

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/20/2024
NAME OF PROVIDER OR SUPPLIER  Bella Terra of Billings		STREET ADDRESS, CITY, STATE, ZIP CODE  1807 24th St W Billings, MT 59102	

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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>45448</p> <p>Based on observation, interview, and record review, the facility failed to provide assistance with meals for a resident identified with weight loss for 1 (#8) of 8 sampled residents. Findings include:</p> <p>During an observation on 5/19/24 at 12:15 p.m., a meal tray was delivered to resident #8 and placed on her bedside table by staff member J. The resident was lying in bed on her right side, covered with a blanket, asleep. No attempt was made to rouse resident #8 from sleep by staff member J.</p> <p>During an observation on 5/19/24 at 1:15 p.m., resident #8 was still lying in her bed on her right side, covered with a blanket, asleep. The meal tray remained covered and untouched on the bedside table.</p> <p>During an observation and interview on 5/19/24 at 1:57 p.m., staff member J was collecting meal trays and placing them on the cart. Resident #8 was still lying in her bed, asleep. Her meal tray remained untouched. Staff member F said resident #8 required assistance with meals and set up. Staff member F said resident #8 should be in the dining room for meals to help with cueing for her meals. She was not aware of resident #8 had not received her noon meal. Staff member F said the CNA was agency and did not know the resident needed to be up and cued for meals.</p> <p>During an interview on 5/19/24 at 2:38 p.m., staff member I said she was not aware resident #8 required assistance with her meals. Staff member I said she was an agency nurse and had not had time to look up the specifics for each of her residents. Staff member I attempted to look up the specifics of resident #8's dietary needs and was unable to find the information in the resident's electronic medical record.</p> <p>During an interview on 5/19/24 at 3:35 p.m., staff member C said the specific information for resident needs was located on the resident's Kardex as a reference for the CNA staff. The nurse assigned to the hallway should be able to locate the specific resident needs on the resident's care plan.</p> <p>Record review of resident #8's quarterly nutrition review, dated 1/25/24, showed:</p> <p>(continued on next page)</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.

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:  275020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/20/2024
NAME OF PROVIDER OR SUPPLIER  Bella Terra of Billings		STREET ADDRESS, CITY, STATE, ZIP CODE  1807 24th St W Billings, MT 59102	
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>.This resident has been triggering for weight loss and noted to not be in dining room at mealtimes less than normal. This resident seems to need more cueing to focusing on eating meals than usual. RD suggested they be in the dining room for all meals to increase chances of consuming &gt;75% of meals. While RD thought of recommending our SNP shakes but due this resident liking to wander, they like to be mobile. Therefore, more finger foods/snacks would be ideal for this resident.</p> <p>Record review of resident #8's care plan showed:</p> <p>.Focus: ADL Functional/Rehabilitation Potential .</p> <p>. Interventions: .Eating: I require meal set up and at times assistance with eating. Date Initiated 4/17/20, Revision on: 6/9/23 .</p> <p>.Focus: I am at risk for alteration in nutritional status related to: at risk for inadequate oral intakes related to appetite fluctuations and cognitive changes. Date Initiated: 12/09/19, Revision on: 3/14/23</p> <p>.Interventions: Serve meals with supervision. Encourage intakes. Date Initiated: 1/26/21, Revision on 6/9/23 .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/20/2024
NAME OF PROVIDER OR SUPPLIER  Bella Terra of Billings		STREET ADDRESS, CITY, STATE, ZIP CODE  1807 24th St W Billings, MT 59102	
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)		
<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>45448</p> <p>Based on observation, interview and record review, the facility failed to ensure food was served in a sanitary manner; and failed to practice hand hygiene while serving meals between residents. This deficient practice had the potential to affect all residents receiving meals provided by the facility. Findings include:</p> <p>During an observation and interview on 5/18/24 at 5:23 p.m., a half-eaten grilled cheese sandwich was observed to be setting on the starting area of the resident tray line while the resident trays were being prepared. Staff member G said the sandwich belonged to him. Staff member G then picked up the sandwich and removed it from the tray service area. Staff member H was observed drinking her personal drink in the tray line area while preparing the resident dinner trays.</p> <p>During an observation and interview on 5/18/24 at 6:18 p.m., staff member K was observed serving trays to the residents who chose to eat in their rooms without providing hand hygiene between resident meal delivery. Staff member K would assist each resident with their meal tray and serve them a drink of their choice, then move on to the next resident and provide the same service, without performing hand hygiene. Staff member K said, I did not know I needed to perform hand hygiene between serving trays to residents.</p> <p>During an interview on 5/20/24 at 9:03 a.m., staff member E said staff had been provided training to not eat or drink while working tray line. Staff member A said staff had received training on hand hygiene when delivering and assisting residents with meals. Hand hygiene audits had been done and training had been provided when needed.</p> <p>Review of a facility policy, Handwashing/Hand Hygiene, with a revision date of 8/19, showed:</p> <p>. 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations:</p> <p>. o. Before and after eating or handling food;</p> <p>p. Before and after assisting a resident with meals .</p>		