

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

PRINTED: 06/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2022	
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNTAIN CARE - EVANSTON				STREET ADDRESS, CITY, STATE, ZIP CODE 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
E 000	Initial Comments			E 000			
E 031 SS=F	An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 05/17/2022. Emergency Officials Contact Information CFR(s): 483.73(c)(2) §403.748(c)(2), §416.54(c)(2), §418.113(c)(2), §441.184(c)(2), §460.84(c)(2), §482.15(c)(2), §483.73(c)(2), §483.475(c)(2), §484.102(c)(2), §485.68(c)(2), §485.625(c)(2), §485.727(c)(2), §485.920(c)(2), §486.360(c)(2), §491.12(c)(2), §494.62(c)(2). [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following: (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance. *[For LTC Facilities at §483.73(c):] (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) The State Licensing and Certification Agency. (iii) The Office of the State Long-Term Care Ombudsman. (iv) Other sources of assistance. *[For ICF/IIDs at §483.475(c):] (2) Contact information for the following:			E 031			6/7/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/06/2022

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.

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

PRINTED: 06/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2022
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNTAIN CARE - EVANSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 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
E 031	Continued From page 1 (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance. (iii) The State Licensing and Certification Agency. (iv) The State Protection and Advocacy Agency. This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to develop and maintain emergency preparedness contact information in accordance with §483.73(c). Failure to develop and maintain the emergency preparedness contact information could result in a lack of necessary communication with State agencies in the event of an emergency. The deficiency affected the contact list in the emergency preparedness plan. The findings were: Document review of the emergency preparedness plan on 05/17/2022 starting at 11:00 AM revealed that the contact information section did not include contact information for federal or state agencies as required. Interview with the director of facilities management at the time of the observation acknowledged the lack of contact information for federal and state agencies. Interview with the facility administrator at the time of exit acknowledged the deficiency.	E 031	Emergency preparedness binder will be updated to include an information sheet with contact information for local, state and federal jurisdictions. This page will be tabbed in the disaster binder for easy access to staff in an emergency. This information will be reviewed annually with the disaster plan and updates will be made as needed. A specific task referring to this information sheet will be added to TELS preventative maintenance system for annual review.		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on May 17, 2022.	K 000			

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

PRINTED: 06/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2022
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNTAIN CARE - EVANSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 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	Continued From page 2 Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in the Section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association. The facility was a fully sprinklered, single story building of Type V (111) construction with plan approval in 1985. The building was equipped with an automatic dry sprinkler system with an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 44 residents.	K 000			
K 200 SS=D	Means of Egress Requirements - Other CFR(s): NFPA 101 Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. 18.2, 19.2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain door leaf encroachment within the means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain door leaf encroachment as required could result in the delay of occupant egress	K 200			8/1/22
			A contractor was contacted on 5/24/2022 to purchase and install a deeper door hinge on all doors that swing outward into the hallways. This will change the pivot point of the door, allowing it to swing to a full-open position and not impede the		

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

PRINTED: 06/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2022
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNTAIN CARE - EVANSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 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 200	Continued From page 3 during an emergency, which could result in injury or death. The deficiency affected two (2) sets of access doors to HVAC closets in each resident wing opening to the corridor. The findings were: Observation on 05/17/22 starting at 9:50 AM, and throughout the survey, revealed that doors used to access HVAC closets would not swing to the full-open position, and could impede the required width of the means of egress. Observations included the double doors at each HVAC closet, which impacted the corridor handrail, and only opened to within approximately 12 inches from the corridor wall in the full-open position. Interview with the director of facilities maintenance at the time of each observation acknowledged the condition, and indicated that he was not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 19.2.2.2.1, 7.2.1.4.3.1	K 200	means of egress. Doors will be placed on semi-annual check in the TELS preventative maintenance system to ensure no future issues. Any issues will be discussed in quarterly QAPI meetings.		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited	K 324		6/24/22	

