Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0007SB	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 (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
S 000	**OPENING COMMENTS** A licensure 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: **CNA:** Certified Nursing Assistant **CNO:** Chief Nursing Officer **CRNA:** Certified Registered Nurse Anesthetist **RN:** Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S1301	Ch 17 Sec 6 Organization and Management (a) Governing Body. The Critical Access Hospital shall have a governing body which: (i) Has the legal authority and responsibility to operate the facility. (ii) Appoints an administrator who is responsible for managing the facility. Provides verification of a central registry information check on all employees hired at the time of or after the filing of these rules. The individual agencies or corporations are responsible to initiate and follow this process to completion. Central registry information can be obtained by contacting the Department of Family	S1301	**Tag S1301:** Failure to process through the Wyoming Department of Family Services (DFS) Central Registry prior to hire of the 7 of 7 employees **(CNA#1, CNA#2, RN #1, RN #2, RN** #3, CRNA #1, Scrub tech #1) The facility began immediate remediation on May 23rd, 2026, and will complete the process outlined below in 45 days, of the 7 of 7 employees **(CNA#1, CNA#2, RN #1, RN #2, RN** #3, CRNA #1, Scrub tech #1) The organization will immediately add to the standardized pre-employment checklist the requirement of Human Resources to verify all currently active and any new hospital-based employees through the Wyoming DFS Central Registry. Going forward, prior to hiring, this verification will be mandatory. Verification will be completed using the official state registry portal, and documentation of verification will be maintained in each employee's personnel file, either electronically or in hard copy. HR staff will be educated on the updated process to ensure consistent compliance. The facility will implement a monitoring process through its Quality Assurance	

Healthcare Licensina and Surveys
Services at 307-777-5366. (This number is subject to change)

(iv) Adopts, revises, and approves

Performance Improvement (QAPI) program. Human Resources will conduct monthly audits of all current hospital-based employee personnel files for a period of 3 months to verify compliance.

The HR Generalist will maintain an audit log of all reviews and findings. Ongoing monitoring of new hires will be conducted to ensure continued compliance.
The HR Business Partner will be responsible for oversight of the process, including reviewing audit results and ensuring corrective actions are taken as needed. All corrective actions will be fully implemented within 45 days, with annual compliance reviews conducted thereafter.

All verification records and audit logs will be maintained accurately and will be readily available for review by facility administration and state surveyors upon request.
Completion date: June 10th, 2026

6 23 26 4:10pm Talked w DON. POC accepted

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personnel policies, including; but not limited to:

(A) Frequency of evaluations;

(B) Insuring confidentiality of central registry information checks.

(v) Prepare an organizational chart that reflects the administrative control and lines of authority for the delegation of responsibility from management down to the clients care level.

(vi) The governing body shall ensure that all services provided are consistent with accepted standards of practice.

(vii) The governing body shall be accountable for the quality of care provided to the patient.

(viii) There shall be policies and procedures for services offered, which shall be reviewed annually by the governing body. Policies required, but not limited to:

(A) Every patient shall be under the are of a physician or under the care of a mid-level practitioner supervised by a physician.

(B) Whenever a patient is admitted to the facility by a mid-level practitioner, the facility's sponsoring physician shall be notified of that fact, by phone or otherwise, within twenty-four (24) hours, and a written notation of the consultation and of the physician's approval or disapproval shall be maintained in the patient's record;

(C) A physician, a mid-level

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practitioner or a registered nurse shall be on duty and physically available in the facility when there are inpatients;

(D) When there are no inpatients, the facility may close (i.e. be unstaffed) provided an effective system is in place to ensure that a practitioner with training and experience in emergency care is on call and available by telephone or radio twenty-four (24) hours a day; and

(E) Patient care shall *meet* the provisions in Section 4.(h).

(xi) Personnel Records.

(A) There shall be one person designated responsible for maintaining confidentiality.

(x) Employee Health.

(A) Policies and procedures shall be developed for employee health, including a policy identifying communicable diseases that could put the patient population at risk

(xi) Services

(A) Furnished services, including contracted services, shall comply with all applicable licensure standards;

(8) Medical and nursing staff shall be licensed, certified, or registered according to Wyoming laws and rules; and

(C) Staff members shall provide

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health services only within the scope of his or her license, certification or registration.

This State Rule and Regulation is not met as evidenced by:
Based on personnel record review, staff interview, and review of "HR File Check List 2026" the facility failed to ensure employees were verified in the central registry for 7 of 7 employees **(CNA#1, CNA#2, RN #1, RN #2, RN #3,** CRNA #1, Scrub tech #1) reviewed. The findings were:

1. Review of the personnel record for CNA #1 showed a hire date of 6/10/19. Further, review showed the facility failed to do a central registry check.

2. Review of the personnel record for CNA #2 showed a hire date of 12/19/23. Further, review showed the facility failed to do a central registry check.

3. Review of the personnel record for RN #1 showed a hire date of 6/7/07. Further, review showed the facility failed to do a central registry check.

4. Review of the personnel record for RN #2 showed a hire date of 4/17/23. Further, review showed the facility failed to do a central registry check.

5. Review of the personnel record for **RN** #3 showed a hire date of 1/19/26. Further, review showed the facility failed to do a central registry

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6/19/26

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S1301	Continued From page 4 check. 6. Review of the personnel record for CRNA #1 showed a hire date of 6/5/24. Further, review showed the facility failed to do a central registry check. 7. Review of the personnel record for Scrub Technician #1 showed a hire date of 11/10/23. Further, review showed the facility failed to do a central registry check. 8. Interview with the CNO on 5/20/26 at 3:12 PM revealed the facility did not know all personnel needed the central registry check. Further, she verified the personnel were not checked in the central registry. 9. Review of the "HR File Check List 2026" showed background check and authorization was included. However, the list failed to include the central registry check.	S1301		

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