Wyoming Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(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
S0000	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Home Health Agencies, Chapter 9, effective 10/15/2001. Rules and Regulations for Licensure of Home Health Agencies, Chapter 10, effective 11/01/2001. A licensure 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.	S0000		
S1917	Homemaker CFR(s): Ch 9 Sec 7 (b)(ii) (b) The homemaker assists with instrumental activities of daily living, such as housekeeping and homemaking services, in order to preserve a safe, sanitary home and to enhance family life. The homemaker does not provide any personal care. (ii) Written service plan instructions to the homemaker shall be provided by the supervising professional This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on medical record review, staff interview, and review of policies, the facility failed to ensure housekeeping services were provided in accordance with the written plan for 2 of 6 sample patients reviewed (#34 and #35). The findings were: Review of the plan of care for the certification period for 1/1/26 through 12/31/26 showed patient #35 was supposed to receive homemaking services twice per week. Review of the medical record showed only one visit for the week of 1/11/26. Review of communication notes showed no note regarding missed visits for that week. During an interview on 5/7/26 at 1:46 PM the administrator confirmed a missing visit for the that week and stated there was	S1917	**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 or Designee 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.** **Clinical lead or Designee to hold in-service on 06/02/2026 to educate on proper use of coordination note and admission narrative to communicate authorized homemaking services as followed by plan of care, authorization request, and/or patient request of homemaker hours. Updated plan of care with doctor ordered verbiage to reflect accurate and correct plan of care delivery. Clinical Lead or Designee to audit all plan of cares for compliance of verbiage for homemaker services. Completion goal of 09/30/2026 with 100% compliant plan of cares.**	06/30/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

6/11/26 2:25PM PC accepted, talked with Stephanie

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S1917	Continued from page 1 no narrative note to explain why the visit was missed. Review of the Medicaid waiver service review for the period 8/1/24 through 7/31/25 showed patient #34 was supposed to receive 3 hours of homemaking services per week. Review of visit notes from 2/25/25 through 4/8/25 showed the patient received services twice per week, with each visit being one hour. During an interview on 5/7/26 at 1:46 PM the administrator confirmed the patient did not receive 3 hours of services each week. Review of the facility's policy "Patient Bill of Rights," policy No 2-002.1, revised July 2025, showed "...F. The organization shall ensure that the patient receives all services outlined in the plan of care."	S1917	This plan of action applies to patient 34, 35 and all other current and future patients. all audits findings will be reported and re-viewed by QA	