Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF001	A. BUILDING: _____ B. WING _____	07/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VETERANS' HOME OF WYOMING	700 VETERANS' LANE BUFFALO, WY 82834

(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) COMPLETE DATE
S 000	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 08/24/2020. Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001. Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 08/24/2020. Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001. A complaint survey by Healthcare Licensing and Surveys was conducted on 7/2/25 through 7/3/25. The survey was prompted by complaint intakes LIC-25-040, LIC-25-041, LIC-25-042, LIC-25-043, and LIC-25-046.	S 000		
S5020	Ch 12 Sec 7 (e) Assisted Living Facility (ALF) Core Services (e) Resident Records and Reports. Each resident's records shall be current, organized and maintained in individual folders which shall be made available to the resident, the Licensing Division, or designated representative upon request. (i) Each folder shall include the following: (A) Information from the referring agent, if applicable; (B) History and physical performed by a physician or physician extender;	S5020	1.The Veterans' Home of Wyoming acknowledges failure to document incidents of suspected abuse of neglect which puts all residents for risk for negative physical and psychological impacts. Nursing Supervisor will ensure any incidents involving suspected abuse or neglect will be documented within electronic records, PointClickCare, as soon as information is available. Formal monitoring and discussion will take place quarterly during quality assurance meetings. Monitoring to ensure proper documentation of incidents began 7/18/2025 upon receipt of 2567. Citations and Plan of Correction will be discussed during next schedule Quality Assurance Meeting: 7/30/2025. Completion date for monitoring documented incidents is scheduled for 9/2/2025.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Greg Meredith 7-29-25 | TITLE | (X6) DATE

I spoke with administrator Greg Meredith and let him know I accepted the POC with an alleged date of compliance of 9/2/25, at 2:18 PM on 7/29/25. MacBeth KOPP 7/29/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF001	A. BUILDING: _____ B. WING _____	07/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VETERANS' HOME OF WYOMING	700 VETERANS' LANE BUFFALO, WY 82834

(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) COMPLETE DATE
S5020	Continued From page 1 (C) Individual admission form. This form shall, at a minimum, contain the following information: (I) Full name of resident and former address; (II) Date of admission; (III) Sex, race, date of birth, social security number, and former occupation; (IV) Name, home address, and telephone number of relative, friend, Power of Attorney, or guardian; (V) Name, address, and telephone number of resident's personal physician, dentist, ophthalmologist or optometrist; (VI) Medicare number or other medical insurance identifying data; (VII) A written inventory of all personal possessions; however, this inventory need not include personal clothing; (D) All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's family or responsible party and be documented in the individual resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolution. Reports of all incidents affecting the health, welfare of safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by	S5020	2. The Veterans' Home of Wyoming acknowledges that suspected abuse or neglect was not reported concerning Resident #4. It is further acknowledged that resident #4 was put at risk for negative psychological impact. Future incident reports will be documented in electronic records Point Click Care ensured by the Nurse Supervisor. Furthermore, suspected abuse or neglect will be reported to OHLS, the ombudsman, and DFS within 5 days. Monitoring and the reporting of abuse and neglect began 7/18/32025 upon receipt of 2567. Resident #4 has been encouraged to file grievances promptly when abuse or neglect is suspected. Citations and Plan of Correction will be discussed during next schedule Quality Assurance Meeting: 7/30/2025. Completion date for monitoring documented incidents is scheduled for 9/2/2025. 3.The Veterans' Home of Wyoming Acknowledges that suspected abuse or neglect was not reported concerning Resident #4. It is further acknowledged that resident #4 was put at risk for negative physical and psychological impact. Furthermore, suspected abuse or neglect will be reported to OHLS, the ombudsman,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF001	A. BUILDING: _____ B. WING _____	07/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VETERANS' HOME OF WYOMING	700 VETERANS' LANE BUFFALO, WY 82834

