STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING _____ B. WING _____	R 09/22/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
(F 000)	INITIAL COMMENTS State Standards Rules and Regulations for Program Administration of Nursing Care Facilities Section 9. Nursing Services. (f) Administration of Drugs. Drugs shall be administered in compliance with federal and state laws, and in accordance with accepted professional principles. This Standard was not met as evidenced by: Based on resident and family interview, staff interview and medical record review, the facility failed to ensure medications were administered as ordered for five (#25, #32, #34, #35, #43) and seven (#10, #12, #20, #37, #42, #45, #46) non-sample residents. The census was 47. The findings were: Review of September Medication Administration records (MARs) revealed medications were not documented as given as noted below for 11 residents. Interview with licensed practical nurse (LPN) #1 on 9/22/05 at 2 PM revealed she could not verify if the medications were or were not administered. 1. Review of the September 2005 MAR for resident #12 revealed the following medications were not documented as being given: a. Coumadin (blood thinner)1 mg at 6 PM on 9/18/05. b. Digoxin (regulates the heart rate) 0.25 mg	(F 000)	F000 Administration of Drugs. Drugs shall be administered in compliance with federal and state laws, and in accordance with accepted professional principles. 1) Residents #25, #32, #34, #43, #10, #12, #20, #37, #42, #45, & #46 were checked by nursing staff to ensure medications were given appropriately. — 10/14/2005 2) The nurse will administer medications as ordered & the procedure for documentation medication administration will be followed at each medication pass. — 10/14/2005 3) Director of Nursing will monitor randomly for compliance. — 10/14/2005 4) Nurse will administer medications as ordered and document according to the standards of the nurse practice Act for medication administration. — 10/14/2005 5) DON held an in-service to all nursing staff on rules & regulations of medication administration & documentation. — 10/14/2005 6) Random audits for all nurses will be done at least quarterly by DON will occur to insure compliance. — 10/14/2005 7) Medication administration audits will be reviewed quarterly at the QA Committee meeting for ongoing compliance. — 10/14/2005	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Richard Parker — TITLE: General Manager — (X6) DATE: 10-14-05

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.

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(F 000)	Continued From page 1 at 8 AM on 9/18/05. 2. Review of the September 2005 MAR for resident #35 revealed the following medications were not documented as being given: a. Coreg (for congestive heart failure) 6.25 mg at 8 AM on 9/7/05. b. Prevacid 30 mg at 8 AM on 9/6/05 c. Effexor (antidepressant) 75 mg at 8 AM on 9/6/05 d. Coumadin (blood thinner) 5 mg at 6 PM on 9/6/05. 3. Review of the September 2005 MAR for resident #25 revealed the following medications were not documented as being given: a. Clonidine (antihypertensive) 0.01 mg at 6 PM on 9/15/05. 4. Review of the September 2005 MAR for resident #32 revealed the following medications were not documented as being given: a. Toprol ER (antihypertensive and antianginal) 25 mg at 8 AM on 9/15/05. 5. Review of the September 2005 MAR for resident #34 reviewed the following medications were not documented as being given: a. Ecotrin (analgesic) 81 mg at 12 noon on 9/8/05. b. Lorazepam (antianxiety) 0.5 mg at 12 noon on 9/8/05. 6. Review of the September 2005 MAR for resident #20 revealed the following medications were not documented as being given: a. Atenolol (antihypertensive, antianginal) 25 mg at 8 AM on 9/20/05.	(F 000)		

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{F 000}	Continued From page 2 7. Review of the September 2005 MAR for resident #37 revealed the following medications were not documented as being given: a. Effexor (antidepressant) 75 mg at 8 AM on 9/4/05. b. Depakote (anticonvulsant) 500 mg at 8 AM on 9/4/05 8. Review of the September 2005 MAR for resident #42 revealed the following medications were not documented as being given: a. Dyazide (diuretic) at 8 AM on 9/17/05. 9. Review of the September 2005 MAR for resident #43 revealed the following medications were not documented as being given: a. Flomax 0.4 mg at 8 PM on 9/16/05. b. Remeron (antidepressant) 15 mg at 8 PM on 9/15/05. 10. Review of the September 2005 MAR for resident #45 revealed the following medications were not documented as being given: a. Trazadone (antidepressant) 150 mg at 9 PM on 9/7/05 11. Review of the September 2005 MAR for resident #46 revealed the following medications were not documented as being given: a. Sinemet (antiparkinson agent) 25/100 mg at 12 noon on 9/8/05. b. ASA (aspirin) 325 mg at 8 AM on 9/13/05. 12. Review of the September 2005 MAR for resident #10 revealed there was no documentation the resident received the following medications: a. Colace (laxative) 100 milligrams (mg) at 8 AM on 9/13/05.	{F 000}		

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