STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245529	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bigfork Valley Communities	258 Pine Tree Drive Bigfork, MN 56628

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to complete a medication assessment per doctor's orders for 1 of 5 resident (R19) reviewed for unnecessary medication. Findings include:R19's annual Minimum Data Set (MDS) dated [DATE], identified R19 had moderate cognition, and diagnoses included Alzheimer's disease, anxiety, and depression. R19 received antianxiety medication 4 days and antidepressant medication 7 days during the assessment period.R19's nurses communication form to the physician dated 11/5/25, identified R19 continued to tolerate lorazepam 0.5 mg three times daily, had no increased lethargy or sedation and requested to continue as ordered previously and re-assess in 30 days. The communication was signed by medical doctor (MD)-A on 11/6/25.R19's signed medication order dated 11/5/25, identified continue lorazepam 0.5 mg oral tablet give 0.5 mg by mouth three times a day for anxiety, re-assess on 12/6/25.R19's medical record failed to identify R19 was reassessed for continued use of lorazepam on 12/6/25, as ordered. On 12/10/25 at 9:29 a.m., the director of nursing (DON) stated there was a reminder on the treatment administration record (TAR) reminding the nurse on 12/6/25, to reassess the resident and notify the doctor of the results, to ensure the resident still needed lorazepam. On 12/6/25, registered nurse (RN)-B had signed the TAR reminder. DON was unable to find documentation that R19 had been reassessed, or the doctor was notified. RN-B approached and stated she had been working on 12/6/25 and had signed off the TAR reminder. RN-B stated she would have completed a progress note if the reassessment was completed and faxed to the doctor. After review of the medical record, RN-B stated she had failed to reassess the resident according to orders and failed to fax the doctor. Further, RN-B stated the family wouldn't allow the lorazepam to be discontinue but staff still needed to fax the doctor with updates and to get a continued order to ensure R19 still needed the medication. The LTC Physician Order Communication policy approved date 1/25, identified each resident must be under the care of a licensed physician authorized to practice medicine in this state and must be seen by physician at least every sixty (60) days. A current list of orders must be maintained in the clinical record of each resident and physician orders/progress notes must be signed and dated every thirty (30) days. Nurse to provider communications is faxed to the clinic on an as needed basis. Physicians will address areas of concerns or FYI and return the communication forms via fax. Once received the nurse will review/implement/and communicate any new orders.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245529	A. Building B. Wing	12/11/2025

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)
F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interview, and document review the facility failed to include the daily census and actual hours worked by nursing staff. This had the potential to affect all 21 residents, staff and visitors who wished to review the information. Findings include:On 12/10/25 at 7:59 a.m., the daily staff postings hanging on a corkboard on the wall next to the Aspen Circle entrance, there was staff postings grouped together dated 12/10/25 through 12/21/25, with 12/10/25 on top of the postings, The postings identified the date, registered nurse (RN) hours, licensed practical nurse (LPN) hours, nursing assistant (NA) hours and additional hours for orientation. The forms failed to identify the resident census as well as the total number of actual hours worked by licensed and unlicensed nursing staff directly responsible for resident care per shift. On 12/10/25 at 12:10 p.m., the director of nursing (DON) stated there was not a place within the facility that showed the resident census or how many and type of staff were working on a particular shift. The daily staff posting was updated every day and included the facility name, date and hours for RN, licensed staff and NA's. The posting did not include the census, and hours were not divided between shifts.The Posting Direct Care Daily Staffing Numbers policy approved 1/25, identified the facility would post on a daily basis for each shift, the number of nursing personnel responsible for providing direct care to residents. The shift staffing information would be recorded on the Nursing Staff Directly Responsible for Residents Care form for each shift and would include: The name of the facility. The date for which the information is posted.The resident census at the beginning of the shift for which the information was posted. Twenty-four (24)-hour shift schedule operated by the facility. Type (RN, LPN, TMA or NA) and category (licensed or non-licensed) of nursing staff working during that shift. The actual time worked during that shift for each category and type of nursing staff. Total number of licensed and non-licensed nursing staff working for the posted shift.