:48 PM showed "Resident found on the floor when CNA went to get [him/her] for lunch. [S/he] denied injury and none is noted at this time. Large amount of BM [bowel movement] was smeared on floors in all areas of the room and res. states [s/he] 'slipped in the mess.' Assisted up with 2 assist. Room stripped of soiled linen and res. clothes. CNA will assist with shower	S5009	Julie Hefner 3-19-26 Administrator	

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S5009	Continued From page 4 and bring to NS [nurse's station] for lunch tray and V/S. Son, [name] notified by message with request to call facility for details." e. Review of a progress note dated 1/25/26 and timed 9:46 AM showed "Resident came to NS [nursing station] about 0915 to report [s/he] had another large incont. BM in [his/her] room. [S/he] also requested some 'Cheerios' because [s/he] was hungry. Fed [him/her] in NS then CNA assisted with showering and room clean up. Denies falling today. States 'no, I didn't go skating in it today.' Requested a 'diarrhea pill.' Immodium [sic] 1 tab given." f. Review of a progress note dated 1/25/26 and timed 6:51 PM showed "Resident to dining room for supper, only ate 2 bites of [his/her] sandwich and left. Dining room staff reports resident hasn't eaten much over the past 2 days at meals. Left the dining room early and went to room to go to bed." g. Review of a progress note dated 1/28/26 and timed 9:50 AM showed "Resident reported to CNA that [s/he] had fallen in the night but had been able to get [him/herself] up and back to bed. This AM [s/he] stated, 'I'm sure my leg is broken. It hurts very bad.' V/S taken and recorded. Ambulance called for transport to [facility initials] ER [emergency room] for evaluation. Son, [name], Notified of fall and transfer." h. Review of a progress note dated 1/28/26 and timed 11 AM showed "Returns from [facility initials] ER with discharge instruction that report x-rays of left hip and leg are negative for fracture. [His/Her] labs showed low potassium and [s/he] was given oral potassium in the ER. [S/he] is [sic] f/u [follow up with PCP within 1 week and have lab rechecked on 2/4/25. MD [medical doctor] also ordered Lidocaine Patch 5% to hip/leg area daily for pain. Able to walk to [his/her] room with 4-wheeled walker without difficulty."	S5009	Julie Hoffman 3-19-26 Administrator	

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S5009	Continued From page 5 i. Review of a progress note dated 1/31/26 and timed 7 AM showed "Per night CNA: 'On 12am rounds resident was checked on and appeared asleep in [his/her] recliner.' 'On 2 am rounds resident still appeared asleep in [his/her] recliner but was slightly rocking [his/her] recliner' 'On 4 am rounds resident was found laying on the bathroom floor unresponsive.' 'Felt for a pulse and could not find a pulse at 0427.' 'The walker was in the bathroom with resident' 'Called the Nurse Manager and Am Nurse at 0428' 'Called 911 at 0430 for EMS [emergency medical services]' 'Notified both emergency contacts for resident at 0438 and 0444' 'They both returned phone call' 'When EMS arrived, they pronounced the resident deceased at 0450' 'Notified 911 again at 0458 stating a law enforcement officer was needed at the facility per policy of an unwitnessed death and that EMS already pronounced [him/her] deceased' 'Police arrived at 0539 to do their investigation' 'The coroner came at 0610 and left with the resident at 0630' 'The family arrived at the facility shortly after 0500' 'The family stayed outside the resident's door until the coroner left' The nurse manager notified Facility Manager of the unattended death." j. Review of the medical record showed no evidence an assessment was completed following a change in the resident's condition. 2. Interview with the nurse manager on 2/24/26 at 2:58 PM revealed resident #10 was at the facility for a short-period of time and the only interventions implemented were for checks to be performed every two hours. Further interview revealed no additional interventions were implemented after the resident began having falls, increased confusion, and increased incontinence.	S5009	Julie Hefley 3-19-26 Administrator	

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S5009	Continued From page 6 3. Interview with the administrator on 2/24/26 at 10:26 AM revealed when resident #10 began having falls, the facility implemented checking on the resident to ensure s/he was safe. 4. Interview with the nurse manager on 2/25/26 at 11:14 AM confirmed a change condition assessment was not completed for resident #10 and should have been. 5. Review of the facility policy titled "Initial and Annual Assessment Nursing Services Charting Section" last revised on 7/9/23 showed "...3. An assessment will be completed after any significant change in the resident's mental or physical condition..."	S5009	Jali Hefle 3-19-26 Administrator	

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Resident/Patient/Client List

Facility Name: Wyoming Pioneer Home

Standard and/or Abbreviated Survey

Beginning Date: 2/23/2026 Ending Date: 2/25/2026

HIPAA Information Disclosure

During this regulatory event, the following Protected Health Information for these listed individual(s) was or may have been used or reviewed by Wyoming Department of Health, Aging Division, Healthcare Licensing and Surveys staff: the individual(s') medical or personal records; and/or interviews with family members, covered entity staff or other outside parties such as clergy, volunteers, Ombudsmen, physicians, clinicians, et al., about the individual(s') care, medical and mental condition, and daily living conditions and activities.

