

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535038	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 04/14/2026
NAME OF PROVIDER OR SUPPLIER Rocky Mountain Care - Evanston			STREET ADDRESS, CITY, STATE, ZIP CODE 475 Yellow Creek Rd , EVANSTON, Wyoming, 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
K0000 Bldg. 01	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 04/14/2026. Requirements for Long Term Care Facilities Section 42 CFR 483.90 except as otherwise provided in the section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association. The facility was a fully sprinklered single story building of Type V (111) construction with plan approval in 1985. The building was equipped with an automatic dry sprinkler system, and an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 47 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90	K0000		04/29/2026
K0211 SS = D Bldg. 01	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is NOT MET as evidenced by: Based on observation and staff interview, the facility failed to provide a level means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to provide a level means of egress as required could delay or hinder egress during an emergency, resulting in injury or death. The deficiency affected one of multiple means of egress and access to the public way. The findings were: Observation on 04/14/2026 at 10:11 AM at the day room patio egress to the public way revealed that the concrete was cracked and damaged. Further	K0211	Contractor provided bid for concrete replacement work in the area identified by the survey. Bid was received on 1/8/2026, but due to weather conditions, work could not be started at that time. Concrete removal work was started on 4/28/26 and is planned for completion on or before 5/15/26. The affected concrete will be completely removed and replaced with new concrete. Facility Maintenance staff inspected all egress areas on 4/16/26 to ensure concrete is in good repair and does not have abrupt changes in elevation. No additional issues were found during this inspection. The egress inspection has been added to the monthly preventative maintenance (TELS) system and will be completed by facility maintenance staff. Any concerns identified during the monthly inspection will be reported to QAPI committee and repaired timely.	05/15/2026

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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K0211 SS = D Bldg. 01	Continued from page 1 observation revealed that the concrete had spalled and exposed multiple recessed areas of approximately one (1) inch in depth, leading to a fall hazard or impediment to wheelchair access. Abrupt changes in elevation of walking surfaces shall not exceed 1/4 inch. Changes in elevation exceeding 1/4 inch, but not exceeding 1/2 inch shall be beveled with a slope of 1 in 2. Interview with the maintenance manager at the time of observation confirmed the deficiency, and indicated that he was aware of the requirement. Interview with the facility administrator at the time of exit confirmed the deficiency. Ref: 2012 NFPA 101, Sec. 19.2.1 and 7.1.6.2	K0211		05/15/2026

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E0000	Initial Comments An emergency preparedness survey was conducted by Healthcare Licensing and Surveys on 04/14/2026. Based on the findings of the survey, it was determined that the facility was in compliance with all requirements in accordance with 42 CFR 483.73.	E0000		04/29/2026

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