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 _____	03/16/2006

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 Chapter 19 Rules and Regulations for Licensure of Nursing Care Facilities Section 5. Licensure. (h) Posting of License. (i) The current license issued by the Licensing Division shall be displayed in a public area within the Nursing Care Facility. This STANDARD was not met as evidenced by: Based on observation the facility did not have the current license posted in a public area. Findings were: Observation on 3/13/06 at 4 PM revealed the current year's license was kept in a file in the administrator's desk drawer. Rules and Regulations for Program Administration of Nursing Care Facilities Section 5. Organization and Administration (a) Governing Body. The Nursing Care Facility shall have a governing body which has the legal authority and responsibility to operate the Nursing Care Facility. The governing body shall: (i) Appoint a full-time, on premise, administrator qualified by education, training and experience as established by the Wyoming Board of Nursing Home Administrators. (A) The administrator shall have a current license as a Wyoming Licensed Nursing Home Administrator. This STANDARD was not met as evidenced by: Based on resident, staff, and family interview and record review, the person functioning in the facility	F 000	F000 The facility will ensure that rules and regulations for licensure of nursing care facilities section 5, Licensure. (h) Posting of license, (i) the current license issued by licensing division shall be displayed in a public area within the nursing care facility. This will be accomplished by: 1. The current license issued by Licensing Division of the State of Wyoming has been displayed in the lobby of the nursing care facility. 2. Future licenses will be posted immediately. 3. This will be monitored by the administrator who will be responsible for compliance.	03/31/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Marek. Coeee, HHA-539 — Administrator — 4/26/06

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.

5/3/06 3:30 PM PoC accepted & changes per telephone call & C. Gourley, adm.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON 5/3/06	475 YELLOW CREEK ROAD EVANSTON, WY 82930

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F 000	INITIAL COMMENTS STATE STANDARDS Chapter 19 Rules and Regulations for Licensure of Nursing Care Facilities Section 5. Licensure. (h) Posting of License. (i) The current license issued by the Licensing Division shall be displayed in a public area within the Nursing Care Facility. This STANDARD was not met as evidenced by: Based on observation the facility did not have the current license posted in a public area. Findings were: Observation on 3/13/06 at 4 PM revealed the current year's license was kept in a file in the administrator's desk drawer. Rules and Regulations for Program Administration of Nursing Care Facilities Section 5. Organization and Administration (a) Governing Body. The Nursing Care Facility shall have a governing body which has the legal authority and responsibility to operate the Nursing Care Facility. The governing body shall: (i) Appoint a full-time, on premise, administrator qualified by education, training and experience as established by the Wyoming Board of Nursing Home Administrators. (A) The administrator shall have a current license as a Wyoming Licensed Nursing Home Administrator. This STANDARD was not met as evidenced by: Based on resident, staff, and family interview and record review, the person functioning in the facility	F 000	Section 5 The facility will ensure that a governing body which has the legal authority and responsibility to operate the nursing care facility is organized. (i) the governing body shall appoint a full time, on premise, administrator qualified by Education, training and experience as established by the Wyoming Board of Nursing Home Administrators. (a) The administrator shall hold a current license as a Wyoming Licensed Nursing Administrator. This will be accomplished by: 1. The Governing Body has appointed a full-time licensed on premise Administrator in the State of Wyoming effective 04/12/06. 2. The General Manager will not ~~sit in on~~ sign any official documents in place of the Administrator but the General Manager may be appointed to be in charge of the facility in the limited temporary absence of the licensed Administrator. 3. This will be monitored by the Governing Body who will be responsible for Compliance.	04/12/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 000	Continued From page 1 as the administrator was not a licensed nursing home administrator as required by the State of Wyoming. Findings were: Interview with the General Manager on 3/13/06 at 4 PM revealed he was not a licensed nursing home administrator. The person holding the administrator's license was revealed to live in Utah and was called into the facility by the General Manager. Interview with a group of eight cognitive residents on 3/14/06 at 9:30 AM revealed they believed that the individual introduced to the surveyors as the "General Manager" was the nursing home administrator. Interview on 3/14/06 at 10:30 AM with the person licensed by the facility as the administrator established he was a Certified Public Accountant and had delegated the duties of the administrator to the unlicensed person who had the title of General Manager. On 3/14/06 at 11:40 AM, interview with the licensed administrator revealed he delegated all the daily operations and nursing home functions to the general manager. He further stated he, as the licensed administrator of the facility, only worked on the financial issues. On 3/15/06 at 4:15 PM, when asked who the administrator was, a family member identified the general manager. The family member stated the general manager did not have a Wyoming license, but must have one now because he/she just received a letter in the mail which was signed by the general manager, with the title "administrator."	F 000		

