

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

SEP 09 2005

PRINTED: 08/25/2005
FORM APPROV
OMB NO. 0938-03

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

535038

(X2) MULTIPLE CONSTRUCTION OF FACILITY

A. BUILDING

B. WING

(X3) DATE SURVEY
COMPLETED

08/15/2005

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

F 000

INITIAL COMMENTS

State Standards

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.

(v) The administrator shall enforce the rules
and regulations relative to the level of health care
and safety of residents and for the protection of
their personal and property rights.

This Standard was not met as evidenced by:

Based on observation and staff interview, the
facility failed to ensure there was a qualified
full-time nursing home administrator (NHA) on the
premises. The census was 48. The findings were:

Interview with registered nurse (RN) #1 on
7/30/05 at 11:30 AM revealed the identified NHA
was staff member #1. Interview with staff member

F 000

F000
Rules and Regulations for Program
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legal authority and responsibility
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Facility. The governing body
shall:

(B) Appoint a full-time, on premises,
administrator qualified by
education, training and
experience as established by
the Wyoming Board of Nursing
Home Administrators.

(C) The Administrator shall have a
current license as a Wyoming
Licensed Nursing Home
Administrator.

1) Lee Bangerter is the full-time
Administrator for Rocky Mt.
Care Evanston.

2) Lee's license number is 339.

3) Lee is working daily with Roland
Park General Manager on his
AIT program.

4) Our facility is currently looking to
hire a full time Administrator

5) Lee will then continue at that
time to focus on other
responsibilities as a Corporate
Office with our facility.

6) This will be monitored by Dee
Bangerter the Corporate
President.

08/15/2005

08/15/05

08/29/2005

08/29/05

08/29/05

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

TITLE

(X8) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that
her 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. All changes made per phone on 9/14/05 @ 0910 c Roland Park and

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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PRINTED: 08/26/21
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2005
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NAME OF PROVIDER OR SUPPLIER

ROCKY MOUNTAIN CARE EVANSTON

STREET ADDRESS, CITY, STATE, ZIP CODE

475 YELLOW CREEK ROAD

EVANSTON, WY 82930

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F 000	Continued From page 1 #1 on 7/30/05 at 12:40 PM revealed he was not licensed as an NHA and had no background, education, or experience in long term care or healthcare. He further stated his title was general manager and he was working under the previous nursing home administrator's license. He stated the previous NHA was currently residing out of state and that he (staff member #1) had been working in the facility for eight weeks. During an interview with the previous NHA on 7/31/05 at 8:50 AM, he stated "I am the administrator of this facility...." Interview further confirmed he lived out of the state and was working at another job. The surveyor attempted to contact the owner of the facility to clarify who was acting as the NHA for the facility, but the phone call was never returned. Observation from 7/30/05 at 11:30 AM through 7/31/05 at 3 PM revealed there was no full-time, licensed, and qualified NHA on the premises of the facility. Section 9. Nursing Services. (f) Administration of Drugs. Drugs shall be administered in compliance with federal and state laws, and in accordance with accepted professional principles. This Standard was not met as evidenced by: Based on resident and family interview, staff interview and medical record review, the facility failed to ensure medications were administered as ordered for 18 (#1, #7, #9, #13, #14, #15, #19, #21, #24, #25, #26, #27, #28, #29, #31, #33, #37, #43) of 19 sample residents and for 19 (#2, #3, #5, #8, #10, #11, #16, #18, #20, #22, #30, #32,	F 000	will be monitored monthly in QA meetings F000 Administration of Drugs. Drugs shall be administered in compliance with federal and state laws, and in accordance with accepted professional principles. 1) The facility will administer drugs in compliance with federal and state laws and in accordance with accepted professional standards, including all residents cited 2) The DON will complete random chart audits for completeness and accuracy of medication administration quarterly.	08/22/2005 08/15/2005

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2005
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NAME OF PROVIDER OR SUPPLIER ROCKY MOUNTAIN CARE EVANSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 475 YELLOW CREEK ROAD EVANSTON, WY 82930
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(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	Continued From page 2 #36, #38, #40, #41, #44, #45, #48) non-sample residents. The census was 48. The findings were: Although interviews on 7/31/05 with resident #15 at 8:10 AM, with resident #38 at 8:30 AM, with resident #10 at 8:45 AM, with resident #11 at 1 PM, and with resident #17 and his/her family at 2:20 PM revealed they were unaware of not receiving their medications as ordered, review of the July 2005 medication administration records (MARs) revealed medications were not documented as given as noted below for 37 residents. Interview with the director of nursing (DON) on 7/31/05 at 2 PM revealed she could not verify if the medications were or were not administered. Interview with a staff member on the morning of 7/31/05 revealed medications were sometimes not given because they were unavailable. He/she further stated some licensed staff members prepared medications for other licensed staff members ahead of time so MARs did not have to be used during a medication pass. Finally, he/she stated documentation on the MARs was then completed at the end of the month. Interview with the DON on 7/31/05 at 2 PM confirmed she asked staff to complete the MARs at the end of the month when there were blanks. 1. Review of the July 2005 MAR for resident #2 revealed there was no documentation the resident received the following medications: a. Carafate (for gastrointestinal problems) 1 gram (GM) at 9 PM on 7/20/05, at 6 AM on 7/26/05, at 9 PM on 7/29/05, and at 6 AM on 7/30/05. b. Micro K (potassium supplement) 20 milliequivalents (meEq) at 12 noon on 7/6/05, at 9 PM on 7/20/05, at 6 PM and 9 PM on 7/29/05.	F 000	3) The DON notified the State Board of Nursing on August 1, 2005 and spoke with the compliance office on information for legal & ethical documentation, as well as administration of medications to the residents. 4) The DON held an in-service on August 15, 2005 with all nursing staff to instruct on medication administration, documentation legal & ethical procedures. 5) The Nurse that was involved was written up formally per facility protocol on medication administration and documentation on 08/22/05. 6) will be monitored in monthly QA meetings	08/01/05 08/22/05

