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

PRINTED: 08/29/20
FORM APPROVI
OMB NO. 0938-03

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535035	A. BUILDING _____ B. WING _____	C 08/15/2005

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)	(X5) COMPLETIC DATE
F 273 SS=B	483.20(b)(2)(i) RESIDENT ASSESSMENT-WHEN REQUIRED A facility must conduct a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or for therapeutic leave.) This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure the Resident Assessment Instrument (RAI) process was completed within the required time frame for 3 (#13, #27, #33, #37, #39, #19, #14, #24, #29) of 19 sample residents. The findings were: 1. According to the "Center for Medical and Medicaid Services Long-Term Care Facility Resident Assessment Instrument User's Manual" version 2.0, revised May 2005, page 2-2, the timing requirements for a comprehensive assessment apply to both completion of the MDS (R2b) and the completion of the Resident Assessment Protocols (RAPs) (VB2). For example, an admission assessment must be completed within 14 days of admission. This means that both the MDS and the RAPs (R2b and VB2 dates) must be completed by day 14. The comprehensive RAI is considered complete on the date the RN Coordinator indicates completion of the RAPs. 2. Review of the admission face sheet for	F 273	F273 The facility must conduct a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. 1) The Facility will ensure that a comprehensive assessment of a resident with in 14 days of admission is completed. 08/15/20 2) The DON held an in-service on 08/06/05 to the team that completes the comprehensive assessment: instructed on all parts of the MDS, Raps, care plans & VB2 timeliness and completion dates. 08/06/05 3) The DON and MDS coordinator will do random chart audits quarterly for completion dates for ongoing compliance. 09/15/05 4) These finding will be reviewed quarterly by the QA committee. 09/15/05 5) Future RAI assessments will be done on proper timeframes including all residents cited	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Richard Pate — TITLE: General Manager — (X6) DATE: 9-8-0

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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	535038	A. BUILDING _____ B. WING _____	C 08/15/2005

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F 273	Continued From page 1	F 273		

resident #13 revealed he/she was admitted on 4/26/05. Review of the initial 5/7/05 RAI revealed the comprehensive assessment process (VB2) was dated 5/7/05. However, review of the RAP modules on triggered areas were dated as follows:

a. The pressure ulcer RAP was dated as completed on 5/16/05 (21 days after admission).

b. The nutritional status RAP was dated as completed on 5/25/05 (30 days after admission).

c. The behavior symptoms RAP was undated.

d. The cognitive loss/dementia RAP was dated as completed on 5/12/05 (17 days after admission).

e. The delirium RAP was dated as completed on 5/12/05 (17 days after admission).

f. The communication RAP was dated as completed on 5/12/05 (17 days after admission).

g. The ADL (activities of daily living) functional/rehabilitation potential RAP was dated as completed on 5/12/05 (17 days after admission).

h. The falls RAP was dated as completed on 5/16/05 (21 days after admission).

i. The urinary incontinence/indwelling catheter was dated as completed on 5/16/05 (21 days after admission).

j. The dehydration/fluid maintenance RAP was dated as completed on 5/16/05 (21 days after admission).

k. The psychotropic drug use RAP was dated as completed on 5/16/05 (21 days after admission).

3. Review of the 6/17/05 annual MDS assessment for resident #27 revealed the VB2 date indicating completion of the RAI process was 6/17/05. However, review of the comprehensive assessments for the triggered areas were dated

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	535039	A. BUILDING _____ B. WING _____	C 08/15/2005

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F 273	Continued From page 2 as follows: a. The delirium RAP was dated as completed on 6/23/05 (6 days after the VB2 date). b. The cognitive loss RAP was undated. c. The visual function RAP was dated as completed on 6/23/05 (6 days after the VB2 date). d. The communication RAP was undated. e. The ADL functional/rehabilitation potential RAP was undated. f. The urinary incontinence and indwelling catheter RAP was undated. g. The falls RAP was undated. h. The nutritional status RAP was dated as completed on 6/20/05 (3 days after the VB2 date). i. The dehydration/fluid maintenance RAP was dated as completed on 6/23/05 (6 days after the VB2 date) j. The psychotropic drug use RAP was dated as completed on 6/23/05 (6 days after the VB2 date). 4. Review of the 4/16/05 annual MDS assessment for resident #33 revealed the VB2 date indicating completion of the RAI process was 4/16/05. However, review of the comprehensive assessments for the triggered areas were dated as follows: a. The delirium RAP was dated as completed on 5/11/05 (26 days after the VB2 date). b. The cognitive loss RAP was dated as completed on 5/11/05 (26 days after the VB2 date). c. The visual function RAP was dated as completed on 5/11/05 (26 days after the VB2 date). d. The ADL functional/rehabilitation potential RAP was dated as completed on 5/11/05 (26 days after the VB2 date). e. The urinary incontinence RAP was dated	F 273		

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F 273	Continued From page 3 as completed on 5/12/05 (27 days after the VB2 date). f. The behavioral symptoms RAP was undated. g. The falls RAP was dated as completed on 5/12/05 (27 days after the VB2 date). h. The dehydration/fluid maintenance RAP was dated as completed on 5/12/05 (27 days after the VB2 date). i. The pressure ulcer RAP was dated as completed on 5/12/05 (27 days after the VB2 date). 5. Review of the 7/13/05 annual MDS assessment for resident #37 revealed the VB2 date indicating completion of the RAI process was 7/13/05. However, review of the comprehensive assessments for the triggered areas were dated as follows: a. The delirium RAP was dated as completed on 7/18/05 (5 days after the VB2 date). b. The cognitive loss RAP was dated as completed on 7/18/05 (5 days after the VB2 date)J. c. The visual function RAP was dated as completed on 7/18/05 (5 days after the VB2 date). d. The ADL functional/rehabilitation potential RAP was dated as completed on 7/18/05 (5 days after the VB2 date). e. The urinary incontinence and indwelling catheter RAP was dated as completed on 7/18/05 (5 days after the VB2 date). f. The dehydration/fluid maintenance RAP was date as completed on 7/18/05 (5 days after the VB2 date). g. The pressure ulcer RAP was dated as completed 7/18/05 (5 days after the VB2 date). h. The psychotropic drug use RAP was dated as completed on 7/18/05 (5 days after the VB2	F 273		

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	538036	A. BUILDING _____ B. WING _____	C 08/15/2005

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F 273	Continued From page 4 date). 6. Review of the 4/15/05 annual MDS assessment for resident #39 revealed the VB2 date indicating completion of the RAI process was 4/16/05. However, review of the comprehensive assessments for the triggered areas were dated as completed on 4/19/05 (4 days after the VB2 dates. The triggered areas for comprehensive assessment included cognitive loss, communication, ADL functional/rehabilitation potential, urinary incontinence and indwelling catheter, dehydration/fluid maintenance, and pressure ulcers. 7. Review of the 7/27/05 admission MDS assessment for resident #19 revealed the VB2 date indicating completion of the RAI process was 7/27/05. However, review of the comprehensive assessments for the triggered areas were dated as completed on 7/29/05 (2 days after the VB2 date). The triggered areas for comprehensive assessment included ADL functional/rehabilitation potential, urinary incontinence and indwelling catheter, falls, nutritional status, dehydration/fluid maintenance, and pressure ulcers. 8. Review of the 7/3/05 admission MDS assessment for resident #14 revealed the VB2 date indicating completion of the RAI process was 7/3/05. However, review of the comprehensive assessments for the triggered areas were dated as completed on 7/7/05 (4 days after the VB2 date). The triggered areas for comprehensive assessment included delirium, cognitive loss, visual function, communication, ADL functional/rehabilitation potential, urinary incontinence, falls, dehydration/fluid maintenance, and pressure ulcers.	F 273		

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 _____	C 09/19/2005

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F 273	Continued From page 6	F 273		

9. Review of the 4/19/05 annual MDS assessment for resident #24 revealed the VB2 date indicating completion of the RAI process was 4/19/05. However, review of the comprehensive assessments revealed the RAPs were dated as completed on 4/26/05 (8 days after the VB2 date) for the triggered areas of delirium, cognitive loss, communication, ADL functional/rehabilitation potential, urinary incontinence and indwelling catheter, mood state, falls, dehydration/fluid maintenance, pressure ulcers and psychotropic drug use. In addition, the RAP for visual function was dated as completed on 4/29/05 (10 days after the VB2 date).

