NC accepted 4/12/06 Janeale Comin

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

PRINTED: 03
FORM APP
OMB NO. 09

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVE COMPLETED
	535038	A. BUILDING ____ B. WING ____	03/13/20

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)	CO
F 000	INITIAL COMMENTS STATE STANDARD Rules and Regulations for Program Administration of Nursing Care Facilities (Chapter 11) 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 review of the Wyoming Board of Nursing Home Administrator's database, the governing body failed to appoint an administrator who was licensed in the state of Wyoming. The findings were: Review of the Internet database for the Wyoming Board of Nursing Home Administrators on 3/13/06 revealed the administrator did not have a current Wyoming administrators license.	F 000	The Governing body will insure that all rules and regulations are followed by having a fulltime, on premises Administrator. A) The governing body will be contacting Licensed Administrators to be the interim Administrator. This will be onsite, full time and available on weekends if needed. We will be looking for 60 – 90 day contracts. B) Roland Park will complete Bachelors degree and submit his application for licensure before June 7, 2006. C) We have started gathering a pool of individuals to contact. This list is of Licensed Administrators that perform temporary work for SNF'S while permanent placement is completed. As of 4/12/06, the facility has a full-time, on premise, administrator who is licensed by the Wyoming Board of Nursing Home Administrators. He has signed a 60 day contract. Will be monitored by QA committee. Date of completion: 4/12/06	03/20/06 05/01/06 06/07/06 03/22/06 4/12/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Roland Park
TITLE: General Manager
(X6) D

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...y d... n asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined ...her ... ion to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 ...llowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosab... ...ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to contin... ...ogram participation.

Changes made per phone call on 4/12/06 @1340 with Roland Park, General Manager + Janeale Comin, OHL

...CMS-2567(02-99) Previous Versions Obsolete   Event ID: DV661   Facility ID: WY0025   If continuation sheet Pag

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