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F 000	Continued From page 2 Review of investigative data sheets (incident reports) dated 2/11/06, 2/12/06 and 2/17/06 revealed the general manager signed his name next to the line "administrator." Review of the 1/4/06 interdisciplinary meeting notes for resident #15 revealed the "administrator" was the general manager. Section 7. Housekeeping, Laundry, and Maintenance Services. (a) Housekeeping and Maintenance Services. Sufficient numbers of adequately trained housekeeping and maintenance personnel shall be available to maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. (iii) Janitor closets shall be kept locked. This STANDARD was not met as evidenced by: Based on observation the facility did not ensure all janitor closets were kept locked. Findings were: Observation on 3/13/06 at 7:40 PM revealed the janitor closet located in the mainstreet hall was unlocked and accessible to any passersby. At the time of the observation no staff was in the vicinity, however one unsupervised resident was in the hallway. Section 11. Dietetic Services. The facility shall provide dietetic services that meet the nutritional needs of residents according to the science of nutrition. The dietetic service shall operate with safe food handling practices from receipt through service in accordance with the most current edition of the FOOD CODE from the U.S. Department of Health and Human Services,	F 000	Section 7 The facility will ensure that sufficient ~~members~~ num bers of adequately trained housekeeping, laundry and maintenance service personnel shall be available to maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. (iii) All janitor closets shall be kept locked when not in use. This will be accomplished by: 1. An all staff in-service conducted on 03/31/06 informed all staff that they should be routinely checking for unlocked utility/janitor closets and proceed to lock them if found unlocked. 2. A monitor will be implemented that ensures that all janitor/utility closets are locked at all times when not in use. The monitor will be completed on an ongoing basis by housekeeping — personnel and maintenance director, charge nurses and the Administrator. Any ~~A~~nd all findings of unlocked doors will be corrected immediately and reported at QA meeting monthly.	~~04/28/06~~ 5/19/06

3. The administrator will be responsible for compliance.

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F 000	Continued From page 3 Public Health Service, Food and Drug Administration. (a) Dietary Supervision. Overall supervisory responsibility for the dietetic service shall be assigned to a full-time qualified dietetic supervisor. (i) If the qualified supervisor is not a Registered Dietitian, she/he shall be a graduate of a dietetic technician program approved by the American Dietetic Association or a dietary managers' educational program approved by the Certifying Board for Dietary Managers. Training and experience in food service supervision and nutrition equivalent in content to the approved educational programs are acceptable. This STANDARD was not met as evidenced by: Based on staff interview the dietary supervisor had not completed a dietary manager's course or its equivalent. Findings were: Interview with the dietary supervisor on 3/15/06 at 4:15 PM revealed she had not finished her course work or become certified because back surgery had "put her behind." (iv) The consultant or staff dietitian shall participate in the develop written plans and conduct or supervise inservice programs for dietary personnel on a monthly basis. Based on record review and staff interview the facility had not ensured dietary staff received monthly inservices conducted or supervised by the dietitian. Findings were: Review of the inservice records and interview with	F 000	committed to complete a dietary manager's course within 6 months or by October 1, 2006. 2. The consultant dietician shall participate in the development of written plans and conduct or supervise in-service programs for dietary personnel to appropriately meet the training needs of dietary staff or at least monthly. Several in-services have been scheduled for dietary staff for the balance of 2006. 3. A quality monitor will be implemented to ensure that: A. The dietary manager is on course with completion of dietary manger course by October 1, 2006. B. Dietary staff receive regular in-service training appropriate to meet all the nutritional needs of the residents. 4. This monitor will be completed by the dietary consultant and the administrator and reported at the QA meeting monthly.	10/1/06 DM course ~~OK~~ ~~CKB~~ ~~28~~ ~~04/20/06~~ 5/19/06

5. The Administrator will be responsible for Compliance.

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F 000	Continued From page 4 the dietary supervisor on 3/15/06 at 4:15 PM revealed only one inservice for dietary staff was planned, conducted or supervised by a Registered Dietitian in 2005. No inservices had been conducted in 2006. (x) The dietetic supervisor shall be responsible for the development of policies and procedures. These policies shall be maintained in a manual and reviewed at least annually. Reviews and revisions shall be dated and signed by the supervisor and the consultant or staff dietitian. This STANDARD was not met as evidenced by: Based on record review and staff interview the facility did not ensure dietary policies were reviewed or revised at least annually by the dietary supervisor. In addition, the facility's own policy related to the therapeutic diet manual was not followed. Findings were: Review of department policies and interview with the dietetic supervisor on 3/15/06 at 4:15 PM revealed the policies and procedures were not reviewed at least annually. Many policies were dated as last reviewed in 2000. Review of the facility's therapeutic diet manual policy established the manual was to be readily available to the attending physicians and nursing staff as well as dietary personnel. The manual was not available to attending physicians or nursing staff as the manual was located only in the facility's dietary department. When the director of nursing and the MDS coordinator were asked if a diet manual was available for nursing staff to use, they indicated they were not familiar	F 000	Section 11 (x) The facility will ensure the dietetic supervisor shall be responsible for the development of policies and procedures. These policies shall be maintained in a manual and reviewed at least annually. Reviews and revision shall be dated and signed by the dietary manager and the consultant dietician. This will be accomplished by: 1. The dietary manager will review the policies and procedures by 04/~~28~~/06 and at least annually hereafter. and revise if indicated 2. A copy of the therapeutic diet manual will be readily available to attending physicians and nursing staff at the nurses station. The dietary manager and dietary consultant will ensure that modifications or change made to the original manual will be ~~transformed~~ covered to copied manual at the nurses station. CHG 3. The facility Administrator and the DSD and the Dietary Consultant will monitor to ensure that the dietary supervisor completes the annual reviews.	~~04/28/06~~ 5/19/06

4. The Administrator will be responsible for compliance.

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F 000	Continued From page 5 with the facility's diet manual and did not know where one could be found.	F 000		