10. Review of the 7/17/05 annual MDS assessment for resident #29 revealed the VB2 date indicating completion of the RAI process was 7/17/05. However, review of the comprehensive assessments revealed the RAPS were dated as completed on 7/20/05 (3 days after the VB2 date) for the triggered areas of delirium, cognitive loss, visual function, communication, ADL functional/rehabilitation potential, urinary incontinence and indwelling catheter, dehydration/fluid maintenance, and pressure ulcers.

11. Interview with the director of nursing on 9/23/05 at 3 PM revealed she was unaware of the RAI timing requirements.

F 278 SS=E	483.20(g) - (j) RESIDENT ASSESSMENT The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate	F 278		

SEP. 2. 2005 9:47AM DEPT_HEALTH NO. 3809 P. 32/75

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	530038	A. BUILDING _____ B. WING _____	C 08/15/2005

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F 278	Continued From page 6 each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on staff interview and medical record review, the facility failed to ensure accurate Minimum Data Set (MDS) assessments for 13 (#31, #13, #43, #33, #27, #37, #39, #19, #1, #14, #24, #29, #21*) of 19 sample residents. The findings were: 1. Review of the 5/29/05 annual MDS assessment for resident #31 revealed section V, the Resident Assessment Protocol Summary	F 278	F278 The assessments must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. 1) The facility will reflect accurately resident's assessments & status: 2) The DON instructed the team & MDS coordinator on section V and completion of the section 3) Random audits will be conducted by the DON & MDS coordinator to ensure ongoing compliance quarterly. 4) The findings of chart audits for completion of section V will be reviewed by the QA Committee quarterly. 5) All new admissions & annual reviews will have section V completed from the date of 8/6/05 forward. 6) Resident's #31, #13, #43, #27, #37, #39, #19, #1, #14, #24, #29, & #21 have section V completed.	08/15/200 08/06/200

SEP. 12. 2005 9:46AM DEPT-HEALTH 33/79

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535018	A. BUILDING _____ B. WING _____	C 08/16/2005

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ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

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F 278	Continued From page 7 (RAP), was blank regarding the care planning decision for the following triggered areas: cognitive loss, visual function, communication, ADL (activities of daily living) functional and rehabilitation potential, urinary incontinence and indwelling catheter, mood state, behavioral symptoms, dehydration and fluid maintenance, pressure ulcers, and psychotropic drug use. 2. Review of the 5/7/05 admission MDS assessment for resident #13 revealed section V, the RAP was blank regarding the care planning decision for the following triggered areas: delirium, cognitive loss, communication, ADL functional/rehabilitation potential, urinary incontinence and indwelling catheter, mood, state, behavioral symptoms, falls, dehydration/fluid maintenance, and pressure ulcers. In addition, review revealed there were no dates under the "Location and Date of RAP Assessment Documentation" section. 3. Review of the 6/29/05 annual MDS assessment for resident #43 revealed section V, the RAP was blank regarding the care planning decision for the following triggered areas: delirium, cognitive loss, communication, ADL functional/rehabilitation potential, urinary incontinence/indwelling catheter, falls, nutritional status, dehydration/fluid maintenance, pressure ulcers, and psychotropic drug use. In addition, review revealed there were no dates under the "Location and Date of RAP Assessment Documentation" section. 4. Review of the 4/16/05 annual MDS assessment for resident #33 revealed section V, the RAP was blank regarding the care planning	F 278		

SEP. 12 2005 9:48AM DEPT_HEALTH NO. 3305 P. 34/79

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 278	Continued From page 8 decision for the following triggered areas: delirium, cognitive loss, visual function, communication, ADL functional/rehabilitation potential, urinary incontinence, mood state, behavioral symptoms, falls, dehydration/fluid maintenance, and pressure ulcers. In addition, there were no dates under the "Location and Date of RAP Assessment Documentation" section. 5. Review of the 8/17/05 annual MDS assessment for resident #27 revealed section V, the RAP was blank regarding the care planning decision for the following triggered areas: delirium, cognitive loss, visual function, communication, ADL functional/rehabilitation potential, urinary incontinence and indwelling catheter, psychosocial well-being, mood state, behavioral symptoms, falls, dehydration/fluid maintenance, and psychotropic drug use. In addition, there were no dates under the "Location and Date of RAP Assessment Documentation" section. 6. Review of the 7/13/05 annual MDS assessment for resident #37 revealed section V, the RAP was blank regarding the care planning decision for the following triggered areas: delirium, cognitive loss, visual function, communication, ADL functional/rehabilitation potential, urinary incontinence and indwelling catheter, mood, state, dehydration/fluid maintenance, pressure ulcers, and psychotropic drug use. In addition, there were no dates under the "Location and Date of RAP Assessment Documentation" section. 7. Review of the 4/15/05 annual MDS assessment for resident #39 revealed section V, the RAP was blank regarding the care planning	F 278		

SEP. 12. 2005 9:49AM DEPT_HEALTH NO. 3605 P. 25/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 278	Continued From page 9 decision for the following triggered areas: cognitive loss, communication, ADL functional/rehabilitation potential, urinary incontinence and indwelling catheter, dehydration/fluid maintenance, and pressure ulcers. 8. Review of the 7/27/05 admission MDS assessment for resident #19 revealed section V, the RAP was blank regarding the care planning decision for the following triggered areas: ADL functional/rehabilitation potential, urinary incontinence and indwelling catheter, falls, nutritional status, dehydration/fluid maintenance, and pressure ulcers. In addition, there were no dates under the "Location and Date of RAP Assessment Documentation" section. 9. Review of the 6/29/05 annual MDS assessment for resident #1 revealed section V, the RAP was blank regarding the care planning decision for the following triggered areas: delirium, cognitive loss, visual function, communication, ADL functional/rehabilitation potential, urinary incontinence and indwelling catheter, mood state, behavioral symptoms, falls, nutritional status, dehydration/fluid maintenance, and pressure ulcers. In addition, there were no dates under the "Location and Date of RAP Assessment Documentation" section. 10. Review of the 7/3/06 admission MDS assessment for resident #14 revealed section V, the RAP was blank regarding the care planning decision for the following triggered areas: delirium, cognitive loss, visual function, communication, ADL functional/rehabilitation potential, urinary incontinence and indwelling catheter, psychosocial well-being, activities, falls,	F 278		

