Banner Health
Washakie Medical Center

400 S. 15th St.
Worland, WY 82401
(307) 347-3221

PRINTED: 07/02/2026
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	531306	A. BUILDING _____ B. WING _____	C 06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHAKIE MEDICAL CENTER	400 SOUTH 15TH STREET WORLAND, WY 82401

(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 complaint survey was conducted by Healthcare Licensing and Surveys from 6/24/26 to 6/25/26. The survey was prompted by complaint WY00004604.	C 000		
C1006	PATIENT CARE POLICIES CFR(s): 485.635(a)(1) (1) The CAH's health care services are furnished in accordance with appropriate written policies that are consistent with applicable State law. This STANDARD is not met as evidenced by: Based on review of medical records, staff interviews, and review of policies and procedures the facility failed to ensure vital signs were obtained for 3 of 9 sample patients seen in the outpatient infusion clinic (#1, #2, #5). The findings were: 1. Review of the medical record for patient #5 showed that s/he was a recurring outpatient infusion center patient for the treatment of multiple sclerosis (a chronic autoimmune disease that causes breakdown of the protective covering of the nerves and can cause numbness, weakness, trouble walking, vision changes and other symptoms). Patient #5 had an order for Tysabri (natalizumab), a prescription medicine used to treat relapsing forms of multiple sclerosis, to be infused every six weeks. The following concerns were identified: a. Review of the medical record for patient #5 revealed that s/he presented to the outpatient infusion clinic on 10/14/26. Review of the flow sheets revealed that registered nurse #1 documented that the patient was alert and was not experiencing any neurological,	C1006		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CNO — (X6) DATE: 7/9/2026

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 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.

FORM CMS-2567(02-99) Previous Versions Obsolete — Event ID: FFWQ11 — Facility ID: 531306 — If continuation sheet Page 1 of 4

C1006 PATIENT CARE POLICIES

POC accepted on 7/13/26 at 8:45 AM
Notified Abby Bremer on 7/13/26 at 9:49 AM
Meghan Christ NSN, RN
MC

CCN:531306
Survey Date: 6/25/2026
Tags: C-1006

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CFR(s): 485.635(A)(1)

Plan of Correction: Vital Signs

Action 1: Vital Signs monitors in the outpatient infusion area have been connected directly to the electronic medical record (EMR). This allows RNs to scan the patient's identification band from the vital signs machine which will then automatically transcribe all vital sign results directly into the patient's EMR.

Action 2: Education was provided for all outpatient infusion RNs regarding policy requirements and the procedure for scanning patient's armbands to connect monitor to the EMR so that vital signs will automatically transcribe into the patient's record. Additionally, a tip sheet was created, laminated and hung on each vital signs machine for staff to refer to for procedure as needed.

Monitoring: Infusion RNs will complete chart audits to verify that vital signs are documented per policy. Auditing will occur daily for 3 weeks, then weekly for 3 months until 100% compliance is achieved. Once 100% compliance is achieved, audits will occur periodically to verify maintained compliance. Auditing will include review of each patient that received treatment on the days that audits are completed. Noncompliance will be reviewed with leadership and addressed with investigation and appropriate follow-up pending investigation.

PDSA methodology will be used as needed to improve the implemented process to achieve 100% compliance. Monitoring data and progress towards 100% compliance will be reported out at Quality Council monthly until periodic monitoring starts.

Date of completion: July 9, 2026

Plan of Correction: Outpatient Intake Form

Action 1: The unit leader completed policy review and education with infusion staff to verify knowledge and to reiterate policy requirements for intake documentation for outpatient infusion patients.

Monitoring: Staff will audit 100% of charts for 3 months to verify intake forms are complete in the EMR. Noncompliance will be reviewed with leadership and addressed with investigation and appropriate follow-up pending investigation. After 3 months and when 100% compliance is achieved, auditing will transition to spot checking quarterly through 2027.

PDSA methodology will be used as needed to improve the implemented process to achieve 100% compliance. Monitoring data and progress towards 100%

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