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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 537085	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healing Hearts Home Health	**902 E 3rd St, Ste 200 , Gillette, Wyoming, 82716**

(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
E0000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 5/7/26. Based upon the findings of the survey, it was determined that no deficiencies were identified pertaining to the Emergency Preparedness Rule.	E0000		
G0000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 5/4/26 to 5/7/26. Also reviewed in the course of the survey was complaint intake 2965761.	G0000		
G0372	Encoding and transmitting OASIS CFR(s): 484.45(a) Standard: An HHA must encode and electronically transmit each completed OASIS assessment to the CMS system, regarding each beneficiary with respect to which information is required to be transmitted (as determined by the Secretary), within 30 days of completing the assessment of the beneficiary. This STANDARD is NOT MET as evidenced by: Based on review of the iQIES Report "HHA Error Summary by Agency" report and the facility submission error report, and staff interview, the agency failed to ensure timely OASIS assessment submission for 21 patients (#8, #18, #19, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #unknown). The finding were: Review of the iQIES report "HHA Error Summary by Agency" report showed the agency had submitted 21 patient assessments which resulted in error code -3330, which indicated the assessment was submitted late. Review of the agency submitted error report showed 20 patients' (#8, #18, #19, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #unknown) OASIS assessments were submitted late. The 21st patient name was not listed on the report.	G0372	**Assistant Director of Nursing, Biller, or Designee tracks Pending OASIS Report showing OASIS completion dates and status, daily for successful completion of OASIS. Assistant Director of Nursing or Designee to notify clinicians of late OASIS submissions via Teams or email of timeliness and expectations of 24-hour completion. Once OASIS is completed, electronic medical record automatically transfers all OASIS to the OASIS Review team. Assistant Director of Nursing to implement a 7-day lock goal with OASIS Review team on 05/26/2026. Clinical Lead, Biller, or Designee will present at weekly accountability meeting any unlocked OASIS at or over 15-days. All OASIS out of compliance will be investigated by Clinical Lead, Biller, or Designee for successful submission of OASIS. Assistant Director of Nursing on 05/26/2026 pulled OASIS Audit Report to confirm that there is no OASIS out of 30-day compliance. Clinical Lead or Designee to complete training with office personnel at weekly accountability meeting on 05/28/2026 to review all OASIS processes from admission to successful completion of timely OASIS submission. Performance improvement plan created on 05/26/2026 by Healing Hearts Quality Assurance team with goal of 100% compliance through 9/30/2026.**	**06/30/2026**

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	TITLE	(X6) DATE

6/11/26 2:25 PM PDT - accepted, talked w admin

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G0372	Continued from page 1 Interview with the administrator on 5/7/26 at 8:45 AM revealed the agency was aware of the 21 late submissions, and was working towards a 100% timely submission.	G0372		
G0436	Receive all services in plan of care CFR(s): 484.50(c)(5) Receive all services outlined in the plan of care. This ELEMENT is NOT MET as evidenced by: Based on medical record review, staff interview, and policy review, the facility failed to ensure clients received care in accordance with the plan of care for 5 of 35 patients (#14, #16, #17, #20, #32) reviewed. The findings were: Review of the plan of care for the certification period 10/27/25 through 4/30/26 showed patient #16 was supposed to receive skilled nursing one time per week. Review of the medical record showed no skilled nursing visits for the weeks of 2/1/26 or 2/8/26. Review of communication notes showed no notes regarding a missed nurse visit for those dates. Interview with the administrator on 5/7/26 at 1:46 PM revealed the calendar showed missed nursing visits for those two weeks, but there was no narrative note to show why the visits were missed. 2. Review of the plan of care for the certification period 10/27/25 through 3/25/26 showed patient #17 was supposed to receive home health aide services five times per week. Review of the medical record showed only four home health aide visits the week of 2/8/26. Review of communication notes showed no notes regarding a missed home health aide visit that week. Interview with the administrator on 5/7/26 at 1:46 PM revealed the calendar showed a missed visit on 2/11/26 but there was no narrative note to show why the visit was missed. 3. Review of the plan of care for the certification period 6/1/25 through 3/31/26 showed patient #20 was supposed to receive home health aide services five times per week. Review of the medical record showed only four home health aide visits the week of 2/15/26. Review of communication notes showed no notes regarding a missed home health aide visit that week. Interview with the administrator on 5/7/26 at 1:46 PM revealed the calendar showed a missed visit for 2/17/26 but there was no narrative note to show why the visit was missed.	G0436	**Clinical Lead or Designee to hold all staff in-service on 06/02/2026 to educate on correct missed visit documentation, reassign visit process, and decline visit process. Clinical Lead or Designee to meet one on one with scheduler who manages all missed visit documentation communication to Doctor. Educate on proper missed visit documentation by 06/01/2026. Scheduler or Designee will share missed visit report results during weekly office meeting. Any out of compliance clinicians will be addressed by Scheduler or Designee to correct applicable notes. Scheduler or Designee will report to Clinical Lead or Designee regarding all non-compliant clinicians in reference to the performance improvement plan per the Quality Assurance team. Performance improvement plan goal to include 100% clinician compliance with missed report documentation. Scheduler to perform this missed visit compliance monitoring per the performance improvement plan on all current patients as of 06/01/2026 training. Quality assurance performance improvement plan completion goal of 09/30/2026 with 100% compliant clinicians.** This plan of action applies to patient 14, 16, 17, 20, 32, and all other current and future patients. all audits findings will be reported and reviewed by QA	**06/30/2026**

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G0436	Continued from page 2 4. Review of the plan of care for the certification period 11/1/25 through 8/31/26 showed patient #32 was supposed to receive skilled nursing every two weeks. Review of the medical record showed a skilled nurse visit on 12/4/25, a narrative note dated 12/26/25 which showed the patient did not answer the door, and then a note dated 1/22/26 which showed the patient was requesting discharge. Interview with the administrator on 5/7/26 at 1:46 PM revealed the calendar showed no answer at the door on 12/19/25 and 1/2/26. He stated the 1/15/26 visit was marked as "declined and not reassigned" which meant the staff declined the visit and it was not reassigned to another staff. 5. Review of the plan of care for the certification period 9/29/25 through 11/27/25 showed patient #14 was supposed to receive skilled nursing services one time per week. Review of the medical record showed no skilled nursing visits between 9/29/25 and 10/14/25. Review of the communication notes showed no notes regarding missed skilled nursing visits between those dates. Interview with the administrator on 5/7/26 at 12:56 PM confirmed no skilled nursing visits occurred between 9/29/25 and 10/14/25 and verified there were no notes regarding why the visits were missed. 6. Review of the facility's policy "Patient Bill of Rights," policy 2-002.1, revised July 2025 showed "...F. The organization shall ensure that the patient receives all services outlined in the plan of care."	G0436		