SEP. 12. 2006 9:50AM DEP_HEALTH NO. 3809 P. 36/79

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F 276	Continued From page 10 nutritional status, dehydration/fluid maintenance, and pressure ulcers. In addition, there were no dates under the "Location and Date of RAP Assessment Documentation" section. 11. Review of the 4/18/05 annual MDS assessment for resident #24 revealed section V, the RAP was blank regarding the care planning decision for the following triggers areas: delirium, cognitive loss, visual function, communication, ADL functional/rehabilitation potential, urinary incontinence and indwelling catheter, mood state, falls, dehydration/ fluid maintenance, pressure ulcers and psychotropic drug use. 12. Review of the 7/17/05 annual MDS assessment for resident #29 revealed section V, the RAP was blank regarding the care planning decision for the following triggered areas: delirium, cognitive loss, visual function, communication, ADL functional/rehabilitation potential, urinary incontinence and indwelling catheter, mood state, nutritional status, dehydration/fluid maintenance, and pressure ulcers. In addition, there were no dates under the "Location and Date of RAP Assessment Documentation" section. 13. Review of the 6/27/05 annual MDS assessment for resident #21 revealed section V, the RAP was blank regarding the care planning decision for the following triggered areas: delirium, cognitive loss, visual function, communication, ADL functional/rehabilitation potential,urinary incontinence and indwelling catheter, psychosocial well-being, mood state, behavioral symptoms, falls, dehydration/fluid maintenance, pressure ulcers, and psychotropic drug use.	F 278		

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F 278	Continued From page 11 14. Interview with the director of nursing on 8/23/05 at 3 PM revealed she was unaware of the requirement for completing all of the sections on the RAP summary form.	F 278		
F 279 SS=E	483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced	F 279	F279 A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. 1) MDS coordinator updated careplans for residents #13, 31,43, 33, 26, 27 &37 that triggered for comprehensive review. This will be completed on all assessments. 2) This will be monitored by the DON. 3) DON will in-service MDS coordinator on RAI process. 4) Charts will be audited quarterly for ongoing compliance. 5) DON will present audits to QA Committee quarterly to ensure ongoing compliance.	08/15/20

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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)	(X5) COMPLETIO DATE
F 279	Continued From page 12 by: Based on staff interview and medical record review, the facility failed to ensure treatment plans were developed in a variety of areas for 7 (#13, #31, #42, #33, #26, #27, #37) of 19 sample residents. The findings were: 1. Review of the 5/7/05 admission MDS assessment for resident #13 revealed he/she triggered for comprehensive review of urinary incontinence, delirium, mood state, behavioral symptoms, nutritional status, and psychotropic drug use. Review of the 6/16/05 care plan revealed no evidence these issues were addressed. 2. Review of the 5/29/05 annual MDS assessment for resident #31 revealed he/she triggered for comprehensive review of his/her visual function, communication, and psychotropic drug use. Review of the 75/26/05 care plan revealed no evidence these issues were addressed. 3. Review of the 6/29/05 annual MDS assessment for resident #43 revealed he/she triggered for comprehensive review of delirium, cognitive loss, dehydration/fluid maintenance, and psychotropic drug use. Review of the 6/30/05 care plan revealed these areas were not addressed. 4. Review of the 4/16/05 annual Minimum Data Set (MDS) assessment for resident #33 revealed he/she triggered for comprehensive review of his/her visual function, communication, and dehydration/fluid maintenance. Review of the 7/14/05 care plan revealed these issues were not addressed.	F 279		

SEP 12 2005 9:5.AM DEPT_HEALTH NO 3839 P. 39/79

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 _____	C 08/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	476 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)	(X5) COMPLETION DATE
F 279	Continued From page 13 5. Review of the 6/17/05 annual MDS assessment for resident #27 revealed he/she triggered for comprehensive review of delirium, communication, and dehydration/fluid maintenance. Review of the 6/7/05 care plan revealed these areas were not addressed. 6. Review of the 8/8/04 annual MDS assessment for resident #26 revealed he/she triggered for comprehensive review of urinary incontinence, and psychotropic drug use. Review of the 6/5/05 care plan revealed these areas were not addressed. 7. Review of the 7/13/05 annual MDS assessment for resident #37 revealed he/she triggered for comprehensive review of delirium, cognitive loss, communication, ADL functional/rehabilitation potential, and psychotropic drug use. Review of the 7/18/05 care plan revealed these areas were not addressed. 8. Interview with the director of nursing on 7/30/05 at 4:30 PM revealed some of the treatment plans were old and they were currently in the process of updating them.	F 279		
F 281 SS=F	483.20(k)(3)(i) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by:	F 281		

SEP 12 2005 9:52AM 307 HEALTH NO 3809 P. 40/79

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535039	A. BUILDING _____ B. WING _____	C 08/16/2005

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 281	Continued From page 14 Based on staff interview and medical record review, the facility failed to ensure medications were administered and documented according to accepted professional standards 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, #6, #10, #11, #16, #18, #20, #22, #30, #32, #36, #38, #40, #41, #44, #45, #48) non sample residents. The census was 48. The findings were; 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 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 7/31/05 revealed medications were sometimes not given because they were unavailable. He/she further stated some licensed staff members prepare medications for other licensed staff members ahead of time so MARs do not have to be used during a medication pass. Finally, he/she stated documentation on the MARs was 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. According to the "Medication Guide for the Long-Term Care Nurse," sixth edition, 2003, page 66, medications should be prepared for the resident immediately before administration. Medications should never be prepared in advance for multiple residents and left in medicine cups for later use. Medications should be documented on the MAR.	F 281	F281 Comprehensive Care Plans. The services provided or arranged by the facility must meet professional standards or quality.. This will be accomplished by: 1) The Charge Nurse will administer medications as ordered and the procedure for signing off medications will be followed at each medication pass. 2) DON will monitor randomly, 3) Charge Nurse will administer medications as ordered & document according to standards for nursing practice for medication this will be done with each medication pass. 4) An in-service was presented on 08/15/05 to all nursing staff by DON to address aspects of a medication pass according to standards of Nursing Practice for Medication Administration 5) Random audits for all nurses at least quarterly by DON will occur to insure compliance. Medication administration audits will be reviewed quarterly by QA committee to insure ongoing compliance. All cmty residents will be monitored bi monthly by DON	09/15/05

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	530036	A. BUILDING _____ B. WING _____	C 08/16/2005

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)	(X5) COMPLETION DATE
F 281	Continued From page 15 1. Review of the July 2005 MAR for resident #1 revealed there was no documentation the resident received Miralax 1 capful in 4 ounces of fluid at 8 AM on 7/27/05 and 7/29/05. 2. 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) 500 mg at 8 AM on 7/29/05. k. Multivitamin with minerals (dietary supplement) one tablet at 8 AM on 7/29/05. 3. 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	F 281		

SEP. 12 2005 9:53AM DEPT_HEALTH NO 3539 P. 42/79

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	530038	A. BUILDING _____ B. WING _____	C 08/15/2005

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)	(X5) COMPLETION DATE
F 281	Continued From page 16 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 7/29/06. e. Plavix (for high cholesterol) 75 mg at 8 AM on 7/14/05 and 7/29/06. f. Evista (for osteoporosis) 60 mg at 8 AM on 7/14/05 and 7/29/05. 4. 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, 7/24/057/28/05 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. 5. 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. 6. Review of the July 2005 MAR for resident #15 revealed the following medications were not	F 281		

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 _____	C 08/15/2005

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 281	Continued From page 17 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. Zisc (antihypertensive) 5/6.25 mg at 8 AM on 7/28/05. e. Zinc 50 mg at 8 AM on 7/26/05 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 7/26/05. 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. 7. 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. 8. Review of the July 2005 MAR for resident #21 revealed the following medications were not documented as being given:	F 281		