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2006
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NAME OF PROVIDER OR SUPPLIER

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F 000	Continued From page 3 c. Seroquel (antipsychotic) 200 milligrams (mg) at bedtime on 7/12/05 and on 7/29/05. d. Theophylline (for breathing) 300 mg at 6 PM on 7/29/05. e. Depakote (anticonvulsant) 500 mg at bedtime on 7/29/05. f. Extended release vitamin C 1000 mg (for chronic urinary tract infection) at AM on 7/28/05 and 7/29/05 and at 6 PM on 7/29/05. g. Seroquel 50 mg at 12 noon on 7/28/05 and 7/29/05. h. FESO4 (for anemia) 325 mg at 8 AM and 6 PM on 7/29/05. i. Zyliprim (for gout) 300 mg at 8 AM on 7/22/05. j. Surfak (for constipation) 240 mg at 8 AM and 6 PM on 7/29/05. k. Glucophage (for diabetes) 500 mg at 8 AM 12 noon, and 6 PM on 7/29/05. l. Lexapro (antidepressant) 10 mg at 8 PM on 7/28/05. 2. Review of the July 2005 MAR for resident #3 revealed the following medications were not documented as being given: a. Benicar (for hypertension) 20 mg at 8 AM on 7/28/05 and 7/29/05. b. Dilantin (for seizures) 100 mg at 6 AM on 7/28/05 and 7/29/05. c. Ecotrin / Aspirin 81 mg at 8 AM on 7/28/05 and 7/29/05. d. Multivitamin with minerals (dietary supplement) at 8 AM on 7/28/05 and 7/29/05. e. Plavix (for high cholesterol) 75 mg at 8 AM on 7/28/05 and 7/29/05. 3. Review of the July 2005 MAR for resident #5 revealed the following medications were not documented as being given:	F 000		

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F 000	Continued From page 4 a. Amantadine (antiparkinson) 100 mg at 8 AM and 6 PM on 7/27/05 and on 7/29/05. b. Sinemet (for Parkinson) 50/200 mg at 8 AM, 12 noon, and 6 PM on 7/27/05 and 7/29/05. c. Ferrous Gluconate (iron for anemia) 325 mg at 8 AM on 7/27/05 and 7/29/05. d. Exelon (for Alzheimer dementia) 6 mg at 8 AM and 6 PM on 7/27/05 and 7/29/05. e. Comtan (for parkinsonism) 200 mg at 8 AM and 6 PM on 7/27/05 and 7/29/05. f. Sinemet 25/100 mg at 12 noon on 7/14/05 and at 8 AM, 12 noon, and 6 PM on 7/27/05 and 7/29/05. g. Aspirin 325 mg at 8 AM on 7/27/05 and 7/29/05. 4. Review of the July 2005 MAR for resident #7 revealed the following medications were not documented as being given: a. Xalatan eye drops (for ocular hypertension) one drop in both eyes at 10 AM on 7/14/05 and 7/29/05. b. Prevacid (for gastrointestinal reflux disease) 30 mg at 8 AM on 7/29/05. c. Digoxin (regulates heart rate in congestive heart failure) 0.125 mg at 8 AM on 7/29/05. d. Coumadin (anticoagulant) at 6 PM on 7/29/05. e. Lasix (diuretic) 20 mg at 8 AM on 7/29/05. f. KCL (potassium supplement) 20 meq at 8 AM and 6 PM on 7/29/05. g. Vitamin C (for wound healing) 500 mg at 8 AM and 6 PM on 7/29/05. h. Zinc (for wound healing) 50 mg at 8 AM on 7/29/05. i. Arginaide (for wound healing) one packet at 8 AM and 6 PM on 7/29/05. j. Calcium with vitamin D (for osteoporosis)	F 000		

