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

FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53A051 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 12/05/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| South Lincoln Nursing Center | 711 Onyx St PO Box 390, Kemmerer, Wyoming, 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 |
|---|---|---|---|---|
| F0000 | INITIAL COMMENTS<br><br>A revisit survey was conducted on 11/14/25 through 12/5/25 for all previous deficiencies cited on 7/10/25.<br><br>F0837<br>SS = F<br><br>Governing Body<br><br>CFR(s): 483.70(d)(1)-(3)<br><br>§483.70(d) Governing body.<br><br>§483.70(d)(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and<br><br>§483.70(d)(2) The governing body appoints the administrator who is-<br><br>(i) Licensed by the State, where licensing is required;<br><br>(ii) Responsible for management of the facility; and<br><br>(iii) Reports to and is accountable to the governing body.<br><br>§483.70(d)(3) The governing body is responsible and accountable for the QAPI program, in accordance with §483.75(f).<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on staff interview and review of Wyoming's active nursing home administrator's licenses, the Governing Body failed to employ a qualified nursing home administrator. The census was 16. The findings were:<br><br>1. Review of the Wyoming State Board of Nursing Home Administrators "Active Roster" last updated on 12/3/25 showed the facility administrator did not hold an active license or an active provisional license.<br><br>2. Interview with the facility administrator on 12/2/25 at 10:18 AM revealed he had applied for a provisional | F0000<br><br>F0837 | To address the facility's failure to have an appointed administrator who is licensed by the state, responsible for management of the facility, and reports to and is accountable to the governing body, the facility currently has a Nursing Home Administrator whom has been appointed to the facility while the facility waits to have another individual obtain their temporary nursing home administrator license and then further obtain their Wyoming Nursing Home Administrator License. This said, currently on this day (12/08/2025), the facility has Eric S. Connell, Nursing Home Administrator (License #: NHA-757) that will be the Nursing Home Administrator (NHA) for South Lincoln Nursing Center. This NHA will also be the preceptor/trainer for the other individual selected that will obtain their temporary and then permanent Nursing Home Administrator License in the future. There is no way to predict the time frame on when this will occur, the other individual submitted their application and finger prints to the Wyoming Board of Nursing Home Administrators on 11/07/2025 and will have their temporary license by January 15th, 2026. Following this they will work through the administrator in training program and become a certified NHA within 6 months after | |

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 reverse for further 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.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Michael E. Eichbusch RN/DON | Director of Nursing | 12-8-25 |



12/15/25- The Plan was accepted on 12/10/25. The facility administrator was notified on 12/8/25. The alleged DOC was 12/8/25

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| | 53A051 | A. BUILDING<br>B. WING | 12/05/2025 |

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| F0837<br>SS = F | Continued from page 1<br>license; however, he confirmed he was not a licensed nursing home administrator. Further interview revealed the facility did not have anyone else available in the facility who was a licensed nursing home administrator.<br><br>3. Interview with the facility administrator on 12/5/25 at 11:48 AM confirmed he had not received a license from the Wyoming State Board of Nursing Home administrators and they did not have a licensed administrator at the facility. | F0837 | being granted the temporary, provisional license. While working to obtain the NHA license, Eric S. Connell (NHA-757) will remain the named NHA for South Lincoln Nursing Center. To continue monitoring this, Jordan Collins, RN will get on to the Wyoming State Board of Nursing Home Administrators active license list on the 15th of every month and verify, one that Eric Connell continues to hold an active Wyoming NHA license, and two that the other individual has obtained the Wyoming NHA provisional/temporary license and that this does not become inactive prior to obtaining a Wyoming NHA license. | |