| 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 _____ | 05/19/2022 |

| 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 |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS<br><br>A recertification survey was conducted by Healthcare Licensing and Surveys from 5/16/22 to 5/19/22.<br><br>In addition, a review for compliance with the Omnibus COVID-19 Health Care Staff Vaccination requirements was conducted. It was determined, based upon the findings of the survey team, that no deficiencies were identified pertaining to the vaccine requirements.<br><br>The following common abbreviations are used throughout this document:<br><br>DON- Director of Nursing<br>MDS- Minimum Data Set<br><br>Less commonly used abbreviations will be annotated in each deficiency. | F 000 | | |
| F 803 SS=E | Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7)<br><br>§483.60(c) Menus and nutritional adequacy. Menus must-<br><br>§483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;<br><br>§483.60(c)(2) Be prepared in advance;<br><br>§483.60(c)(3) Be followed;<br><br>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident | F 803 | | 6/24/22 |

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.

| 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 _____ | 05/19/2022 |

| 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 |
|---|---|---|---|---|
| F 803 | Continued From page 1<br>groups;<br><br>§483.60(c)(5) Be updated periodically;<br><br>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and<br><br>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, review of menus, and staff interview, the facility failed to ensure menus were followed as planned for 1 of 1 meal preparation and service observation (noon meal on 5/18/22). The census was 44. The findings were:<br><br>Observation of the 5/18/22 noon meal preparation and service showed the certified dietary manager (CDM) and 2 other staff members were preparing the food. The foods that were prepared and served included: beef stew with vegetables, garden salad, bread, and pecan pie. Review of the menu showed chilled steamed vegetables were planned in place of the garden salad for residents that had mechanical soft or pureed diet textures. In addition, the menu showed the serving size for the beef stew was 8 ounces regardless of texture. The following concerns were identified:<br>a. Observation at 12:10 PM showed a 6 ounce ladle was used to serve the beef stew.<br>b. Review of the resident diet orders showed there were 3 residents (#29, #37, #145) who required pureed texture meals, and 11 residents (#3, #9, #10, #11, #14, #16, #19, #24, #27, #34, | F 803 | Residents #29, #37, #145, #3, #9, #10, #11, #14, #16, #19, #24, #27, #34 and #42 were reviewed by RD to ensure appropriate diet orders. All residents with a mechanically altered diet were reviewed to ensure appropriate diet orders.<br><br>An in-service with registered dietitian and dietary staff responsible for cooking meals will be held on or before 6/24/2022. In-service will include requirements for following menus and following appropriate serving sizes. Any menu changes/substitutions in the future will be reviewed and approved by RD prior to meal service.<br><br>RD, CDM, or designee will conduct audits of the tray line in the kitchen area on a weekly basis for at least 6 weeks to ensure menus and serving sizes are accurately followed. These audits will include ensuring that residents on mechanically altered diets are receiving the adequate and appropriate menu items prior to meal service. The auditor will look | |

| 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 _____ | 05/19/2022 |

| 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 |
|---|---|---|---|---|
| F 803 | Continued From page 2<br>#42) who required mechanical soft texture meals. Observation between 12 to 12:30 PM showed the residents received tomato juice instead of the chilled steamed vegetables.<br>c. Interview on 5/18/22 at 12:30 PM with the CDM revealed she had not checked the menu for the serving sizes. Additionally, she had not prepared the chilled steamed vegetables for the texture altered diets, thinking the tomato juice was adequate. | F 803 | at the pre-planned menu and will observe the items being served on the tray line to ensure accuracy. Any issues found during the audits will be discussed with the QAPI committee. | |
| F 812 SS=F | Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.<br>(iii) This provision does not preclude residents from consuming foods not procured by the facility.<br><br>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, and review of the US Food Code, the facility failed to ensure the food storage equipment was maintained in a clean and sanitary manner in 1 of 1 kitchens. The | F 812 | The ice machine will continue to be thoroughly cleaned and sanitized, above and beyond manufacturer recommendations, on a monthly basis. | 6/24/22 |

| 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 _____ | 05/19/2022 |

| 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 |
|---|---|---|---|---|
| F 812 | Continued From page 3<br>census was 44. The findings were:<br><br>1. Observations on 5/16/22 at 4:39 PM and 5/18/22 at 11:33 AM showed the following concerns with equipment:<br>a. The ice machine had a buildup of a pink and brown discoloration on the interior part, located above the ice in the storage bin.<br>b. The walk-in-cooler walls, ceiling, and fan covers were soiled with dark colored dust and grime.<br><br>2. Interview with the certified dietary manager (CDM) on 5/18/22 at 11:40 AM revealed the maintenance director conducted the sanitation for the ice machine. She also stated there was a schedule to deep clean the kitchen in June and the walk-in-cooler was part of the planned cleaning.<br><br>3. Interview with the maintenance director on 5/18/22 at 11:50 AM confirmed the ice machine was sanitized monthly, last done on 4/1/22. He and the CDM verified the area on the interior needed to be cleaned when soiled in a manner that would not contaminate the ice.<br><br>4. According to Food Code 2017, U.S. Public Health Service: 4-601.11 "(A) Equipment food-contact surfaces and utensils shall be clean to sight and touch... (C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris." | F 812 | Dietary staff will be instructed to wipe down the plastic grate above the storage bin at least once per day. CDM or designee will audit cleanliness of the ice machine once per week for at least 6 weeks and as needed thereafter. Audits will be documented and kept in CDM office.<br><br>Walk-in cooler, including walls, ceiling, and fans will be deep cleaned on/before 6/24/2022. CDM or designee will inspect cooler area for cleanliness on a monthly basis. Any issues identified will be corrected and reported to the QAPI committee. | |