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NAME OF PROVIDER OR SUPPLIER ROCKY MOUNTAIN CARE EVANSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 475 YELLOW CREEK ROAD EVANSTON, WY 82930		
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F 000	Continued From page 6 500 mg at 8 AM on 7/29/05. k. Multivitamin with minerals (dietary supplement) one tablet at 8 AM on 7/29/05. 5. Review of the July 2005 MAR for resident #8 reviewed there was no documentation that the resident received Haldol (for dementia with psychotic features) 0.5 mg at 9 PM on 7/7/05, 7/8/05, 7/19/05, 7/27/05, and 7/28/05. In addition, the resident did not receive the 8 AM dose on 7/27/05 and 7/29/05. 6. Review of the July 2005 MAR for resident #9 revealed the following medications were not documented as being given: a. Zoloft (antidepressant) 100 mg at 8 AM on 7/29/05. b. FESO4 (iron for anemia) one tablet at 8 AM on 7/29/05. c. Verapamil sustained release (for congestive heart failure) 120 mg at 8 AM on 7/29/05. d. Aspirin (blood thinner) 81 mg at 8 AM on 7/14/05 and 7/29/05. e. Plavix (for high cholesterol) 75 mg at 8 AM on 7/14/05 and 7/29/05. f. Evista (for osteoporosis) 60 mg at 8 AM on 7/14/05 and 7/29/05. 7. Review of the July 2005 MAR for resident #10 revealed the following medications were not documented as being given: a. Carafate (for gastrointestinal distress) at 6 AM on 7/2/05 and on 7/21/05, at 11:30 AM on 7/27/05, and at 5:30 PM on 7/29/05. b. Prevacid (for GERD) 30 mg at 8:30 AM on 7/2/05, and 7/21/05, and 6 PM on 7/27/05 and 7/29/05 and 7/30/05. c. Lactulose (stool softener) 20 GM at 8 AM	F 000			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/15/2005
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNTAIN CARE EVANSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 475 YELLOW CREEK ROAD EVANSTON, WY 82930		
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F 000	Continued From page 6 on 7/27/05, and 7/29/05. d. Lasix (diuretic) 80 mg at 8 AM and 6 PM on 7/27/05 and 7/29/05. e. K Tab (potassium supplement) 20 meq at 8 AM and 6 PM on 7/27/05 and 7/29/05. f. Doxepin (antidepressant) 10 mg at 9 PM on 7/27/05. g. Spironolactone (for congestive heart failure) at 6 AM on 7/9/05, at 3 PM on 7/11/05, and at 3 PM on 7/27/05 and 7/29/05. h. Folic acid (for anemia) 1 mg at 8 AM on 7/27/05 and 7/29/05. i. Multivitamin with minerals (dietary supplement) one tablet at 8 AM on 7/27/05 and 7/29/05. j. Propranolol (for hypertension) at 8 AM and 6 PM on 7/27/05 and 7/29/05. k. Iron sulfate (for anemia) 324 mg at 8 AM and 6 PM on 7/27/05 and 7/29/05. 8. Review of the July 2005 MAR for resident #11 revealed the following medications were not documented as being given: a. Micro K (potassium supplement) 10 meq at 8 PM on 7/27/05 and 7/29/05. b. NPH Insulin 27 units plus regular insulin 18 units (for diabetes) at 7:30 AM on 7/27/05 and 7/29/05. c. NPH Insulin 13 units plus regular insulin 9 units at 5:30 PM on 7/25/05 and 7/29/05. d. Actos (for diabetes) 30 mg at 8 AM on 7/29/05. e. Wellbutrin XL (antidepressant) at 12 noon for 7/27/05 and 7/29/05. f. Prevacid (GERD) 30 mg at 8 AM on 7/27/05 and 7/29/05. g. Lisinipril (for congestive heart failure) 10 mg at as noon on 7/27/05 and 7/29/05. h. Aspirin (anticoagulant) 325 mg at 8 AM on	F 000			

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NAME OF PROVIDER OR SUPPLIER
ROCKY MOUNTAIN CARE EVANSTON

STREET ADDRESS, CITY, STATE, ZIP CODE
475 YELLOW CREEK ROAD
EVANSTON, WY 82930

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F 000	Continued From page 7 7/27/05 and 7/29/05. i. Glucophage (for diabetes) 500 mg at 8 AM and 8 PM on 7/27/05 and 7/29/05. j. Atenolol (antihypertensive) 100 mg at 8 AM on 7/27/05 and 7/29/05. k. Hydrochlorothiazide (diuretic) 25 mg at 12 noon on 7/27/05 and 7/29/05. l. Colace (stool softener) 100 mg at 8 AM and 8 PM on 7/27/05 and 7/29/05. m. Plendil (antihypertensive) 5 mg at 12 noon on 7/27/05 and 7/29/05. 9. Review of the July 2005 MAR for resident #13 revealed the following medications were not documented as being given: a. Protonix (for GERD) 40 mg at 8 AM on 7/13/05, 7/15/05 and 7/28/05. b. Plavix 75 mg at 8 AM on 7/13/05, 7/15/05 and 7/28/05. c. Lasix 20 mg at 8 AM on 7/13/05, 7/15/05, and 7/28/05. d. Axid (for duodenal ulcer) 150 mg at 6 PM on 7/12/05, 7/13/05, 7/15/05, 7/18/05, 7/24/05, 7/29/05 and 7/30/05. e. Levothyroxine (for hypothyroidism) 0.075 mg at 8 AM on 7/13/05, 7/15/05 and 7/28/05. f. Enteric coated aspirin 325 mg at 8 AM on 7/13/05, 7/15/05 and 7/28/05. g. Zyprexa (antipsychotic) 2.5 mg at 8 PM on 7/15/05, 7/18/05, and 7/28/05. h. Haldol 1 mg at 12 noon on 7/30/05. 10. Review of the July 2005 MAR for resident #14 revealed the following medications were not documented as being given: a. Allegra D (for allergies) at 8 AM and 6 PM on 7/29/05. b. Lasix 40 mg at 8 AM on 7/29/05. c. KCL 10 meq at 8 AM on 7/29/05.	F 000		