SEP. 12 2005 3:54PM DEPT_HEALTH NO. 5309 P. 44/79

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 _____	C 08/16/2005

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)	(X5) COMPLETION DATE
F 281	Continued From page 18 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. Ocuvite (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 (antianxiety) 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. Arginaide (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 6 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 6 PM on 7/8/05, at 10 AM on 7/14/05, and at 10 AM on 7/29/05. 9. 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.	F 281		

SEP. 2 2005 9:55AM DEPT_HEALTH NO. 3909 P. 45/79

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	538038	A. BUILDING _____ B. WING _____	C 08/15/2005

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 281	Continued From page 19 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 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. 10. Review of the July 2005 MAR for resident #25 revealed the following medications were not documented as being given: a. Symmetral (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. 11. 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 281		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535039	A. BUILDING _____ B. WING _____	C 08/15/2005

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 281	Continued From page 20 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 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 (antianxiety) 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. 12. 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 6 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	F 281		

SEP. 12. 2005 9:56AM DEPT_HEALTH NO. 3805 P. 47/79

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 _____	C 08/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	476 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)	(X5) COMPLET DATE
F 281	Continued From page 21 7/28/05. h. Miralax 1 capful in 4 ounces of fluid at 8 AM and 8 PM on 7/27/05 and 7/28/05. i. Lisinopril 40 mg at 12 noon on 7/14/05, 7/27/05, and 7/28/05. j. Plendil (antihypertensive) 5 mg at 8 AM on 7/27/05 and 7/28/05. k. Clarinex (antihistamine) 5 mg at 6 PM on 7/23/05, 7/24/05, 7/25/05, 7/27/05, and 7/28/05. 13. 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. 14. 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 8 PM on 7/24/05 and at 8 AM on 7/28/05. 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	F 281		

SEP. 2. 2005 9:57AM DEPT_HEALTH NO. 3809 P. 22/29

DE 8/14/05

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555036	A. BUILDING _____ B. WING _____	C 08/18/2005

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)	(X5) COMPLETION DATE
F 281	Continued From page 22 on 7/29/05. f. Extended release vitamin C 500 mg 2 tablets at 6 PM on 7/24/05 and at 8 AM on 7/29/05. 15. 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 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.	F 281		

SEP. 12. 2005 9:37AM SEPT_HEALTH NO. 3905 P. 29/29

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535036	A. BUILDING _____ B. WING _____	C 08/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	471 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) COMPLETIO DATE
F 281	Continued From page 23	F 281		

16. 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 [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 6 PM on 7/1/05, 6 PM and 6 PM on 7/14/05, for 9 PM on 7/20/05, for 6 AM on 7/231/05, 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.

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

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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 _____	C 08/15/2005

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	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281	Continued From page 24 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 6 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, 7/29/05. 18. 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 7/26/05. d. Flovent inhaler (for asthma) 2 puffs at 6 PM on 7/14/05, and at 10 AM on 7/27/05 and 7/28/05. 19. 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 (mEq) at 12 noon on 7/6/05, at 9 PM on 7/20/05, at 6 PM and 9 PM on 7/29/05. c. Seroquel (antipsychotic) 200 milligrams (mg) at bedtime on 7/12/05 and on 7/29/05.	F 281		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525039	A. BUILDING _____ B. WING _____	C 08/15/2005

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)	(X5) COMPLETION DATE
F 281	Continued From page 26 d. Theophylline (for breathing) 300 mg at 6 PM on 7/29/05. e. Depakote (anticonvulsant) 500 mg at bedtime on 7/28/05. 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 7/26/05 and 7/28/05. h. FESO4 (for anemia) 325 mg at 8 AM and 6 PM on 7/28/05. i. Zyloprim (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 7/29/05. 20. 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 8 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. 21. Review of the July 2005 MAR for resident #5 revealed the following medications were not documented as being given: a. Amantadine (antiparkinson) 100 mg at 8 Am and 6 PM on 7/27/05 and on 7/29/05.	F 281		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	530036	A. BUILDING _____ B. WING _____	C 08/15/2005

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)	(X5) COMPLETION DATE
F 281	Continued From page 26 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. 22. 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. 23. 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 6:30 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 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.	F 281		

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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 _____	C 08/15/2005

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) COMPLETIC DATE
F 281	Continued From page 27 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 7/29/06. 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. Propanolol (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. 24. 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 6 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 7/25/06 and 7/29/06. 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 7/27/05 and 7/29/05. i. Glucophage (for diabetes) 500 mg at 8 AM and 6 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. Hydrochlorothyazide (diuretic) 25 mg at 12 noon on 7/27/05 and 7/29/05.	F 281		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535039	A. BUILDING _____ B. WING _____	C 08/15/2005

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)	(X5) COMPLETION DATE
F 281	Continued From page 28 l. Colace (stool softener) 100 mg at 6 AM and 6 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. 25. 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 7/28/05. b. Aspirin one tablet at 8 AM on 7/29/05 26. 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. 27. 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 7/29/05. 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 fluid at 8 AM on 7/28/05 and 7/29/05.	F 281		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535036	A. BUILDING _____ B. WING _____	C 09/15/2005

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)	(X5) COMPLETION DATE
F 281	Continued From page 29	F 281		

28. 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 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) 80 mg at 8 AM on 7/27/05 and 7/29/05.

i. Arginaide 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 8 PM on 7/17/05, at 8 PM on 7/25/05, at 8 AM and 6 PM on 7/27/05, and at 8 AM and 6 PM on /29/05.

29. Review of the July 2005 MAR for resident #30 revealed there was no documentation the 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 5 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.

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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 _____	C 08/15/2005

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)	(X5) COMPLETION DATE
F 281	Continued From page 30 f. Niferex forte (for anemia) 1 tablet at 6 PM on 7/29/05. 30. 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. 31. 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 281		

SEP. 2. 2005 10:02AM DEPT_HEALTH NO. 3509 P. 57/79

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 _____	C 08/15/2005

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 281	Continued From page 31	F 281		

g. Nitro-bid (antianginal) 6.5 mg at 8 AM and 6 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.

32. 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.
g. Colace 100 mg at 8 AM and 6 PM on 7/27/05 and 7/29/05.
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 7/29/05.
i. Miralax 17 GM in 4 ounces of fluid at 8 AM on 7/11/05, 7/27/05 and 7/29/05.

33. 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 8 PM on 7/27/05 and 7/29/05.
c. Lexapro 5 mg at 6 PM on 7/27/05 and

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	538038	A. BUILDING _____ B. WING _____	C 08/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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) COMPLE DATI
F 281	Continued From page 32 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. 34. 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 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.	F 281		

SEP. 12. 2005 10:08AM DEPT_HEALTH NO. 3859 P. 39/79

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 _____	C 08/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	476 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)	(X5) COMPLETION DATE
F 281	Continued From page 33 l. Benztropine (for side effects of psychotropic medications) 0.5 mg at 8 PM on 7/12/05, at 6 PM on 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. Corgard (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 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 6 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 8 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 8 PM on 7/29/05. 36. Review of the July 2005 MAR for resident #46 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	F 281		

JC 9/27/05

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535039	A. BUILDING _____ B. WING _____	C 08/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	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 281	Continued From page 34 and 7/29/05. e. Namenda (for Alzheimer) 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 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 6 PM on 7/27/05.	F 281		
F 282 SS=D	483.20(k)(3)(ii) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, and medical record review, the facility failed to ensure the plan of care was implemented	F 282		