Identifier #	Name
1	Sarah Miller
2	Juan Romero
3	Raymond Lough
4	Alice Peterman
5	Edward Rettman
6	Carolyn Anderson
7	Jeannette Eckstein
8	Sally McEachern
9	Owaeta Martin
10	Doris Hurlburt
11	Connie Taylor
12	Teresa Souza
13	Michael Thomason
14	Marilyn Barham
15	Cheri Salberg

Wyoming Pioneer Home
141 Pioneer Home Drive
Thermopolis, Wyoming 82443
February 25, 2026
Ref: LH -2026-0242

S5004

1. All Residents had the potential to be affected. No residents were identified as being affected.
2. No other residents were identified as being affected.
3. All employee files have been audited. This process was completed on 3-5-2026. All employees currently working in the facility have all required documents in place. LPN#1 is currently out of the facility and we are not allowed to contact her. She has been out since 1-11-26. Prior to her return she will complete a New Employee Orientation training with a checklist. In addition, another staff member currently out of the facility needs a document to complete her file. This will also be completed the first day of her return. A new policy has been developed along with an updated checklist for hiring procedures and documentation and a tool to submit to QAPI.
4. In-services were conducted with all staff who are involved with hiring new employees. This was completed on 3-16-26. This training includes review of the new policy, deadlines and tool.

Julie Hoffman 3-19-26 Administrator

Wyoming Pioneer Home
141 Pioneer Home Drive
Thermopolis, Wyoming 82443
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S5004 (cont.)

(3. continued) The facility created a new policy and updated a tool used for hiring new employees to ensure that each step is completed and that the New Employee Orientation Checklist is complete and filed in the new employees file along with other required paperwork for all eligible new hires.

4. Executive Assistant and/or designee will have all required paperwork submitted to them within 7 days of the new hire start date. The file will be audited and reviewed on that day with follow-up e-mail to administrator to ensure completion. Results will be presented at the next monthly QAPI meeting following start date. The QAPI committee will evaluate the results to determine if the current plan of correction is effective or if additional audits and/or education is needed and will revise plan as necessary to ensure compliance.

5. Executive Assistant and/or designee will audit three employee files per month and report the results at each monthly QAPI meeting for the next 12 months beginning on April 6, 2026. Additionally, the two remaining employee files will be fully updated following their return to work. The QAPI committee will evaluate the results to determine if the current plan of correction is effective or if additional audits and/or education is needed and will revise plan as necessary to ensure compliance.

Julie Hafer 3-19-26 Administrator

Wyoming Pioneer Home
141 Pioneer Home Drive
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February 25, 2026
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S5091

1. Resident #10 was identified as being affected.
2. No other residents were identified as being affected. All residents have the potential to be affected.
3. Three facility policies have been developed or updated and implemented on March 9, 2026 to rectify tag S5091. These include a Resident Change of Condition (COC), Resident Falls, and an Admission to Nursing Services.
4. The first is a Resident Change of Condition (COC) policy. This establishes guidelines for an RN to complete the new Resident Change of Condition Summary along with an ALF 102. If it is determined to be necessary the resident will be admitted to the nursing wing for 24-hour monitoring and observation for up to 5 days. All COC summaries will be audited monthly and reviewed in the monthly QAPI meeting for 60 days.
5. A new Fall policy was developed that sets more detailed guidelines for resident monitoring and support with 2-hour checks (new tool) initiated following the initial fall and if there is another fall within 7 days resident will move to nurse's lane for 24-hour monitoring and observation for up

Julie Hoffman 3-19-26 Administrator

S5091 (cont.)

5. (continued) to five days. Following a resident fall nursing staff will complete the Fall Investigation Report. This report was developed to ensure that a thorough investigation is completed and will aid in auditing and determining the root cause of the fall.
6. Admission to Nursing Services shall be determined at the discretion of the Nurse Manager and/or Charge RN when a resident is not at their baseline, or If a resident triggers from two falls, or a COC.
7. In-services were conducted with all WPH staff regarding the three new and updated policies along with the Fall Investigation Report and the Change of Condition. These trainings were completed by 3-19-2026.
8. DON and/or designee will audit resident COC and Falls investigation reports weekly and report to facility manager for the next 60 days to monitor compliance. In addition, Falls and COC results will be brought to monthly QAPI meeting. The committee will evaluate results to determine if the current plan of correction is effective or if additional audits and/or education is needed and will revise plan as necessary to ensure compliance.

Julie Hahn 3-19-26 Administrator

Per call with administrator the alleged date of compliance is 3/19/26. TMLong