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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	
F 000	Continued From page 8 11. Review of the July 2005 MAR for resident #15 revealed the following medications were not documented as being given: a. Synthroid 0.075 mg at 6 AM on 7/26/05 and on 7/29/05. b. Ferrous gluconate 325 mg at 8 AM on 7/28/05. c. Rifampin (used in pulmonary tuberculosis and meningococcal carriers) at 8 AM and 6 PM on 7/28/05. d. Ziac (antihypertensive) 5/6.25 mg at 8 AM on 7/28/05. e. Zinc 50 mg at 8 AM on 7/28/05 and 7/29/05. f. Vitamin C 500 mg at 8 AM and 6 PM on 7/28/05. g. Micro K 10 meq at 8 AM, 12 noon, and 6 PM on 7/28/05. h. Pepcid (for stomach disorders) 20 mg at 8 PM on 7/28/05. i. Keflex (antibiotic) 500 mg at 8 AM, 12 noon, and 6 PM on 7/28/05 and at 12 noon on 7/30/05. j. Colace (stool softener) 100 mg at 8 AM on 7/28/05. k. Paxil (antidepressant) 10 mg at 8 AM on 7/28/05 and 7/29/05. l. Prednisone (steroid) 25 mg at 8 AM on 7/28/05 and 7/29/05. 12. Review of the July 2005 MAR for resident #16 revealed the following medications were not documented as being given: a. Nitrobid (for angina) 2.5 mg at 8 AM and 6 PM on 7/29/05. b. Aspirin one tablet at 8 AM on 7/29/05 13. Review of the July 2005 MAR for resident #1 revealed there was no documentation the	F 000			

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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	
F 000	Continued From page 9 resident received Miralax 1 capful in 4 ounces of fluid at 8 AM on 7/27/05 and 7/29/05. 14. Review of the July 2005 MAR for resident #18 revealed the following medications were not documented as being given: a. Lasix 80 mg at 8 AM on 7/29/05. b. Prilosec (for stomach acid) 20 mg at 8 AM and 6 PM on 7/29/05. c. Benicar (antihypertensive) 10 mg at 8 AM on 7/29/05. d. Lexapro (antidepressant) 10 mg at 8 AM on 7/29/05. e. Multivitamin one tablet at 8 AM on 7/29/05. 15. Review of the July 2005 MAR for resident #19 revealed the resident did not receive the following medications: a. Reglan (prevents nausea) 10 mg at 11 AM on 7/30/05. b. Heparin (for atrial fibrillation and prevention of deep vein thrombosis) 5000 units at 8 AM on 7/30/05. 16. Review of the July 2005 MAR for resident #20 revealed the following medications were not documented as being given: a. Catapres - TTS-3 Patch (for hypertension) topical on 7/28/05. b. Aspirin 325 mg for arthritis at 12 noon on 7/27/05 and 7/29/05. c. Fish oil (dietary supplement) one soft gel tablet at 8 AM on 7/29/05. d. Vitamin B12 (for anemia) Injection 1 mg every month on 7/28/05. e. Vitamin C 500 mg at 12 noon on 7/14/05, 7/27/05, and 7/29/05. f. Miralax (laxative) 1 capful in 4 ounces of	F 000			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2005
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NAME OF PROVIDER OR SUPPLIER ROCKY MOUNTAIN CARE EVANSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 475 YELLOW CREEK ROAD EVANSTON, WY 82930
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(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	Continued From page 10 fluid at 8 AM on 7/28/05 and 7/29/05. 17. Review of the July 2005 MAR for resident #21 revealed the following medications were not documented as being given: a. Zoloft (antidepressant) 50 mg at 6 PM on 7/27/05. b. Mag-Ox (supplement) 400 mg at 8 AM and 6 PM on 7/29/05. c. Ocuville (dietary supplement) 1 tablet at 8 AM and 6 PM on 7/29/05. d. Digoxin (regulates pulse) 0.125 mg at 8 AM on 7/29/05. e. Calcium with vitamin D 500 mg at 8 AM on 7/29/05. f. NPH Insulin 22 units and regular insulin 16 units at 7:30 AM on 7/29/05. g. Extended release vitamin C 500 mg at 8 AM and 6 PM on 7/29/05. h. NPH insulin 10 units and regular insulin 6 units at 5 PM on 7/29/05. i. Buspar (anxiety) 5 mg at 8 AM and 6 PM on 7/29/05. j. Miralax powder one capful in 4 ounces of fluid at 8 AM on 7/29/05. k. Arginalde (for decreased albumin) 1 package in 4 ounces fluid at 8 AM on 7/28/05, and at 8 AM and 6 PM on 7/29/05. l. Alphagen eye drops one drop in both eyes for allergies at 8 PM on 7/8/05, at 10 AM on 7/14/05, and at 10 AM on 7/29/05. m. Flonase nasal spray (for nasal congestion) one sniff to each nostril at 8 PM on 7/8/05, at 10 AM on 7/14/05, and at 10 AM on 7/29/05. 18. Review of the July 2005 MAR for resident #22 revealed the following medications were not documented as being given: a. Lexapro (antidepressant) 10 mg at 6 PM	F 000		