(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) COMPLETE DATE
S5020	Continued From page 2 telephone or fax. The facility's investigation of the incident shall be reported to the Licensing Division and the Long Term Care Ombudsman within five (5) working days. Documentation to support the facility reporting the situation and follow up must also be present in the resident records; (E) An accounting of all personal funds deposited with and disbursed by the facility; (I) Upon written authorization of a client, the facility must hold, safeguard, manage and account for the personal funds of the client. (1.) The facility must deposit any personal funds in the excess of $100 in an interest bearing account. (2.) The facility must establish and maintain a system that assures a full and complete and separate accounting according to generally accepted accounting principles of each resident's personal funds entrusted to the facility. (3.) Upon the death of a resident with personal funds deposited with the facility, the facility must convey, within 30 days, the resident's funds a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate. (4.) The facility must not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid of Medicare except for applicable deductible and coinsurance amounts. (F) A signed copy of the resident's rights;	S5020	and DFS within 5 days. Monitoring and the reporting of abuse and neglect began 7/18/32025 upon receipt of 2567. Resident #4 has been encouraged to file grievances promptly when abuse or neglect is suspected. Citations and Plan of Correction will be discussed during next schedule Quality Assurance Meeting: 7/30/2025. Completion date for monitoring documented incidents is scheduled for 9/2/2025. 4. The Veterans' Home of Wyoming acknowledges that suspected abuse or neglect was not reported concerning Resident #7. It is further acknowledged that resident #7 was put at risk for negative psychological impact. Future incident reports will be documented in electronic records Point Click Care ensured by the Nurse Supervisor. Furthermore, suspected abuse or neglect will be reported to OHLS, the ombudsman, and DFS within 5 days. Monitoring and the reporting of abuse and neglect began 7/18/32025 upon receipt of 2567. Resident #7 has been encouraged to file grievances promptly when abuse or neglect is suspected. Citations and Plan of Correction will be discussed during next schedule Quality Assurance Meeting: 7/30/2025.	

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF001	A. BUILDING: _____ B. WING _____	07/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VETERANS' HOME OF WYOMING	700 VETERANS' LANE BUFFALO, WY 82834

(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) COMPLETE DATE
S5020	Continued From page 3 (G) The resident's assessment and individualized assistance plan; (H) Copies of al applicable resident assistance contracts, signed by both parties; (I) Written acknowledgment of the receipt and explanation of all facility policies including admission/discharge policies; (J) Copy of all ALF 102's; and (K) Copy of outside contractual responsibilities, if applicable. (ii) The resident shall be assured of confidential treatment of all information in the record, and the resident's written consent (or the consent of the guardian) shall be required for the release of information to persons not otherwise authorized for receive it. (iii) All residents' records shall be retained in a physically secure area for a minimum of six (6) years after the resident has left the facility and may be disposed of, by shredding or burning, after that time. (iv) In the event of dissolution of the facility, the manager shall notify the Licensing Division as to the location of all residents' records. (v) All records shall be protected from damage by fire, water and other hazards. (vi) All entries in each resident's record shall be made in ink, signed and dated.	S5020	Completion date for monitoring documented incidents is scheduled for 9/2/2025. 5. The Veterans' Home of Wyoming acknowledges that suspected abuse or neglect was not reported concerning Resident #7. It is further acknowledged that resident #7 was put at risk for negative psychological impact. Future incident reports will be documented in electronic records Point Click Care ensured by the Nurse Supervisor. Furthermore, suspected abuse or neglect will be reported to OHLS, the ombudsman, and DFS within 5 days. Monitoring and the reporting of abuse and neglect began 7/18/32025 upon receipt of 2567. Resident #7 has been encouraged to file grievances promptly when abuse or neglect is suspected. Citations and Plan of Correction will be discussed during next schedule Quality Assurance Meeting: 7/30/2025. Completion date for monitoring documented incidents is scheduled for 9/2/2025. 6. The Veterans' Home of Wyoming acknowledges failure to document incidents of suspected abuse of neglect which puts all residents for risk for negative physical and psychological	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF001	A. BUILDING: _____ B. WING _____	07/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VETERANS' HOME OF WYOMING	700 VETERANS' LANE BUFFALO, WY 82834

(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) COMPLETE DATE
S5020	Continued From page 4 This State Rule and Regulation is not met as evidenced by: Based on record review, resident and staff interview, and facility policy, the facility failed to report allegations of abuse for 2 of 4 sample residents (#4, #7) reviewed for allegations of abuse. The findings were: 1. Review of an incident report provided by the nurse supervisor on 7/2/25 at 11:10 AM showed there were no entries logged for physical abuse or sexual abuse in the past 6 months. 2. Interview with resident #9 on 7/2/25 at 1:36 PM revealed s/he had an incident with resident #4 one night after an argument about subtitles on the television. Further interview revealed s/he put his/her hands on resident #4's neck and told him/her to shut up. S/he reported that resident #4 called the police "a few days later." Resident #9 stated s/he did not report the incident to the facility administration at the time of the incident because "I come from a world where you settle your own arguments". 3. Interview with resident #4 on 7/2/25 at 3 PM revealed resident #9 had "grabbed me by the throat and slammed my head into the chair" while watching television one evening. Further interview revealed the resident reported the assault to the administrator, and then waited 6 days for resident #9 to apologize. When s/he asked resident #9 for an apology, resident #9 "pulled a knife and acted like s/he was going to throw it but didn't." S/he stated this is when s/he called the police to press charges, which s/he then later dropped because s/he did not want resident #9 to be embarrassed.	S5020	impacts. Nursing Supervisor will ensure any incidents involving suspected abuse or neglect will be documented within electronic records, PointClickCare, as soon as information is available. Formal monitoring and discussion will take place quarterly during quality assurance meetings. Monitoring to ensure proper documentation of incidents began 7/18/2025 upon receipt of 2567. Citations and Plan of Correction will be discussed during next schedule Quality Assurance Meeting: 7/30/2025. Completion date for monitoring documented incidents is scheduled for 9/2/2025. 7. The Veterans' Home of Wyoming acknowledges that suspected abuse or neglect was not reported concerning Resident #4. Additionally, The Veterans' Home of Wyoming acknowledges that suspected abuse or neglect was not reported concerning Resident #4. It is further acknowledged that both Resident #4 and Resident#7 was put at risk for potential negative physical and psychological impact. Future incident reports will be documented in electronic records Point Click Care ensured by the Nurse Supervisor. Furthermore, suspected abuse or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF001	A. BUILDING: _____ B. WING _____	07/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VETERANS' HOME OF WYOMING	700 VETERANS' LANE BUFFALO, WY 82834

