FORM APPROVED

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 07/24/2026

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 revisit survey was conducted from 7/21/26 through 7/24/26 for all previous deficiencies cited on 5/7/26. All deficiencies have been found corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.	S0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rocky Hansen	EXECUTIVE DIRECTOR	08/04/26