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

PRINTED: 08/25/2006
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OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/15/2006
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	
F 000	Continued From page 11 on 7/27/05 and 7/29/05. b. Celebrex (for arthritis) 200 mg at 8 AM on 7/7/05, 7/27/05, and 7/29/05. c. Humulin N 9 units at 7:30 AM on 7/27/05 and on 7/29/05. d. Pepcid (for GERD) 40 mg at 8 AM and 6 PM on 7/27/05 and 7/29/05. e. Calcium with vitamin D 500 mg at 8 AM and 6 PM on 7/27/05 and 7/29/05. f. FE gluconate (for anemia) 325 mg at 8 AM and 6 PM on 7/27/05 and 7/29/05. g. Zyprexa (antipsychotic) 7.5 mg at 8 AM on 7/12/05, at 8 AM and 6 PM on 7/27/05 and 7/29/05. h. Lasix (diuretic) 60 mg at 8 AM on 7/27/05 and 7/29/05. i. Arginalide 1 package in 6-8 ounces of fluid at 8 AM and 6 PM on 7/11/05, at 6 PM on 7/12/05, at 6 PM on 7/17/05, at 6 PM on 7/25/05, at 8 AM and 6 PM on 7/27/05, and at 8 AM and 6 PM on 7/29/05. 19. Review of the July 2005 MAR for resident #24 revealed the following medications were not documented as being given: a. Aciphex (for GERD) 20 mg at 8 AM on 7/28/05. b. Colace (stool softener) 100 mg at 8 AM on 7/28/05. c. Eyecaps (for macular degeneration) 2 tablets at 8 AM on 7/28/05. d. Lutein (for macular degeneration) 1 tablet at 8 AM on 7/28/05. e. Enteric coated aspirin 325 mg at 8 AM on 7/13/05 and 7/28/05. f. Plavix (anticoagulant) 75 mg at 8 AM on 7/28/05. g. Ferrous gluconate (for anemia) 324 mg at	F 000			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2005
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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
F 000	Continued From page 12 8 AM 12 noon, and 6 PM on 7/28/05. h. Zoloft (antidepressant) 25 mg at 8 AM on 7/28/05. i. Vitamin C 500 mg at 8 AM and 6 PM on 7/28/05. 20. Review of the July 2005 MAR for resident #25 revealed the following medications were not documented as being given: a. Symmetrel (for side effects of psychotropic medications) 100 mg at 6 PM on 7/29/05. b. Flomax (for urinary incontinence) 0.4 mg at 8 PM on 7/20/05. c. Remeron (antidepressant) 15 mg at 8 PM on 7/20/05. 21. Review of the July 2005 physician's orders for resident #26 revealed he/she had diagnoses including atrial fibrillation, major depressive affective disorder, congestive heart failure, and hypertension. Review of the July 2005 MAR revealed there was no documentation the resident received the following medications: a. Effexor extended release (antidepressant) 150 mg at 8 AM on 7/28/05 and 7/29/05. b. Lasix (diuretic) 40 mg at 8 AM on 7/28/05 and 7/29/05. c. Coumadin (anticoagulant) 2.5 mg at 6 PM on 7/21/05 and 7/28/05. d. Coumadin 5 mg at 6 PM on 7/23/05. e. Lisinipril (antihypertensive) 10 mg at 8 AM on 7/28/05. f. Premarin (for osteoporosis) 1.25 mg at 8 AM on 7/28/05. g. Mylicon (for gas) 80 mg at 8 AM on 7/28/05. h. Vitamin C extended release 500 mg 2 tablets at 8 AM on 7/28/05. i. Protonix (for GI distress) 40 mg at 6 AM on	F 000		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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OMB NO. 0938-031