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

PRINTED: 06/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2022
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNTAIN CARE - EVANSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 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 324	Continued From page 4 cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to protect cooking facilities in accordance with the 2012 NFPA 101, Life Safety Code. Failure to protect cooking facilities could result in injury or death in the event of a fire. The deficiency affected one (1) of one (1) kitchen. The findings were: Observation on 05/17/22 at 10:26 AM revealed a wheeled gas cooktop under a commercial exhaust hood located in the facility's kitchen. Observation of the cooktop revealed that no means was provided to ensure it is returned to the approved location after being moved. Cooking appliances requiring fire-extinguishing protection shall be provided with a means of returning to the approved location after being moved for cleaning or maintenance purposes.	K 324	A high-durability striping material was purchased on 6/3/2022. This material will be installed to mark the location of the gas cook-top so staff know where to return the cook-top. A quarterly inspection will be added to TELS preventative maintenance system. Repairs to the material will be made as needed. Issues found will be discussed in QAPI meeting.		

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

PRINTED: 06/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2022
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNTAIN CARE - EVANSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 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 324	Continued From page 5 Interview with the director of facilities maintenance at the time of the observation acknowledged the deficiency, and indicated he was not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 19.3.2.5.5 and 9.2.3. 2011 NFPA 96, Section 12.1.2.3	K 324			
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain fire alarm systems in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain fire alarm systems as required could result in injury or death due to system malfunction or failure. The deficiency affected one (1) of numerous maintenance requirements for the fire alarm system. The findings were: Review of documentation on 05/17/2022 starting	K 345	A current copy of the UL listing certificate for fire alarm system was obtained during the survey. A copy was placed inside the fire panel as well as the life safety book on 5/17/2022. An annual reminder for this has been added to TELS preventative maintenance system. Certification will be reviewed with QAPI committee on an annual basis to ensure compliance.		5/17/22

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

PRINTED: 06/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2022
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNTAIN CARE - EVANSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 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 345	Continued From page 6 at 10:30 AM revealed that the Underwriter's Laboratory (UL) certification for the fire alarm had expired on 03/31/2022. Interview with the director of facilities maintenance at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 19.3.4.1 and 9.6.1.3	K 345			
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:	K 353			6/14/22

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

PRINTED: 06/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2022
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNTAIN CARE - EVANSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 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 353	Continued From page 7 Based on observation and staff interview, the facility failed to maintain fire sprinkler system in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to maintain fire sprinkler systems as required could result in injury or death due to inadequate response to a fire. The deficiency affected one (1) of numerous storage areas throughout the facility. The findings were: Observation on 05/17/2022 at 10:24 AM in the laundry janitor's closet revealed combustible materials stored to a height within six (6) inches of the sprinkler head. Interview with the director of facilities maintenance at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency.	K 353	Items stored near sprinkler head were removed on 05/17/2022. These items were relocated to appropriate storage area. Storage items will no longer be allowed on top shelf of this janitor closet. Signage will be added and all housekeeping staff will be in-serviced on the new rule. A monthly check will be added to the TELS preventative maintenance system to ensure compliance. Any issues will be reported to the QAPI committee.		
K 511 SS=D	REF: 2011 NFPA 25, Sections 5.2.1.2 and 5.2.1.3 Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2	K 511		6/24/22	

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

PRINTED: 06/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2022
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNTAIN CARE - EVANSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 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 511	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to protect gas-fired equipment in accordance with the 2012 NFPA 101, Life Safety Code, and the 2012 NFPA 54, National Fuel Gas Code. Failure to maintain gas-fired equipment could lead to system damage and failure, resulting in injuries to staff or residents. The deficiency affected the kitchen, and all staff working within. The findings were: Observation on 05/17/2022 at 10:26 AM in the kitchen revealed a gas-fired cooktop. Further observation revealed that the cooktop was on casters, and was not provided with the required restraint to protect the flexible gas piping when the cooktop is moved for service or cleaning. Interview with the director of facilities maintenance at the time of the observation acknowledged the deficiency, and indicated he was not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 54, Section 9.6.1.2	K 511	A tether device was purchased on 6/3/2022 and will be installed upon arrival. This tether device will serve as a restraint that will not allow the cooktop to be moved to a point where damage may occur to fuel line. A quarterly inspection will be added to TELS preventative maintenance system to ensure tether device is in place and functioning properly. Any issues will be reported to QAPI committee.		