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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/16/2026 |
| NAME OF PROVIDER OR SUPPLIER Rocky Mountain Care - Evanston | | STREET ADDRESS, CITY, STATE, ZIP CODE 475 Yellow Creek Rd Evanston, WY 82930 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, staff interview, review of the 2022 Food Code, and policy and procedure review, the facility failed to store and prepare food in accordance with professional standards related to labeling stored food items and hand hygiene/gloving in 1 of 1 food preparation areas (kitchen). The census was 47. The findings were: 1. Observation on 4/14/26 at 6:24 AM showed a red tub with thick, yellow substance in the walk-in refrigerator. The bowl was not labeled or dated and the substance appeared to have portions removed. 2. Observation on 4/15/26 at 12:09 PM showed cook #1 was plating meals on the tray line while wearing gloves. Without removing the gloves, the cook left the line, touched the three-compartment sink, placed a hand on top of a table, obtained a bag of bread, and returned to the tray line. The cook opened bread bag and used his soiled gloves to remove two slices of bread which he placed on a plate. The cook placed an enchilada on the bread and gave the tray to staff in the dining room to serve to a resident. Further observation showed the cook returned to the service line and continued to prepare meal trays for the remainder of the meal; without removing the soiled gloves. 3. Interview with the dietary manager and dietitian on 4/15/26 4:38 PM revealed items in the walk-in refrigerator were available for resident consumption and all items that were open had to be labeled and dated. They revealed the yellow substance was potato salad and they were not sure when it was made. Further interview revealed they expected staff to remove their gloves and perform hand hygiene when they left the service line and prior to resuming meal service. 4. Review of the policy titled Handwashing Guidelines for Dietary Employees last revised on 4/2025 showed .6. Frequency of Handwashing: Dietary employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single service and single use articles and also in the following situations: b. After hands have touched anything unsanitary i.e. garbage, soiled utensils/equipment, dirty dishes, etc. j. After engaging in any activity that may contaminate the hands. 5. Review of the facility policy titled Date Marking for Food Safety last revised on 4/2025 showed .2. The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded . 6. Review of the 2022 Food Code, US Food and Drug Administration, showed .2-301.14 When to Wash. FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and: (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; P (B) After using the toilet room; P (C) After caring for or handling SERVICE ANIMALS or aquatic animals as specified in 2-403.11(B); P (D) Except as specified in 2-401.11(B), after coughing, sneezing, using a handkerchief or disposable tissue, using TOBACCO PRODUCTS, eating, or drinking; P (E) After handling soiled EQUIPMENT or UTENSILS; P (F) During FOOD preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; P (G) When switching between working with raw FOOD and working with READY-TO-EAT FOOD; P (H) Before donning gloves to initiate a task that involves working with FOOD; P and (I) After engaging in other activities that contaminate the hands.</p> |

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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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, resident representative and staff interview, and policy and procedure review, the facility failed to ensure the residents' right to be notified in advance to participate in the regularly scheduled meetings for development and implementation of care for 1 of 16 sample residents (#3). The findings were: 1. Review of the quarterly MDS dated [DATE] showed resident #3 was unable to participate in BIMS scoring due to rarely or never being understood, and was severely impaired for cognitive skills in daily decision making. Resident #3 had the diagnoses of Alzheimer's Disease, depression, anxiety and insomnia. The following concerns were identified: a. Interview with resident #3's representative on 4/14/26 at 10:31 AM revealed the resident had two care plan meetings in the last year; however, the representative had prompted the meetings to occur. b. Review of medical record showed the resident had an interdisciplinary team (IDT) meeting for care planning where the resident representative was invited and subsequent IDT meetings completed for April of 2025, July of 2025, and October of 2025. There was no evidence a care plan meeting had been planned or had occurred in 2026. c. Interview with the DON on 4/16/26 at 1:54 PM confirmed the resident did not have any IDT meetings for care plan updating since October of 2025 and there were none scheduled at that time. Further she revealed the resident was missed. d. Interview with the Administrator on 4/16/26 at 2:22 PM revealed there had been care plans revised quarterly with no scheduled meetings. 2. Review of the policy titled Care Planning-Resident Participation last revised on 4/2025 showed .#9 The facility will discuss the plan of care with the resident and/or representative at regularly scheduled care plan conferences, and allow them to see the care plan, initially, at routine intervals, and after significant changes. The facility will make an effort to schedule the conference at the best time of the day for the resident/resident's representative. The facility will obtain a signature from the resident and/or resident representative after discussion or viewing of the care plan.</p> |

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| <p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interview, medical record review, and activity participation review, the facility failed to ensure individual activities of preference were provided to 1 of 10 sample residents (#9) reviewed for activities. The findings were: 1. Review of the quarterly MDS assessment dated [DATE] showed resident #9 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included non-Alzheimer's dementia, depression, and blindness in both eyes. Review of the annual MDS assessment dated [DATE] showed the resident felt it was very important to have books, newspapers, and magazines to read, listen to music, be around animals such as pets, keep up with the news, do things with groups of people, do his/her favorite activities, get fresh air when the weather was good, and participate in religious services or practices. Review of the Recreation Therapy care plan last revised on 12/31/26 showed interventions which included Provide 1:1 [1 to 1] visit 1x [1 time] weekly. Observation on 4/14/26 from 2:04 PM to 3:29 PM showed the resident was in his/her room and independently listened to an audio book. The following concerns were identified:a. Interview with the resident on 4/14/26 at 9:50 AM revealed s/he did not participate in a lot of activities due to blindness and did not have a lot of visitors. The resident revealed staff did not come to his/her room for visits and s/he would like it if more people would come to visit since s/he was unable to do a records lot of the other activities the facility offered.b. Review of the activity participation records for February 15, 2026 - April 15, 2026 showed no evidence the resident was offered 1 to 1 activities or had refused 1 to 1 activities.c. Interview with the activity director on 4/16/26 at 2:17 PM revealed the resident's family provided a lot of activities for the resident to do. She revealed the resident listened to a lot of audio entertainment and the facility only performed 1 to 1 activities when they read mail to him/her. She revealed the facility did not have a set 1 to 1 activity with the resident and didn't document when they offered 1 to 1 activities to the resident. Further interview revealed the facility didn't have a policy related to 1 to 1 activities.</p> | | |