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/15/2006
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	
F 000	Continued From page 13 7/16/05 and 7/21/05. j. Atenolol (for atrial fibrillation) 50 mg at 8 AM on 7/28/05. k. Lanoxin (regulates pulse) 0.125 mg 1/2/ tablet at 8 AM on 7/28/05. l. Valium (anltanxiety) 2.5 mg at 8 AM on 7/28/05. m. Multivitamin with minerals 1 tablet at 8 AM on 7/28/05. n. Calcium with vitamin D 1000 mg at 8 AM on 7/28/05. 22. Review of the July 2005 physician's orders for resident #27 revealed he/she had diagnoses including cerebrovascular disease, sleep disturbance, hypotension, obesity, glaucoma, and cerebral artery occlusion. Review of the July 2005 MAR revealed there was no documentation the resident received the following medications: a. Lasix (diuretic) 80 mg at 8 AM on 7/27/05 and 7/29/05. b. Micro 10 meq at 8 PM on 7/3/05 and at 8 AM and 6 PM on 7/27/05 and 7/29/05. c. Aspirin 325 mg at 8 AM on 7/27/05 and 7/29/05. d. Seroquel (antipsychotic) 100 mg at 8 AM on 7/27/05 and 7/29/05. e. Celexa (for dementia with depressive features) 20 mg at 8 AM on 7/27/05 and 7/29/05. f. Pepcid 20 mg at 8 AM and 6 PM on 7/27/05 and 7/29/05. g. Seroquel 200 mg at 6 PM on 7/27/05 and 7/29/05. h. Miralax 1 capful in 4 ounces of fluid at 8 AM and 6 PM on 7/27/05 and 7/29/05. i. Lisinopril 40 mg at 12 noon on 7/14/05, 7/27/05, and 7/29/05. j. Plendil (antihypertensive) 5 mg at 8 AM on 7/27/05 and 7/29/05.	F 000			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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PRINTED: 08/25/2005
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2005
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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
F 000	Continued From page 14 k. Clarinex (antihistamine) 5 mg at 6 PM on 7/23/05, 7/24/05, 7/25/05, 7/27/05, and 7/29/05. 23. Review of the July 2005 physician's orders for resident #28 revealed he/she had diagnoses including neuralgia of the leg, cardiac failure, arthropathy, gastrointestinal reflux disease, and polyneuropathy. Review of the July 2005 MAR revealed there was no documentation the resident received the following medications: a. Health shake at 10 AM and 4 PM on 7/28/05. b. Trusopt eye drops 1-2 drops in the right eye at 10 AM on 7/22/05 and 7/28/05. c. Librax (for irritable bowel syndrome) 1 tablet at 11:30 AM on 7/27/05. 24. Review of the July 2005 physician's orders for resident #29 revealed he/she had diagnoses including cardiomyopathy, organic brain disease, hypothyroidism, constipation, and gastrointestinal reflux disease. Review of the July 2005 MAR revealed there was no documentation the resident received the following medications: a. Zinc 50 mg at 8 AM on 7/28/05. b. Arginaide 1 package at 6 PM on 7/24/05 and at 8 AM on 7/26/05. c. Prilosec (GERD) 20 mg at 8 AM on 7/28/05. d. Synthroid (for hypothyroidism) 0.075 mg at 6 AM on 7/1/05 and on 7/21/05. e. Multivitamin with minerals 1 tablet at 8 AM on 7/26/05. f. Extended release vitamin C 500 mg 2 tablets at 6 PM on 7/24/05 and at 8 AM on 7/28/05. 25. Review of the July 2005 MAR for resident #30 revealed there was no documentation the	F 000		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 635038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/15/2005
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	
F 000	Continued From page 15 resident received the following medications: a. Prilosec 20 mg at 8 AM and 6 PM on 7/29/05. b. Carafate 1 GM at 11 AM and 6 PM on 7/29/05. c. Colace 100 mg at 12 noon and 6 PM on 7/29/05. d. Multivitamin with minerals 1 table at 8 AM on 7/29/05. e. Aspirin 81 mg at 8 AM on 7/29/05. f. Niferex forte (for anemia) 1 tablet at 6 PM on 7/29/05. 26. Review of the July 2005 physician's orders for resident #31 revealed he/she had diagnoses including emphysema, breast cancer, endocarditis, morbid obesity, urinary incontinence, dementia, arteriole sclerosis, and depression. Review of the July 2005 MAR revealed there was no documentation the resident received the following medications: a. Potassium 60 meq at 8 Am on 7/29/05. b. Theo-Dur (for breathing) 200 mg at 8 AM and 6 PM on 7/29/05. c. Lopressor 50 mg at 8 AM on 7/29/05. d. Lasix 40 mg at 8 AM on 7/29/05. e. Fe gluconate 325 mg at 8 AM on 7/29/05. f. Fibercon 1 tablet at 8 AM on 7/29/05. g. Neurontin (for peripheral neuropathy) 100 mg at 8 AM and 6 PM on 7/29/05. h. Multivitamin with minerals 1 tablet at 8 AM on 7/29/05. i. Chlorophyll (for urinary odor control) 3 mg at 8 AM and 6 PM on 7/29/05. j. Extended release vitamin C 500 mg 2 tablets at 8 AM and 6 PM on 7/29/05. k. Zyprexa (antipsychotic) 5 mg at 6 PM on 7/29/05. l. Miralax 1 capful in 4 ounces fluid at 8 AM	F 000			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2005
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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
F 000	Continued From page 16 on 7/29/05. m. Zinc 50 mg at 8 AM on 7/29/05. n. Arginaide 1 package at 8 AM and 6 PM on 7/29/05. o. Coumadin 2.5 mg at 6 PM on 7/1/05 and 7/29/05. p. Lortab (for pain) 7.5/500 mg at 8 AM, 12 noon, 4 PM, and 8 PM on 7/29/05. 27. Review of the July 2005 MAR for resident #32 revealed there was no documentation the resident received the following medications: a. Aricept (for Alzheimer) 10 mg at 8 AM on 7/14/05, 7/27/05 and 7/29/05. b. Avandia (for diabetes) 4 mg at 6 PM on 7/13/05, and 8 AM and 6 PM on 7/27/05 and 7/29/05. c. Tricor (for hypercholesterolemia) at 8 AM on 7/14/05, 7/27/05 and 7/29/05. d. Aspirin 81 mg at 8 AM on 7/14/05, 7/27/05, and 7/29/05. e. Lasix 40 mg at 8 AM on 7/14/05, 7/27/05 and 7/29/05. f. Risperdal (antipsychotic) 0.25 mg at 8 AM on 7/14/05, and at 8 AM and 6 PM on 7/27/05 and 7/29/05. g. Trazadone (antidepressant) 100 mg at 6 PM on 7/27/05 and 7/29/05. h. Multivitamin with minerals at 8 AM on 7/14/05, 7/27/05 and 7/29/05. 28. Review of the July 2005 physician's orders for resident #33 revealed he/she had diagnoses including paralysis agitans, mixed incontinence, arthropathy, cataplexy and narcolepsy, indigestion, and osteoporosis. Review of the July 2005 MAR revealed there was no documentation the resident received the following medications: a. "Sinemet 25/250 1 po [by mouth] 6 X	F 000		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 635038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/15/2005
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)		(X6) COMPLETION DATE
F 000	Continued From page 17 [times] [per] day [for] Parkinson [and] give these meds exactly on time - no 30" [minute] leeway!! **record exact time given in time slot**". Review revealed there was no documented administration of this medication for 8 PM on 7/1/05, 3 PM and 6 PM on 7/14/05, for 9 PM on 7/20/05, for 6 AM on 7/23/05, and for 9 AM, 12 noon, and 3 PM on 7/28/05. b. Multivitamin with minerals 1 tablet at 12 noon on 7/28/05. c. Synthroid (for hypothyroidism) 0.05 mg at 6 AM on 7/21/05. d. Miralax 1 capful in 4 ounces of fluid at 8 AM on 7/28/05. e. Toprol (antihypertensive) 50 mg at 8 AM on 7/28/05. f. Extended release vitamin C 2 tablets at 6 PM on 7/1/05 and 7/20/05, and at 8 AM on 7/28/05. g. "Ritalin 40 mg po Bid [twice daily] [for] narcolepsy [and] give meds exactly on time-not 30" leeway!". Review revealed there was no documented administration of this medication at 3 PM on 7/20/05 and on 7/28/05. 29. Review of the July 2005 MAR for resident #36 revealed there was no documentation the resident received the following medications: a. Lexapro 10 mg at 8 AM on 7/27/05 and 7/29/05. b. Zyprexa 2.5 mg at 8 PM on 7/1/05. c. Colace 100 mg at 8 AM on 7/27/05 and 7/29/05. d. Plavix 75 mg at 8 AM on 7/27/05 and 7/29/05. e. Norvasc (antihypertensive) 2.5 mg at 8 AM on 7/27/05 and 7/29/05. f. Dyazide (diuretic) 25/37.5 mg at 8 AM on 7/21/05.	F 000			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2005
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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
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F 000