SEP. 12. 2005 10:04AM DEPT_HEALTH NO. 3805 P. 61/79

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 _____	C 08/15/2005

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 282	Continued From page 35 for 2 (#31, #13) of 19 sample residents. The findings were: 1. Review of the July 2005 physician's orders for resident #31 revealed he/she had diagnoses including morbid obesity. Review of the 5/29/05 annual Minimum Data Set (MDS) assessment revealed the resident was totally dependent on two staff for bed mobility, transfers, toileting, and bathing. Additionally, the MDS showed the resident required extensive assistance with personal hygiene. Further review of the MDS revealed the resident had limited range of motion in both arms and hands. Review of the MDS revealed the resident was incontinent (two to three times per week) of bowel. Review of the weekly skin evaluations dated 5/24/05, 6/7/05, 6/14/05, 6/290/05, 6/30/05, 7/12/05, and 7/19/05 revealed the resident was chair fast with very limited mobility and consistently scored as a moderate to low risk for pressure sores. Review of the 6/14/05 skin evaluation revealed the resident had a stage II pressure sore on the coccyx. The following concerns were identified: a. Review of the weekly skin evaluations identified preventive measures included the resident should be turned and repositioned every two hours. b. Review of the 5/26/05 care plan revealed the resident was to be turned and repositioned every two to three hours and as needed. c. Review of the "Turn and Reposition Detail Report" forms revealed the resident was not turned or repositioned as follows: 1. From 7/3/05 at 10:58 PM until 7/4/05 at 1:50 PM (14 hours and 48 minutes). 2. From 7/11/05 at 8:44 PM until 7/12/05 at 2:12 PM (17 hours and 28 minutes). 3. From 7/18/05 at 9:24 PM until 7/19/05	F 282	F282 Comprehensive Care Plans. The services provided or arranged by the facility must be provided by qualified person in accordance with each residents written plan of care This will be accomplished by: 1) The DON in-serviced all nursing staff on the use of the Kiosk system and documentation of turning & repositioning residents. 2) The DON in-serviced all nursing staff of repositioning resident's in wheelchairs & dependant residents every 2 hours & PRN. 3) Random audits of residents will be done by DON for turning & repositioning residents in wheelchairs. DON will present audits to QA Committee quarterly to ensure ongoing compliance.	09/15/05

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 _____	C 08/15/2005

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 282	Continued From page 36 at 1:47 PM (16 hours and 18 minutes). d. Observation from 11:30 AM until 2 PM on 7/30/05 revealed the resident was seated in his/her wheelchair and was not repositioned during that time (2 hours and 30 minutes). Observation again on 7/31/05 from 9 AM until 12:30 PM (3 hours and 30 minutes) revealed the resident was seated in his/her wheelchair and was not repositioned. e. Interview with the resident on 7/31/05 at 11:50 AM revealed he/she had been seated in the wheelchair since before breakfast. When asked if he/she was able to reposition him/herself in the wheelchair, observation revealed the resident was unable to do so. 2. Review of the 5/7/05 initial Minimum Data Set (MDS) assessment for resident #13 revealed the resident had limitation in both legs and feet with full loss of voluntary movement and required the assistance of two or more persons for transfer. Further review of this MDS assessment revealed the resident was frequently (daily) incontinent of urine and frequently (2-3 times per week) incontinent of bowel and required extensive assistance with toilet use and personal hygiene. Review of the weekly skin evaluation records dated 6/1/05, 5/8/05, 5/15/05, 5/22/05, 6/5/05, 6/12/05, 6/19/05, 7/3/05, 7/17/05, and 7/24/05 revealed he/she was chair fast with slightly limited mobility and consistently scored as a low risk for pressure sores. The following concerns were identified: a. Review of the weekly skin evaluations identified preventive measures included the resident should be turned and/or repositioned every two hours. b. Review of the "Turn and Reposition Detail Report" forms revealed the resident was not	F 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	534038	A. BUILDING _____ B. WING _____	C 08/15/2006

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)	(X5) COMPLETION DATE
F 282	Continued From page 37	F 282		

turned or repositioned as follows:
1. From 4/28/05 at 12:43 AM until 4/28/05 at 9:33 PM (20 hours and 50 minutes).
2. From 5/1/05 at 4:27 AM until 5/1/05 at 3:19 PM (11 hours and 52 minutes).
3. From 5/2/05 at 1:23 AM until 5/2/05 at 3:19 PM (14 hours and 4 minutes)

c. Review of the 5/8/05 skin evaluation revealed the resident had a stage II pressure sore on the upper crease of the buttocks. The 5/22/05 skin evaluation revealed the pressure sore was healed. Review of the skin evaluations revealed continued preventive measures included the resident should be turned and repositioned every two hours.

d. Further review of the "Turn and Reposition Detail Report" forms revealed the resident was not turned or repositioned as follows:
1. From 7/17/05 at 2:36 AM until 7/17/05 at 3:44 PM (13 hours and 7 minutes)
2. From 7/19/05 at 2:01 AM until 7/20/05 at 1:57 PM (23 hours and 4 minutes).
3. From 7/20/05 at 1:57 PM until 7/21/05 at 5:18 AM (15 hours and 21 minutes).
4. From 7/21/05 at 4:32 PM until 7/22/05 at 1:35 PM (9 hours and 3 minutes).

e. Review of the 5/15/05 care plan revealed interventions included turning and repositioning the resident every two to three hours and PRN (as needed).

f. Review of the July 2005 treatment administration record revealed a stage II pressure sore was identified on the buttocks on 7/25/05.

g. Interview with RN #2 at 7 AM on 7/31/05 confirmed the resident was not always turned and repositioned every two hours and stated he/she believed the pressure sore could have been prevented if the care plan had been followed.

h. Interview with certified nurse aide (CNA) #4

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	535038	A. BUILDING _____ B. WING _____	C 08/15/2005

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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) COMPLETIO DATE
F 282	Continued From page 38 on 7/31/05 at 2:43 PM revealed the charting on turning and repositioning was accurate. I. (Observatio of this resident on 7/31/05 at 9 AM, 10:45 AM, and 11:50 AM revealed the resident was repositioned according to the plan of care at those times.)	F 282		
F 312 SS=D	483.25(a)(3) ACTIVITIES OF DAILY LIVING A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, resident and family interview, staff interview, and medical record review, the facility failed to ensure that one (#14) of 19 sample residents received the necessary services to maintain good personal hygiene. The findings were: Review of the 7/3/05 admission Minimum Data Set (MDS) assessment for resident #14 revealed he/she was admitted with an indwelling catheter. Further review revealed the resident was cognitive with no memory problems. Review also revealed the resident required extensive assistance with toileting and personal hygiene. Interview with the resident and a family member on 7/31/05 at 12:05 PM revealed the catheter had been removed that morning. Interview with certified nurse aide (CNA) #1 at the same time confirmed the catheter had been removed that morning. Observation of the resident's skin condition	F 312	F312 A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. 1) An In-service was given by the DON for all nursing staff on 08/15/2005 & at least bi-annual to address changing of incontinence briefs & providing perineal care prior to meal times, every 2 hours and PRN. including weekly 2) Charge Nurses will observe daily on a random basis that resident's are dry at meal times. 3) Audits will be reviewed quarterly by QA Committee for ongoing compliance.	09/15/05

