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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/28/2009

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 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
K 000	INITIAL COMMENTS 42 CFR 483.70(a) K3 BUILDING: 0101 K6 PLAN APPROVAL: 1984 K7 SURVEY UNDER: 2000 EXISTING K8 SNF Type of Structure: Type V (111), one story protected wood frame construction with a continuous gypsum board membrane ceiling structure. The building was equipped throughout with a complete (dry) automatic sprinkler system. The facility had five smoke compartments. A Comparative Federal Monitoring Survey was conducted on 07/29/09 following a State Agency Survey on 07/06/09, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. At this Comparative Federal Monitoring Survey, Rocky Mountain Care was found not in substantial compliance with the Requirements for Participation for Medicare and Medicaid. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire).	K 000		
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING	K 066	K 066 The facility purchased a metal container with a self-closing cover on 8/14/2009. This metal container with the self-closing cover will be used to empty ashtrays.	8/28/2009

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 8/18/2009

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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K 066	Continued From page 1 or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to provide metal containers with self-closing devices into which ashtrays can be emptied. This deficiency had the potential to affect two outdoor smoking areas; one at the front entrance and one at the outdoor patio area . This deficient pactice would affect facility personnel as well as residents that smoke. The facility has the capacity for 60 nursing beds with a census of 44 the day of survey. Findings Include: Observation on 07/29/09 at 11:00 a.m., revealed that the above mentioned smoking areas were not equipped with a metal container with a self-closing cover into which ashtrays could be emptied. Observation of the smoking areas revealed that discarded smoking materials were	K 066		

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K 066	Continued From page 2 disposed of into a make-shift ashtray. Interview on 07/29/09 at 11:00 a.m. with the Administrator and Maintenance Supervisor revealed they were unaware of the requirement for a metal container with a self-closing device. The census of 44 was verified by the Administrator on 07/29/09. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 07/29/09. Actual NFPA Standard: NFPA 101, 19.7.4(3) and (4) requires ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted.	K 066		