STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(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	STREET ADDRESS, CITY, STATE, ZIP CODE
Rocky Mountain Care - Evanston	**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
F0000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 4/14/26 through 4/16/26. The following common abbreviations are used throughout this document: BIMS: Brief Interview for Mental Status DON: Director of Nursing MDS: Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	F0000		04/29/2026
F0812 SS = F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.	F0812	An in-service will be conducted with kitchen staff on 5/18/26. Food labeling policy will presented and reviewed with staff. Expectations set forth that all food items will be labeled and dated. An audit was created to ensure food is being labeled properly per policy. This audit will be conducted by dietary manger twice per week for 6 weeks and periodically thereafter. Any issues identified during the audit will be corrected immediately and will be reported to the Quality Assurance Committee. A hand-washing/food handling in-service will be conducted with kitchen staff on 5/18/26. The in-service will be presented by infection preventionist. An audit was created to ensure proper food handling and hand-washing in the kitchen. Observation audits will be completed by Infection Preventionist, Dietary Manager or designee twice per week for six weeks and as needed thereafter. Any issues identified during the audit will be corrected immediately and will be reported to the Quality Assurance Committee.	05/19/2026

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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F0812 SS = F	Continued from page 1 This REQUIREMENT is NOT MET as evidenced by: 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	F0812	Continued from page 1 Compliance Date: 5/19/26	05/19/2026

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F0812 SS = F	Continued from page 2 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 § 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."	F0812		05/19/2026
F0553 SS = D	Right to Participate in Planning Care CFR(s): 483.10(c)(2)(3) §483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan	F0553	Resident #3 care plan meeting/interdisciplinary team (IDT) meeting was held on 4/23/26 and documented in the medical record. Resident #3 representative was present for the IDT meeting on this date. All resident charts were audited on 5/1/2026 to ensure no other IDT meetings had been missed. The audit found no other missing meetings. Education was provided on 5/5/26 by the corporate nursing team to identify best practices and ways to use the electronic medical record (EMR) more effectively to ensure a resident IDT meeting/care plan review is not missed. All residents have been assigned an IDT meeting schedule in the EMR for the next scheduled IDT meeting and this schedule will auto-populate for future meetings so none are	05/19/2026

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F0553 SS = D	Continued from page 3 of care. (iii) The right to be informed, in advance, of changes to the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care. §483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must- (i) Facilitate the inclusion of the resident and/or resident representative. (ii) Include an assessment of the resident's strengths and needs. (iii) Incorporate the resident's personal and cultural preferences in developing goals of care. This REQUIREMENT is NOT MET as evidenced by: 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 3/29/26 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	F0553	Continued from page 3 missed. The completion of IDT meeting/care plan review will be audited for 6 weeks by Administrator or designee to ensure completion. Audit will continue randomly thereafter. Any concerns will be addressed with the Quality Assurance/Performance Improvement (QAPI) team. Date of compliance 5/19/26	05/19/2026

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F0553 SS = D	Continued from page 4 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…”	F0553		05/19/2026
F0679 SS = D	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is NOT MET as evidenced by: 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 3/1/26 showed resident #9 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included	F0679	Resident #9 was visited by staff 4/30/26 and activity preferences were reassessed to ensure resident needs, interests and preferences are being addressed. All resident charts were audited by Recreation Therapy Consultant on 4/20/26 for individual (1:1) activity in care plan. All residents identified as needing at least one 1:1 activity per week were brought to the attention of the activity staff and a new tracking form was implemented to ensure 1:1 activity is being offered and documented. All residents with 1:1 care plan were reviewed for appropriateness and interventions on 4/30/26. In-service was provided by Recreation Therapy Consultant to activity staff on 5/6/26 . Inservice meeting discussed offering individual activities and the process of documenting these in a resident chart. Staff were presented with a list of ideas that could be used for 1:1 activities if needed. Audit of electronic medical record will be done weekly for 6 weeks by Administrator or designee to ensure 1:1 activities are being offered and	05/19/2026

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F0679 SS = D	Continued from page 5 non-Alzheimer's dementia, depression, and blindness in both eyes. Review of the annual MDS assessment dated 6/10/25 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.	F0679	Continued from page 5 documented. Audit will continue randomly after the 6 week period. Any issues identified during the audit will be brought to the Quality Assurance committee. Date of compliance: 5/19/26	05/19/2026