SEP. 12. 2006 10:07AM SENTRY HEALTH NO. 3609 P. 39/59

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 _____	C 08/15/2005

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)	(X5) COMPLETION DATE
F 312	Continued From page 39 on 7/31/05 at 12:05 PM revealed the resident's disposable brief was saturated with urine. Continued observation revealed the CNA did not change the incontinence brief or provide perineal care. Following the observation of the resident's skin, the CNA assisted the resident into the wheelchair for lunch.	F 312		
F 314 SS=D	483.25(c) PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview and medical record review, the facility failed to ensure prevention of a pressure sore in one (#31) of four sample residents with pressure sores. The findings were: 1. Review of the July 2005 physician's orders for resident #31 revealed he/she had diagnoses including morbid obesity. Review of the 6/29/05 annual Minimum Data Set (MDS) assessment revealed the resident was totally dependent on two staff for bed mobility, transfers, toileting, and	F 314		

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

PRINTED: 08/29/200
FORM APPROVE
OMB NO. 0938-033

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525036	A. BUILDING _____ B. WING _____	C 08/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

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F 314	Continued From page 40 bathing. Additionally, the MDS showed the resident required extensive assistance with personal hygiene. Further review of the MDS revealed the resident had limited range of motion in both arms and hands. Review of the MDS revealed the resident was incontinent (two to three times per week) of bowel. Review of the weekly skin evaluations dated 5/24/05, 6/7/05, 6/14/05, 6/290/05, 6/30/05, 7/12/05, and 7/19/05 revealed the resident was chair fast with very limited mobility and consistently scored as a moderate to low risk for pressure sores. Review of the 6/14/05 skin evaluation revealed the resident had a stage II pressure sore on the coccyx. The following concerns were identified: a. Review of the weekly skin evaluations identified preventive measures included the resident should be turned and repositioned every two hours. b. Review of the 5/26/05 care plan revealed the resident should be turned and repositioned every two to three hours and PRN (as needed). c. Review of the "Turn and Reposition Detail Report" forms revealed the resident was not turned or repositioned as follows: 1. From 7/3/05 at 10:58 PM until 7/4/05 at 1:50 PM (14 hours and 48 minutes). 2. From 7/11/05 at 8:44 PM until 7/12/05 at 2:12 PM (17 hours and 28 minutes). 3. From 7/18/05 at 9:24 PM until 7/19/05 at 1:47 PM (16 hours and 13 minutes). d. Observation from 11:30 AM until 2 PM on 7/30/05 revealed the resident was seated in his/her wheelchair and was not repositioned during that time (2 hours and 30 minutes). Observation again on 7/31/05 from 9 AM until	F 314	F314 Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. 1) The DON in-serviced all nursing staff on 08/15/2005, on documentation & the use of the Kiosk system for turning & repositioning. 2) The DON in-serviced all nursing staff on 08/15/2005 on repositioning residents in wheelchairs & dependant residents every 2 hours and as PRN. including weekends #31 3) Random audits of residents being repositioned in wheelchairs and dependant residents will be done by DON & ADON. 4) DON will present audits to QA Committee quarterly to ensure ongoing compliance.	09/15/05

SEP. 12. 2005 10:08AM DEPT_HEALTH NO. 3505 P. 67/79

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535033	A. BUILDING _____ B. WING _____	C 08/15/2006

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) COMPLETIO DATE
F 314	Continued From page 41 12:30 PM (3 hours and 30 minutes) revealed the resident was seated in his/her wheelchair and was not repositioned. e. Interview with the resident on 7/31/05 at 11:50 AM revealed he/she had been seated in the wheelchair since before breakfast. When asked if he/she was able to reposition him/herself in the wheelchair, observation revealed the resident was unable to do so.	F 314		
F 323 SS=D	483.25(h)(1) ACCIDENTS The facility must ensure that the resident environment remains as free of accident hazards as is possible. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the residents' environment remained free of hazards. The findings were: On 7/30/05 at 11:30 AM observation showed the treatment cart on the 300 hall was unlocked and accessible to residents. Further observation showed the following items were accessible to residents: a. one bottle of broncodaline aerosol, b. 3 pair scissors, c. 1 bottle of cosopt eye drops, d. 1 tube of Mometasone furoate cream (steroid), e. 1 bottle of Ciprofloxacin (antibiotic) 0.3% eye drops, f. 1 bottle of Flonase (bronchodilator),	F 323	F323 The facility must ensure that the resident's environment remains as free of accident hazards as is possible. This will be accomplished by: 1) Treatment & Medication carts will be locked by nurses when left unattended. DON will monitor. 2) Treatment & Medication carts will remove all items accessible to residents when unattended. 3) An In-Service will be given by DON on 08/15/2006 to address locking & removal of potential hazards to residents from treatment & medication carts left unattended. 4) Audits will be reviewed quarterly by the QA Committee for ongoing compliance.	08/15/200 08/15/200

SEP. 12. 2006 10:09AM DEPT_HEALTH NO. 3805 P. 68/79

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 _____	C 08/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

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F 323	Continued From page 42 g. 22 tubes of Atrovent (bronchodilator). h. 2 pair nail clippers, i. 1 box of DuoNeb (bronchodilator) aerosol inhalers, j. numerous ointments, creams, and eye drops, and k. 3 bottles of Epi-clenz hand sanitizer with the warning "For external use only. Do not use in eyes. If swallowed, call a doctor. Keep out of reach of children. Flammable. Keep away from fire or flame" were located on the top of the treatment cart. Interview with LPN #1 on 7/30/05 at 11:50 AM confirmed the treatment cart should be kept locked.	F 323		
F 329 SS=D	483.25(l)(1) UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. This REQUIREMENT is not met as evidenced by: Based on staff interview and medical record review, the facility failed to ensure there were adequate indications for use of an antipsychotic	F 329		

SEP 12 2005 10:03AM DEPT-HEALTH NO 3693 P. 69/79

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 _____	C 08/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

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F 329	Continued From page 43 medication for one (#13) of eight sample residents who required psychotropic medications. The findings were: 1. Review of the July 2005 physician's orders for resident #13 revealed he/she had diagnoses including total knee replacement. Review of the 5/7/05 admission MDS assessment revealed the resident triggered for mood and behavioral symptoms. Review of the 7/8/05 physician's telephone orders revealed Zyprexa (antipsychotic) 2.5 milligrams was ordered. The following concerns were identified: a. Review of the medical record revealed there was no diagnosis for the Zyprexa. b. Interview with the director of nursing on 8/23/05 at 3 PM confirmed there was no diagnosis for the Zyprexa. c. Review of the July 2005 behavior monitoring for antipsychotic medications form revealed there was no evidence of monitoring during the day shift on 7/9/05, 7/10/05, 7/11/05, 7/12/05, 7/13/06, 7/14/05, 7/15/05, 7/18/05, 7/22/05, 7/28/05, 7/29/05, and 7/30/05. In addition, there was no evidence of monitoring on the evening shift on 7/11/05, 7/15/05, and 7/19/05. Finally, there was no evidence of monitoring on the night shift on 7/15/05 and 7/18/05. d. Review of the instructions on the facility approved form "Behavior Monitoring Form - Anti-Psychotic Medications" instructed that each shift should chart the number of episodes of target behavior occurrences. e. Interview with the director of nursing on 8/23/05 at 10:10 AM revealed her expectation was that interventions would have been tried and documented.	F 329	F329 Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. 1) Resident #13 will be assessed quarterly by pharmacist, DON & attending physicians for appropriateness of medications. 2) An In-Service was held by DON on 8/15/2005 on the legalities & appropriateness of documentation on the behavior monitoring form. 3) All monthly orders will have a diagnosis / ICD 9 code per each medication & signed by a physician or psychiatrist. 4) Quarterly psychotropic review will be held with DON, administrator, pharmacist, psychiatrist, to audit psychotropic usage for all residents and make recommendation. 5) Audits will be compiled & presented to qu[illegible] Committee to m[illegible] compliance.	09/15/05