Continued From page 18

g. Nitro-bid (antianginal) 6.5 mg at 8 AM and 8 PM on 7/27/05 and 7/29/05.

h. Zocor 10 mg at 6 PM on 7/27/05 and 7/29/05.

i. Fe gluconate 325 mg at 8 AM on 7/27/05 and 7/29/05.

30. Review of the July 2005 physician's orders for resident #37 revealed he/she had diagnoses including hypertension, organic brain disease, and hypothyroidism. Review of the July 2005 MAR revealed there was no documentation the resident received the following medications:

a. HCTZ (antihypertensive) 50 mg at 8 AM on 7/28/05.

b. Micro K 10 meq at 6 PM on 7/8/05, and 8 AM and 12 Noon on 7/28/05.

c. Synthroid 0.125 mg at 8 AM on 7/9/05, 7/12/05, and 7/21/05.

d. Risperidone (for dementia with hallucinations) 1 mg at 8 AM on 7/28/05.

e. Prilosec 20 mg at 7 AM on 7/28/05.

f. Coumadin 2.5 mg at 6 PM on 7/8/05.

31. Review of the July 2005 MAR for resident #38 revealed there was no documentation the resident received the following medications:

a. Lasix 40 mg at 8 AM on 7/27/05 and 7/29/05.

b. Mini press (antihypertensive) 5 mg at 8 AM and 6 PM on 7/27/05 and 7/29/05.

c. Micro K 20 meq at 8 AM on 7/27/05 and 7/29/05.

d. Antivert (for dizziness) at 8 AM, 12 noon, and 6 PM on 7/27/05 and 7/29/05.

e. Percocet (narcotic for pain) 5/325 mg at 12 noon and 6 PM on 7/27/05 and 7/29/05.

f. Multivitamin with minerals 1 tablet at 8 AM on 7/27/05 and 7/29/05.

F 000

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2005
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NAME OF PROVIDER OR SUPPLIER

ROCKY MOUNTAIN CARE EVANSTON

STREET ADDRESS, CITY, STATE, ZIP CODE

476 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	Continued From page 19 g. Colace 100 mg at 8 AM and 6 PM on 7/27/05 and 7/29/06. h. Lithostat (blocks the enzyme that accelerates the breakdown of urea into carbon dioxide or ammonia) 250 mg at 8 AM and 6 PM on 7/27/05 and 7/29/06. i. Miralax 17 GM in 4 ounces of fluid at 8 AM on 7/11/05, 7/27/05 and 7/29/05. 32. Review of the July 2005 MAR for resident #40 revealed there was no documentation the resident received the following medications: a. Ferrous sulfate 324 mg at 6 PM on 7/27/05 and at 8 AM and 6 PM on 7/29/05. b. Zyprexa 10 mg at 6 PM on 7/27/05 and 7/29/05. c. Lexapro 5 mg at 6 PM on 7/27/05 and 7/29/05. d. Plavix 75 mg at 8 AM on 7/17/05, 7/27/05 and 7/29/05. e. Miralax 1 capful in 4 ounces of fluid at 8 AM on 7/27/05 and 7/29/05. f. Toprol extended release at 8 AM on 7/27/05 and 7/29/05. 33. Review of the July 2005 MAR for resident #41 revealed there was no documentation the resident received the following medications: a. Metformin 1000 mg at 6 PM on 7/12/05, and at 8 AM and 6 PM on 7/27/05 and 7/29/05. b. Detrol (for urinary frequency) 2 mg at 6 PM on 7/12/05, and at 8 AM and 6 PM on 7/27/05 and 7/29/05. c. Glyburide (for diabetes) 5 mg at 5:30 PM on 7/12/05, and at 7:30 AM and 5:30 PM on 7/27/05 and 7/29/05. d. Ecotrin 81 mg at 12 noon on 7/27/05 and 7/29/05. e. Lorazepam (antianxiety) 0.5 mg at 6 PM on	F 000		

