STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	531315	A. BUILDING _____ B. WING _____	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN MEDICAL CENTER - CAH	711 ONYX STREET KEMMERER, WY 83101

(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 recertification survey was conducted by Healthcare Licensing and Surveys on 5/20/26 through 5/22/26. The following common abbreviation are used throughout this document: **CNO:** Chief Nursing Officer **RN:** Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	C 000		
C 922	DRUGS AND BIOLOGICALS ARE **APPROPRIATELY STORE** CFR(s): 485.623(b)(3) (3) Drugs and biologicals are appropriately stored; This STANDARD is not met as evidenced by: Based on observation, staff interview, policy review, and professional standard review, the facility failed to ensure drugs and biologicals were appropriately stored in 2 of 4 storage areas reviewed (medical/surgical floor and preoperative/postoperative area). The findings were: 1. Observation on 5/20/26 at 1:37 PM on the medical/surgical floor showed the storage room door wide open for access to any person. Inside the room were shelfs of various medical supplies, medication pyxis, and open bins filled with different volume amounts of Normal Saline **(NS)**, Lactated Ringer's (LR), and Dextrose 5% in 0.9% Sodium Chloride. In addition, there was a cabinet with drawers that stored patient home medications that was unlocked. The cabinet did	C 922	C 922 The facility will revise the storage process and correct the deficiency by securing Normal Saline (NS), Lactated Ringer's (LR), and Dextrose 5% in 0.9% Sodium Chloride in a locked, access-controlled cabinet in the medical surgical floor. The process that led to the deficiency was the availability of Normal Saline (NS), Lactated Ringer's (LR), and Dextrose 5% in 0.9% Sodium Chloride in unsecured location; therefore, the facility implemented a designated locked cabinet with access control. This expectation was incorporated into the facility's medication storage policy to require secure, restricted-access storage in all areas. During this survey, an unlocked patient medication cabinet was identified. On June 4th, the access to patient home medications was restricted to authorized staff. All open bins were secured with a lock in place, and the key was placed in a the pyxis for access control. All nursing, pharmacy and relevant staff were educated on the process including securing patient home medications in a locked storage. Nursing Staff will be educated on proper storage expectations, access	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: CFO (X6) DATE: 6/19/26

6/22/26 4:10pm Talked w DON, accepted POC [signature] RN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	531315	A. BUILDING _____ B. WING _____	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN MEDICAL CENTER - CAH	711 ONYX STREET KEMMERER, WY 83101

(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 922	Continued From page 1	C 922		

have patient medications in it. Interview at that time with the CNO revealed anyone could have access to the room and what was in it. Further, she stated the cabinet with patient home medications lock was broken, and anyone could get into the cabinet.

2. Observation on 5/21/26 at 8:50 AM of the Preoperative/Postoperative area showed an unlockable white cabinet behind the nurses' station that had a 250-milligram (mg) bag of Intralipid 20% (Intravenous Nutritional Product), 1000 milliliter (ml) bags of NS, 1000 ml bags of LR, and LR - 5% dextrose. Interview at that time with RN #4 revealed the cabinet did not lock and anyone could access what was in it.

3. Review of the policy "Patient's Own Medication (Storage and Destruction)" hand delivered by the CNO on 5/20/26 at 2:45 PM showed "Policy: Patients will be administered medications provided by SLHD's In-Patient Pharmacy. Medications that have been brought in by patients at admission that are not going to be utilized during the stay shall be sent home whenever possible. If unable to have sent home, the medications shall be stored in the locked pharmacy cabinet on the Med/Surg floor or Pharmacy Services until discharge or destruction."

4. Review of policy "Pharmacy Essentials of Patient Information for Medication Dispensing and Administration" hand delivered by the CNO on 5/20/26 at 2:30 PM showed "Policy: Pharmacy Services shall obtain and review patient information when preparing and dispensing medications, in order to allow for the safe and effective administration of medications..." Further, :

C922 The facility had immediately corrected the deficiency in Preoperative/ Postoperative area by securing 250 milligrams of(mg) bag of Intralipid 20% (intravenous Nutritional Product), 1000 milliliters (ml) bags of NS, 1000ml bags of LR, and LR-5% dextrose. The facility implemented a lock on the cabinet. Nursing Staff were educated on proper storage expectations, access control, and the requirement to report any unsecured storage immediately. This expectation was incorporated into the facility's medication storage policy to require secure, restricted-access storage in all areas.
The key to the cabinet is placed in the pyxis for access control. The OR RN will implement and monitor compliance through weekly audits for 90 days, with findings tracked and reported through leadership and facility quality assurance process. This corrective action plan was implemented as of June 10th, 2026.

6/19/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	531315	A. BUILDING _____ B. WING _____	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN MEDICAL CENTER - CAH	711 ONYX STREET KEMMERER, WY 83101

(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 922	Continued From page 2	C 922		

review showed the policy failed to address the security of IV fluids.

5. Review of the website "https://www.healthline.com/health/" accessed on 5/27/26 showed "...both Normal Saline (NS) and Lactated Ringer"s (LR) are considered intravenous (IV) medications. Because they actively alter the body's fluid and electrolyte balance, they must be prescribed by a healthcare provider and are subject to the same strict safety and administration protocols as other medications..."

6. Review of website "https://pmc.ncbi.nlm.nih.gov/articles/PMC8853832/" on 5/27/26 showed "Storage must be secure, and fixtures and equipment used to store medicines should be constructed in such a way that medicines are accessible only to designated and authorized personnel. Such personnel must be carefully selected... A pharmacy should have all the necessary equipment required for good drug-dispensing practices..."