(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) COMPLETE DATE
S5020	Continued From page 5 4. Interview with resident #7 on 7/2/25 at 5:10 PM revealed approximately "1 year ago" resident #4 had come up from behind and grabbed him/her by the waist, and then planted a kiss on his/her mouth. Further interview revealed s/he had second thoughts about going to the administrator because s/he "wished the whole thing would go away." 5. Interview with resident #4 on 7/2/25 at 3 PM revealed approximately "4 months ago" s/he had been "hanging out" in resident #7's room, and during the relationship there had been consensual "hugging and kissing, never anything out of line". Further interview revealed their relationship "didn't go anywhere" and resident #7 was dating someone else now. 6. Interview with the administrator on 7/2/25 at 4:14 PM revealed any abuse would be reported immediately to the Office of Healthcare Licensing and Surveys, and the Ombudsman would be called. Further interview revealed none have been reported, but he would if there was an incident. 7. Interview with the administrator on 7/3/25 at 10:15 AM revealed there had been talk of whether resident #4 had grabbed resident #7, however resident #7 had recanted on the allegation, resident #4 had denied the allegation, and there were no witnesses. He reported this was why he did not turn in an allegation on the incident. Further interview revealed he did not report the incident between resident #4 and resident #9 because he was not told about the incident until several days later, there were changes to the story, and resident #9 denied putting any hands on resident #4. Further, resident #4 reported to the administrator he did	S5020	neglect will be reported to OHLS, the ombudsman, and DFS within 5 days. Monitoring and the reporting of abuse and neglect began 7/18/32025 upon receipt of 2567. It should be noted that both Resident #4 and Resident #7 has been encouraged to file grievances promptly when abuse or neglect is suspected. Citations and Plan of Correction will be discussed during next schedule Quality Assurance Meeting: 7/30/2025. Completion date for monitoring documented incidents is scheduled for 9/2/2025. 8. The Veterans' Home of Wyoming acknowledges failure to report suspected abuse or neglect. Additionally, it is acknowledged that failing to report allegations of abuse and neglect puts all residents at risk for potential negative physical and psychological impact. Both Administrator and Nurse Supervisor will collaborate during weekly Risk Management Meetings to ensure any suspected or alleged abuse or neglect have been sufficiently documented as incidents within PointClickCare. Furthermore reports will be made to OHLS, the Local Ombudsman Representative, and Local DFS office. Monitoring and the reporting of abuse and neglect began 7/18/32025 upon	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF001	A. BUILDING: _____ B. WING _____	07/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VETERANS' HOME OF WYOMING	700 VETERANS' LANE BUFFALO, WY 82834

(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) COMPLETE DATE
S5020	Continued From page 6 not want to file a complaint and would handle the situation through the Ombudsman. He reported that 8 to 10 days later resident #4 contacted law enforcement, they did an investigation and it was unfounded. Further interview revealed residents do not always tell the administrator about incidents. 8. Review of the facility policy titled "Suspected Resident Neglect or Abuse" provided by the nurse manager on 7/3/25 and last revised on 4/19/2024 showed "...This policy strives to achieve the following: ...To assure all allegations of abuse are investigated and reported as appropriate according to facility policy..." The policy further showed "Incidents of abuse or neglect affecting the health, welfare or safety of a resident will be reported immediately to local law enforcement and Department of Family Services. Reporting will also occur to the Office of Healthcare Licensing and Survey immediately..." The policy further showed "...If at any time in the discussion, a resident states any "ALLEGATIONS" of abuse of neglect by staff or resident an official state incident must be started immediately no lat [sic] than 2 hours after the allegation..."	S5020	receipt of 2567. It should be noted that the topic of reporting abuse and neglect will be addressed at the next Resident Council Meeting dated 8/5/2025 by Nursing Manager. Citations and Plan of Correction will be discussed during next schedule Quality Assurance Meeting: 7/30/2025. Completion date for monitoring documented incidents is scheduled for 9/2/2025.	