SEP 12 2005 DEP_HEALTH
NO. 3839 P. 29/29

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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)	(X5) COMPLETIO DATE
F 514	Continued From page 44	F 514		
F 514 SS=E	483.75(l)(1) CLINICAL RECORDS The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on staff interview and medical record review, the facility failed to ensure accuracy of the medication administration records for 37 residents. In addition, the facility failed to ensure accuracy of the behavior monitoring forms for 8 (#13, #43, #26, #27, #37, #25, #21, #31) of 8 sample residents requiring behavior monitoring. The census was 48. The findings were: 1. Review of the July 2005 medication administration records (MARs) revealed medications were not documented as given on multiple dates and times for 37 residents. Interview with a staff member on the morning of 7/31/05 revealed some licensed staff members	F 514	F514 The Facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete. This will be accomplished by: 1) The Charge nurse will administer medications & the procedure for signing off medications will be followed at each med pass. 2) The Charge Nurse will document medication administration according to standards for nursing practice for medications ~~upon~~ administration at each med pass. 3) An In-Service was presented on 08/15/2005 to all nursing staff by Don to address documentation of medications pass & psychotropic behavior sheet documentation. 4) Random Audits for all nurses at least quarterly by Don will occur to insure compliance. 5) DON will present results of audits quarterly to QA Committee for ongoing compliance.	08/15/05

SEP. 12. 2005 10:14AM DEPT_HEALTH NO. 3805 P. 1/3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	526038	A. BUILDING _____ B. WING _____	C 08/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	478 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)	(X5) COMPLETION DATE
F 514	Continued From page 45	F 514		

prepared medications for other licensed staff members ahead of time so MARs did not have to be used during a medication pass. He/she stated documentation on the MARs was then completed at the end of the month. Interview with the director of nursing (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. The DON further stated she could not verify if the undocumented medications were or were not actually administered.

Interview with LPN #2 at 7:15 AM on 7/31/05 revealed the staff member had completed treatment administration records at the end of the month at the request of the DON. The staff member stated that in some cases, the blanks were filled in for treatments he/she knew had not been done.

2. Review of the July 2005 behavior monitoring form for anti-psychotic medications for resident #13 revealed monitoring for use of Zyprexa was started on 7/2/05 on the day shift. However, review of the physician's orders revealed Zyprexa was not ordered until 7/8/05.

3. Review of the July 2005 physician's orders for resident #13 revealed he/she had diagnoses including total knee replacement. Review of the 5/7/05 admission Minimum Data Set (MDS) assessment revealed the resident triggered for mood and behavioral symptoms. Review of the 7/8/05 physician's telephone orders revealed Zyprexa (antipsychotic) 2.5 milligrams was ordered. The following concerns were identified:

a. Review of the July 2005 behavior monitoring for anti-psychotic medications form revealed there was no evidence of monitoring during the day shift on 7/9/05, 7/10/05, 7/11/05,

SEP. 2. 2005 10:19AM DEPT.HEALTH NO. 3839 P. 12/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	835038	A. BUILDING _____ B. WING _____	C 08/16/2005

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 514	Continued From page 46	F 514		

7/12/05, 7/13/05, 7/14/05, 7/15/05, 7/16/05, 7/22/05, 7/28/05, 7/29/05, and 7/30/05. In addition, there was no evidence of monitoring on the evening shift on 7/11/05, 7/15/05, and 7/19/05. Finally, there was no evidence of monitoring on the night shift on 7/15/05 and 7/18/05.

b. Review of the medical record revealed there was no diagnosis for the Zyprexa. Interview with the director of nursing on 8/23/05 at 3 PM confirmed there was no diagnosis for the Zyprexa.

c. Review of the instructions on the facility approved form "Behavior Monitoring Form - Anti-Psychotic Medications" instructed that each shift should chart the number of episodes of target behavior occurrences.

d. Interview with the director of nursing on 8/23/05 at 10:10 AM revealed her expectation was that interventions would have been tried and documented.

4. Review of the July 2005 physician's orders for resident #43 revealed he/she had diagnoses including osteoporosis, hypertension, cachexia, osteoarthrosis, and arthritis. Review of the 6/29/05 annual MDS assessment revealed the resident triggered for mood and behavioral symptoms. Review of the July 2005 physician's orders revealed Xanax (antianxiety) 0.5 mg was ordered every morning and afternoon, Xanax 1 mg was ordered at bedtime, and Xanax 1 mg was ordered PRN (as needed). The following concerns were identified:

a. Review of the July 2005 behavior monitoring for anti-anxiety medications form revealed there was no evidence of monitoring during the day shift on 7/1/05, 7/6/05, 7/12/05, 7/15/05, 7/16/05, 7/17/05, and 7/29/05.

SEP. 2. 2005 8:12AM BETTENHEALTH NO. 3305 P. 73/79

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 _____	C 08/16/2005

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 514	Continued From page 47 Additionally, there was no evidence of monitoring on the evening shift on 7/1/05, 7/4/05, 7/6/05, 7/7/05, and 7/21/05. Finally, there was no evidence of monitoring on the night shift on 7/1/05, 7/6/05, 7/7/05, 7/8/05,7/15/05, 7/18/05,and 7/21/05. b. Review of the instructions on the facility approved form "Behavior Monitoring Form - Anti-Psychotic Medications" instructed that each shift should chart the number of episodes of target behavior occurrences. c. Interview with the director of nursing on 8/29/05 at 10:10 AM revealed her expectation was that interventions would have been tried and documented. 5. Review of the July 2005 physician's orders for resident #26 revealed he/she had diagnoses including major depressive affective disorder. Review of the 6/8/05 annual MDS assessment revealed the resident triggered for comprehensive review of mood state. Review of the July 2005 physician's orders revealed Valium (antianxiety) 2.5 mg was ordered on 4/13/05. The following concerns were identified: a. Review of the July 2005 behavior monitoring form revealed there was no evidence of monitoring during the day shift on 7/6/05, 7/8/05, 7/12/05, 7/15/05, 7/16/05, 7/17/05,7/28/05 and 7/29/05. Additionally, there was no evidence of behavior monitoring on the evening shift on 7/1/05, 7/4/05, 7/6/05, 7/7/05, 7/18/05, and 7/21/05. Finally, there was no evidence of monitoring during the night shift on 7/1/05, 7/6/05, 7/7/05, 7/8/05, 7/15/05, 7/18/05, and 7/20/05. b. Review of the instructions on the facility approved form "Behavior Monitoring Form - Anti-Psychotic Medications" instructed that each shift should chart the number of episodes of	F 514		

SEP. 2. 2005 10:12AM DEPT_HEALTH NO. 9695 P. 24/79

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 _____	C 08/15/2005

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 514	Continued From page 48	F 514		

target behavior occurrences.

c. Interview with the director of nursing on 8/23/05 at 10:10 AM revealed her expectation was that interventions would have been tried and documented.

