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 _____	08/22/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 8/19/24 through 8/22/24.	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;	F 623		9/27/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		09/13/2024

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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F 623	Continued From page 1 (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the	F 623		

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F 623	Continued From page 2 agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(k). This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to provide a written notice of the transfer to the resident and/or their representative for 2 of 2 residents (#3, #21) who were hospitalized. The findings were: 1. Review of progress notes showed resident #3 was admitted to the hospital on 3/30/24 and returned to the facility on 4/1/24. Further review showed the resident received the bed hold notice, but there lacked evidence the resident was issued a written transfer notice. 2. Review of progress notes and a nursing emergent discharge summary showed resident	F 623	Resident 3 was readmitted to the facility on 4/1/24, and resident 21 was readmitted to the facility on 7/16/24. Both residents remain at the facility currently. A process was put in place to give written notification to residents who transfer emergently to the hospital using an Updated Notice of Transfer/Discharge Form on 9/16/2024. Education provided to the nursing staff on how to give notice when residents are being transferred to the hospital in an emergent situation using the Updated	

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F 623	Continued From page 3 #21 went to the hospital on 7/14/24 and returned to the facility on 7/16/24. Further review showed the resident received the bed hold notice, but there lacked evidence the resident was issued a written transfer notice. 3. During interviews on 8/22/24 at 8:46 AM and 11:19 AM the administrator stated the facility issued a written notice which contained the resident's right to appeal and the Ombudsman contact information for discharges, but did not issue a written transfer notice for transfers to the hospital.	F 623	Notice of Transfer/Discharge Form. An audit will be completed by DON or designee on all emergent transfers to the hospital for one month. Any concerns identified during the audit will be reviewed with the Quality Assurance committee.	
F 645 SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability	F 645		9/27/24

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F 645	Continued From page 4	F 645		

authority has determined prior to admission-
(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and
(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.

§483.20(k)(2) Exceptions. For purposes of this section-
(i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.
(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-
(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,
(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and
(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.

§483.20(k)(3) Definition. For purposes of this section-
(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).
(ii) An individual is considered to have an

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F 645	Continued From page 5 intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure a level II PASARR [preadmission screening and resident review] was completed as required for 1 of 2 sample residents (#11) reviewed for PASARR. The findings were: 1. Review of the medical record showed resident #11 was admitted on 5/4/23 and had diagnoses including major depressive disorder, anxiety disorder and PTSD. Review of the "PASRR level 1" dated 5/4/23 showed the resident had a major mental illness. The level 1 screening showed the result was "Categorically appropriate for convalescent care after acute hospital stay, not to exceed 120 days." The PASRR further showed "...An individualized level II determination will be required on the 120th day if client stay will be extended, please plan accordingly." The following concerns were identified: a. Further review of the medical record showed no evidence the PASRR level II was completed although the resident remained in the facility past 120 days. b. On 8/22/24 at 9:56 AM the administrator stated the PASRR level II was not done, but should have been because, the resident exceeded 120 days.	F 645	A PASRR level I (resident review) for resident 11 was completed on 8/21/24 and PASRR Level II did not trigger. No further action required for this resident. An audit was conducted on current residents to ensure PASRR Level II has been completed for those that were needed. Education on PASRR process provided to resident advocate and nursing team. PASRRs will be reviewed during morning meeting with Interdisciplinary Team, any resident who triggers PASRR Level II will be added to a facility calendar for follow up. Audit of new PASRRs will be completed x 3 months by Resident Advocate or designee to ensure no PASRR Level II is being missed. The audits will be reviewed at Quality Assurance Meeting.	
F 847 SS=D	Entering into Binding Arbitration Agreements CFR(s): 483.70(m)(1)(2)(i)(ii)(3)-(5) §483.70(m) Binding Arbitration Agreements	F 847		10/4/24

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F 847	Continued From page 6	F 847		

If a facility chooses to ask a resident or his or her representative to enter into an agreement for binding arbitration, the facility must comply with all of the requirements in this section.

§483.70(m)(1) The facility must not require any resident or his or her representative to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility and must explicitly inform the resident or his or her representative of his or her right not to sign the agreement as a condition of admission to, or as a requirement to continue to receive care at, the facility.

§483.70(m)(2) The facility must ensure that:
(i) The agreement is explained to the resident and his or her representative in a form and manner that he or she understands, including in a language the resident and his or her representative understands;
(ii) The resident or his or her representative acknowledges that he or she understands the agreement;

§483.70(m)(3) The agreement must explicitly grant the resident or his or her representative the right to rescind the agreement within 30 calendar days of signing it.

§483.70(m)(4) The agreement must explicitly state that neither the resident nor his or her representative is required to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility.

§483.70(m)(5) The agreement may not contain

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F 847	Continued From page 7 any language that prohibits or discourages the resident or anyone else from communicating with federal, state, or local officials, including but not limited to, federal and state surveyors, other federal or state health department employees, and representative of the Office of the State Long-Term Care Ombudsman, in accordance with §483.10(k). This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure that the binding arbitration agreement explicitly stated that the resident or their representative was not required to sign the agreement as a condition of admission or to continue to receive care at the facility for 2 of 2 sample residents who signed an arbitration agreement (#11, #25). The findings were: 1. On 8/20/24 at 11:04 AM the administrator stated no residents had signed binding arbitration agreements. 2. However, medical record review revealed the following: a. Resident #11 signed an admission agreement on 4/28/21. A binding arbitration agreement was embedded in the admission agreement and did not explicitly state the resident was not required to sign it as a condition of admission. The admission agreement did not give the resident the opportunity to decline the arbitration agreement, but agree to the rest of the admission agreement. b. Resident #25 signed an admission agreement on 2/17/21. A binding arbitration agreement was embedded in the admission agreement and did not explicitly state the resident	F 847	Resident 11/resident representative signed new admission agreement, which does not have the arbitration language. Resident 25 has been discharged from the facility. A new admission agreement to remove the arbitration language was implemented on 9/9/2024. An audit of existing resident admission agreements was done. All residents admitted to the facility prior to the date of this survey have signed the old version of the admission agreement. All residents/resident representatives have signed/will sign the revised admission agreement that does not include the arbitration language. Office Manager or designee will be responsible for getting new admission agreements signed for all residents by the date of compliance on this report. A random audit of signed new admission agreements will be completed weekly x 1 month by Administrator or designee. The audits will be reviewed at Quality Assurance Meeting.	

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F 847	Continued From page 8 was not required to sign it as a condition of admission. The admission agreement did not give the resident the opportunity to decline the arbitration agreement, but agree to the rest of the admission agreement. 3. Interview with the administrator on 8/20/24 at 1:18 PM revealed the facility revised their admission agreement in 2023 to be in line with regulations related to arbitration, and the facility did not ask residents to enter into an arbitration agreement. 4. A phone interview with facility lawyer #1 on 8/21/24 at 3:04 PM revealed the facility did not do binding arbitration agreements anymore, but acknowledged the older admission agreements were a problem.	F 847		