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

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OMB NO. 0938-034

8/21/05

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/15/2005
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	
F 000	Continued From page 20 7/12/05, and at 12 noon and 6 PM on 7/27/05 and 7/29/05. f. Depakote (mood stabilizer) 500 mg at 6 PM on 7/12/05, and at 8 AM and 6 PM on 7/27/05 and 7/29/05. g. Calcium carbonate (TUMS) 500 mg at 8 AM on 7/27/05 and 7/29/05. h. Reminyl (for dementia) 4 mg at 6 PM on 7/12/05, and at 8 AM and 6 PM on 7/27/05 and 7/29/05. i. Pravachol (for hypercholesterolemia) 80 mg at 6 PM on 7/12/05, 7/14/05, 7/17/05, 7/27/05 and 7/29/05. j. Seroquel 25 mg at 8 AM and 12 noon on 7/27/05 and 7/29/05. k. Seroquel 100 mg at 6 PM on 7/12/05, 7/14/05, 7/17/05, 7/27/05, and 7/29/05. l. Benztropine (for side effects of psychotropic medications) 0.5 mg at 6 PM on 7/12/05, at 6 PM on 7/17/05, and at 8 AM and 6 PM on 7/14/05, 7/27/05, and 7/29/05. m. Abilify (antipsychotic) 10 mg at 8 PM on 7/12/05, 7/14/05, and 7/27/05. n. Cogard (for shaking hands) 10 mg at 8 AM on 7/22/05, 7/23/05, 7/24/05, 7/26/05, 7/27/05, and 7/29/05. o. Claritin 10 mg at 8 AM on 7/22/05, 7/23/05, 7/24/05, 7/26/05, 7/27/05 and 7/29/05. 34. Review of the July 2005 MAR for resident #43 revealed there was no documentation the resident received the following medications: a. Quinine sulfate (for leg cramps) 324 mg at 10 PM on 7/20/05 and 7/27/05. b. Zanax (antianxiety) 1 mg at 10 PM on 7/20/05 and 7/27/05. c. Atrovent inhaler (for asthma) 2 puffs at 6:30 AM on 7/2/05, 7/12/05, 7/21/05, 7/26/05, and at 10 AM and 2 PM on 7/28/05.	F 000			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2005
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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) COMPLETE DATE
F 000	Continued From page 21 d. Flovent inhaler (for asthma) 2 puffs at 8 PM on 7/14/05, and at 10 AM on 7/27/05 and 7/28/05. 35. Review of the July 2005 MAR for resident #44 revealed there was no documentation the resident received the following medications: a. Aspirin 325 mg at 6 PM on 7/29/05. b. Cogentin (for side effects of psychotropics) 0.5 mg at 8 PM on 7/29/05. c. Miralax 1 capful in 4 ounces of fluid at 8 AM on 7/29/05. d. Multivitamin with minerals 1 tablet at 8 AM on 7/29/05. e. Pravachol 80 mg at 6 PM on 7/29/05. f. Haldol 0.5 mg at 6 PM on 7/29/05. g. Dyazide 25/37.5 mg at 8 AM on 7/29/05. h. Effexor (antidepressant) 75 mg at 8 AM on 7/29/05. i. Depakote 500 mg at 8 AM and 6 PM on 7/29/05. 36. Review of the July 2005 MAR for resident #45 revealed there was no documentation the resident received the following medications: a. Levoxyl 0.1 mg at 8 AM on 7/27/05. b. Dilantin (for seizure prevention) 100 mg at 8 AM, 12 noon, and 6 PM on 7/27/05 and 7/29/05. c. Miralax 1 capful in 4 ounces of fluid at 8 AM on 7/27/05 and 7/29/05. d. Haldol 1 mg at 8 AM and 6 PM on 7/27/05 and 7/29/05. e. Namenda (for Alzheimers) 10 mg at 8 AM and 6 PM on 7/27/05 and 7/29/05. 37. Review of the July 2005 MAR for resident #48 revealed there was no documentation the resident received the following medications: a. Fluoxetine (antidepressant) 60 mg at 8 AM	F 000		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/15/2005
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
F 000	Continued From page 22 on 7/27/05 and 7/29/05. b. Multivitamin with minerals 1 tablet at 8 AM on 7/27/05 and 7/29/05. c. Ecotrin 325 mg at 8 AM on 7/27/05 and 7/29/05. d. Aricept (for dementia) 10 mg at 6 PM on 7/27/05 and 7/29/05. e. Risperdal 2 mg at 8 AM and 6 PM on 7/27/05 and 7/29/05. f. Miralax 1 capful in 4 ounces of fluid at 8 AM on 7/27/05 and 7/29/05. g. Tegretol (to prevent seizures) 50 mg at 8 AM and 12 noon on 7/27/05 and 7/29/05. h. Tegretol 200 mg at 8 PM on 7/27/05.	F 000			