6. Review of the July 2005 physician's orders for resident #27 revealed he/she had diagnoses including cerebrovascular disease, sleep disturbance, hypotension, obesity, cerebral artery occlusion, and glaucoma. Review of the 8/17/05 annual MDS assessment revealed the resident triggered for mood and behavioral symptoms. Review of the July 2005 physician's orders revealed Seroquel (antipsychotic) 100 mg was ordered for every morning and 200 mg was ordered for every evening. The following concerns were identified:

a. Review of the July 2005 behavior monitoring form for anti -psychotic medications revealed there was no evidence of monitoring during the day shift on 7/11/05, 7/13/05, 7/15/05, 7/18/05, 7/22/05, 7/23/05, 7/26/05, 7/27/05, and 7/29/05. Additionally, there was no evidence of monitoring during the evening shift on 7/15/05, 7/18/05, and 7/19/05. Finally, there was no evidence of monitoring during the night shift on 7/1/05, 7/7/05, 7/15/05, and 7/18/05.

b. Review of the instructions on the facility approved form "Behavior Monitoring Form - Anti-Psychotic Medications" instructed that each shift should chart the number of episodes of target behavior occurrences.

c. Interview with the director of nursing on 8/23/05 at 10:10 AM revealed her expectation was that interventions would have been tried and documented.

7. Review of the July 2005 physician's orders for

SEP 12. 2005 10:38AM DEPT_HEALTH NO. 3809 P. 75/79

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 _____	C 08/16/2005

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)	(X5) COMPLETION DATE
F 514	Continued From page 49	F 514		

resident #37 revealed he/she had diagnoses including hypertension, organic brain disease, and hypothyroidism. Review of the 7/13/05 annual MDS assessment revealed the resident triggered for mood state. Review of the July 2005 physician's orders revealed Risperidone 1 mg was ordered on 6/15/05 for dementia with hallucinations. The following concerns were identified:

a. Review of the July 2005 behavior monitoring form for antipsychotic medications revealed there was no evidence of monitoring during the day shift on 7/6/05, 7/15/05, 7/17/05 and 7/29/05. In addition, there was no evidence of monitoring during the evening shift on 7/1/05, 7/6/05, 7/7/05, 7/18/05, 7/21/05. Finally, there was no evidence of monitoring during the night shift on 7/1/05, 7/6/05, 7/7/05, 7/15/05 and 7/18/05.

b. Review of the instructions on the facility approved form "Behavior Monitoring Form - Anti-Psychotic Medications" instructed that each shift should chart the number of episodes of target behavior occurrences.

c. Interview with the director of nursing on 8/23/05 at 10:10 AM revealed her expectation was that interventions would have been tried and documented.

8. Review of the July 2005 physician's orders for resident #25 revealed he/she had diagnoses including depression and schizophrenia. Review of the 6/3/05 annual MDS assessment revealed the resident triggered for mood and behavioral symptoms. Review of the July 2005 physician's orders revealed Zyprexa (antipsychotic) 5 mg was order every morning and 20 mg every night. In addition Clonazepam (antianxiety) 0.6 mg was ordered every evening. The following concerns

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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 _____	C 08/15/2005

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)	(X5) COMPLETION DATE
F 514	Continued From page 50 were identified: a. Review of the July 2005 behavior monitoring form for Clonazepam revealed there was no evidence of monitoring during the day shift on 7/6/05, 7/12/05, 7/15/05, 7/16/05, 7/17/05, and 7/29/05. Additionally, there was no evidence of monitoring during the evening shift on 7/1/05, 7/4/05, 7/6/05, 7/7/05, 7/18/05 and 7/20/05. Finally, there was no evidence of monitoring during the night shift on 7/1/05, 7/6/05, 7/7/05, 7/8/05, 7/15/05, 7/18/05, and 7/20/05. b. Review of the July 2005 behavior monitoring form for Zyprexa revealed there was no evidence of monitoring during the day shift on 7/6/05, 7/8/05, 7/12/05, 7/15/05, 7/16/05, 7/17/05, and 7/29/05. In addition, there was no evidence of monitoring during the evening shift on 7/1/05, 7/4/05, 7/6/05, 7/7/05, 7/18/05 and 7/20/05. Finally, there was no evidence of monitoring during the night shift on 7/1/05, 7/6/05, 7/7/05, 7/8/05, 7/15/05, 7/18/05, and 7/20/05. c. Review of the instructions on the facility approved form "Behavior Monitoring Form - Anti-Psychotic Medications" instructed that each shift should chart the number of episodes of target behavior occurrences. d. Interview with the director of nursing on 8/23/05 at 10:10 AM revealed her expectation was that interventions would have been tried and documented. 9. Review of the July 2005 physician's orders for resident #21 revealed he/she had diagnoses including hypertension, hypothyroidism, diabetes, dehydration, arthropathy. Review of the 6/27/05 annual MDS assessment revealed the resident triggered for mood state and behavioral symptoms. Review of the July 2005 physician's orders revealed BuSpar (antianxiety) 5 mg was	F 514		

SEP. 12. 2005 10:14AM DEPT_HEALTH NO. 3809 P. 77/79

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535035	A. BUILDING _____ B. WING _____	C 08/15/2005

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)	(X5) COMPLETION DATE
F 514	Continued From page 51	F 514		

ordered twice daily. The following concerns were identified:

a. Review of the July 2005 behavior monitoring form for BuSpar revealed there was no evidence of monitoring during the day shift on 7/13/05, 7/15/05, 7/22/05, 7/23/05, 7/26/05, 7/27/05, and 7/29/05. In addition, there was no evidence of monitoring on the evening shift on 7/8/05, 7/15/05, 7/18/05, and 7/19/05. Finally there was no evidence of monitoring on the night shift on 7/1/05, 7/7/05, 7/5/05, 7/15/05, and 7/18/05.

b Review of the instructions on the facility approved form "Behavior Monitoring Form - Anti-Psychotic Medications" instructed that each shift should chart the number of episodes of target behavior occurrences.

c. Interview with the director of nursing on 8/23/05 at 10:10 AM revealed her expectation was that interventions would have been tried and documented.

10. Review of the July 2005 physician's orders for resident #31 revealed he/she had diagnoses including depression and dementia. Review of the 5/29/05 annual Minimum Data Set (MDS) assessment revealed the resident triggered for mood and behavioral problems. Review of the July 2005 behavior monitoring form for antipsychotic medication utilization revealed the resident had seven episodes of agitated behaviors on 7/25/05 without documented interventions. In addition, review revealed seven episodes of aggression on 7/26/05 and on 7/27/05 without documented behaviors. Interview with the director of nursing at 10:10 AM on 8/22/05 revealed her expectation was that interventions would be documented. Review of the instructions on the facility approved form

SEP. 2. 2005 9:15AM DEPT HEALTH NO 3639 P. 78/79

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535036	A. BUILDING _____ B. WING _____	C 08/15/2005

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) COMPLET DATE
F 514	Continued From page 52 "Behavior Monitoring Form - Anti-Psychotic Medications" instructed that interventions used, outcome and any possible medication side effects observed be identified. 11. Review of the 5/7/05 initial MDS assessment for resident #13 revealed he/she triggered for mood and behavior problems. Review of the July 2005 behavior monitoring form for hypnotic and sedative medications revealed the target behavior for monitoring was the number of hours the resident slept. The following concerns were identified: a. Review of the form revealed the resident slept, during the night shift, 3 hours on 7/2/05, 2 hours on 7/3/05, 5 hours on 7/6/05, 3 hours on 7/9/05, 7/10/05, 7/16/05, and 7/17/05, 4 hours on 7/19/05, 3 hours on 7/22/05, 7/23/05, and 7/24/05, and 5 hours on 7/29/05 and 7/30/05. b. Further review revealed no evidence of interventions on the nights when the resident slept 5 hours or less. c. Interview with the director of nursing on 8/23/05 at 10:10 AM revealed her expectation was that interventions would have been tried and documented.	F 514		

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