7. Review of the website "https://www.ashp.org/-/media/assets/policy-guidelines/docs/technical-assistance-bulletins/technical-assistance-bulletins-hospital-drug-distribution-control.pdf." accessed on 5/27/26 showed "...Drug Storage and Inventory Control...Storage areas must be secure; fixtures and equipment used to store drugs should be constructed so that drugs are accessible only to designated and authorized personnel. Such personnel must be carefully selected and supervised... Proper control is important wherever medications are kept, whether in general storage in the institution or the pharmacy or patient-care areas (including

DR 6/19/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	531315	A. BUILDING _____ B. WING _____	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN MEDICAL CENTER - CAH	711 ONYX STREET KEMMERER, WY 83101

(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 922 Continued From page 3

satellite pharmacies, nursing units, clinics, emergency rooms, operating rooms, recovery rooms, and treatment rooms) ..."

C1016 PATIENT CARE POLICIES
CFR(s): 485.635(a)(3)(iv)

[The policies include the following:]

(iv) Rules for the storage, handling, dispensation, and administration of drugs and biologicals. These rules must provide that there is a drug storage area that is administered in accordance with accepted professional principles, that current and accurate records are kept of the receipt and disposition of all scheduled drugs, and that outdated, mislabeled, or otherwise unusable drugs are not available for patient use.
This STANDARD is not met as evidenced by:
Based on policy "Pharmacy Essentials of Patient Information for Medication Dispensing and Administration" review, staff interview, and professional standard review, the facility failed to ensure the policy included secure storage of all drugs and biologicals. The findings were:

1. Review of the policy "Pharmacy Essentials of Patient Information for Medication Dispensing and Administration" hand delivered by the CNO on 5/20/26 at 2:30 PM showed "Policy: Pharmacy Services shall obtain and review patient information when preparing and dispensing medications, in order to allow for the safe and effective administration of medications..." Further, review showed the policy failed to address the security of IV fluids.

2. Observation on 5/20/26 at 1:37 PM on the

C 922

C1016

The facility immediately incorporated into facility's medication storage policy to require secure, restricted-access storage in all areas. The staff were re- educated on safe medication storage, restricted access, and reporting unsecured storage areas.
Completion Date: June 10th, 2026
Responsible Person: Chief Nursing Officer or designee will implement and monitor compliance through weekly audits for 90 days, with findings tracked and reported through leadership and facility quality assurance process. This corrective action plan was implemented as of June 10th, 2026.

6/19/26

medical/surgical floor showed the storage room

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	531315	A. BUILDING _____ B. WING _____	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE ZIP CODE
SOUTH LINCOLN MEDICAL CENTER - CAH	711 ONYX STREET KEMMERER, WY 83101

(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

DR
6/19/26

Continued From page 4

door wide open for access to any person. Inside the room was shelves of various medical supplies, medication pyxis, open bins full of different volume amounts of Normal Saline (NS), Lactated Ringer's (LR), and Dextrose 5% in 0.9% Sodium Chloride.

3. Observation on 5/21/26 at 8:50 AM of the Preoperative/Postoperative area showed an unlockable white cabinet behind the nurses' station that had a 250-milligram (mg) bag of Intralipid 20% (Intravenous Nutritional Product), 1000 milliliter (ml) bags of NS, 1000 ml bags of LR, and LR - 5% dextrose.

4. Interview with the CNO on 5/20/26 at 2:30 PM revealed anyone could have access to the rooms and what was in them. Further, she stated the policy did not address the safety of storing IV medications.

5. Review of website "https://www.healthline.com/health/" on 5/27/26 showed "...both Normal Saline (NS) and Lactated Ringer's (LR) are considered intravenous (IV) medications. Because they actively alter the body's fluid and electrolyte balance, they must be prescribed by a healthcare provider and are subject to the same strict safety and administration protocols as other medications..."

C1016 RECORDS SYSTEM
CFR(s): 485.638(a)(2)

The records are legible, complete, accurately documented, readily accessible, and systematically organized.
This STANDARD is not met as evidenced by:
Based on medical record review, and staff

C1016

6/19/26

C1104

C1104

6/19/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	531315	A. BUILDING _____ B. WING _____	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN MEDICAL CENTER - CAH	711 ONYX STREET KEMMERER, WY 83101

(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
C1104	Continued From page 5 interview, the facility failed to ensure the medical record was complete for 1 of 20 sample records (#13) reviewed. The findings were: 1. Review of the medical record for patient #13, revealed that the patient arrived on 4/6/26 for a left total hip arthroplasty (an orthopedic surgery to restore function of a joint). Postoperatively, the patient was admitted to inpatient surgical status and was subsequently discharged home on 4/7/26. Further review of the medical record showed that no order was written or entered in the electronic health record to discharge the patient home. 2. Interview with the CNO on 5/22/26 at 9:55 AM confirmed that no discharge order existed in the medical record for patient #13.	C1104	C1104 The facility immediately corrected the medical record for patient #13, revealed that the patient arrived on 4/6/26 for a left total hip arthroplasty (an orthopedic surgery to restore function of a joint).health record with an amended discharge order by discharging practitioner. The plan of correction for all postoperative patients discharged from inpatient surgical status will have a documented discharge order entered in the electronic health record by the responsible practitioner before discharge. The discharge documentation process was reviewed with OR RN and nurse leader to reinforce that all the practitioner orders must be properly documented. The facility has implemented order set in their workflow that require a discharge order prior to patient release from inpatient status, with clear accountability for providers entry and nursing verification. Staff were educated on the revised process. The nurse manager or designee will conduct postoperative patient chart audits for all patients admitted to the inpatient unit for 90 days through the facility's quality assurance committee for compliance demonstration. Completion Date: June 10th, 2026	

DOT
6/19/26