STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 Rimrock Rd 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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 41652 Based on observation, interview, and record review, the facility failed to ensure residents were assessed for the ability to self-administer medications prior to leaving a resident unattended while taking medications for 2 (#s 3 and 10) for 26 sampled residents. Findings include: During an observation on 8/13/24 at 9:16 a.m., staff member C left medications for resident #3 and #10, which were placed on the table in the dining room, at breakfast. After handing the medication cups to #3 and 10, with the medications in the cups, staff member C left the dining area and went to the nursing station to take a telephone call. There were no other nursing staff in the dining area who could have observed the resident taking their medications. During an interview on 8/13/24 at 9:20 a.m., staff member C stated she had planned to stay in the dining area until resident # 3 and 10 had finished taking their medications, but received a telephone call, and left the dining area to take the call. Staff member C stated she should not have left the residents unattended until they had both taken all of their medications. During an interview on 8/15/24 at 11:01 a.m., staff member B stated there needed to be an assessment of the resident's ability to safely self-administer medications, and an order from the medical provider, showing the resident was allowed to self-administer medications. Staff member B stated staff knew they were not supposed to leave residents unattended while taking medications, unless an assessment and a physician's order, were in place. Review of resident #3's EHR, accessed on 8/14/24, failed to show a physician's order which allowed the resident to self-administer medications, or an assessment which showed the resident's ability to safely self-administer medications. Review of resident #10's EHR, accessed on 8/14/24, failed to show a physician's order which allowed the resident to self-administer medications or an assessment which showed the resident's ability to safely self-administer medications.

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: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 Rimrock Rd 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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 14005 Based on interview and record review, the facility failed to report an allegation of resident neglect within 24 hours of the incident, for 1 (#77) of 26 sampled residents for abuse reporting. Findings include: Review of a Facility Reported Incident submitted to the State Survey Agency, dated 8/1/24, showed there was an allegation of resident neglect by a staff member, towards resident #77. The report showed the incident occurred between 7/27/24 and 7/29/24. The facility investigation showed the allegation was reported to staff member J and staff member K via email on 7/30/24. The initial report of the incident was not submitted until 8/1/24, which was greater than 24 hours after the incident occurred. During an interview on 8/13/24 at 4:06 p.m., staff member B stated the staff member making the allegation was disgruntled and made the complaint as she was quitting her job after three days of employment. Staff member B submitted the abuse allegations to the state reporting portal when he found out about the allegation. Staff member B said the initial report to the incident portal was not submitted within 24 hours of the incident due to the staff not informing him of the allegation. Staff member B stated he was aware of the required reporting timelines. Review of the facility's policy titled, Abuse Policy dated November 2016, showed, 2. Notify Nursing Administration present at SJU or on call. Nursing Administration or designee will notify the Department of Public Health and Human Services Certification Bureau and any other necessary authorities within 24 hours of the incident .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St John's Lutheran Home	3940 Rimrock Rd 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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 41652 Based on interview and record review, the facility failed to accurately complete the Quarterly resident assessment for 1 (#3) of 26 sampled residents. Findings include: During an interview on 8/14/24 at 8:40 a.m., staff member D stated resident #3 did most of her personal care and hygiene on her own and usually refused to shower. Staff member D stated she gave the resident a choice between a shower and a sponge bath. This sometimes resulted in the resident accepting assistance with a shower. Staff member D stated she was assisting resident #3 with a shower on 7/27/24 and noticed her groin was very red. Staff member D stated she notified the nurse who examined the resident and recommended the use of nystatin powder or cream. Staff member D stated the resident refused to allow them to put anything on the resident's perineum. Review of resident #3's nursing note, dated 7/27/24, showed the nurse examined the resident and recommended several treatments. The note also showed the resident refused any of the recommended treatments. Review of resident #3's Quarterly MDS, with an ARD of 7/31/24, failed to show any behaviors, specifically the rejection of care, during the assessment period from 7/25/24 to 7/31/24. During an interview on 8/15/24 at 10:05 a.m., staff member I stated she looked at the nursing notes during the assessment period and talked to direct care staff regarding any behaviors which may have occurred during the assessment period. Staff member I stated she was aware resident #3 regularly refused showers and other offers to assist with her care and could not explain why she did not code the refusal of care in the behavior section of the MDS.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 Rimrock Rd 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)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48262 Based on observation, interview, and record review, the facility failed to develop and implement a baseline care plan to address resident care needs, for 2 (#s 78 and 143) of 26 sampled residents. Findings include: 1. Review of resident #78's EHR showed an admitted [DATE]. No baseline care plan, which was to be done within the first 48 hours, was located in the EHR for resident #78. A request was made for resident #78's baseline care plan on 8/15/24. No additional information was received by the end of the survey. During an interview on 8/15/24 at 10:00 a.m., staff member B stated a baseline care plan was not completed for resident #78. Staff member B stated the nursing staff could have forgotten to do the care plan because the resident was sent to the facility for a short end-of-life stay. The resident passed away six days after admission. Review of a facility policy, titled, Baseline Care Plan, date implemented January 2019, showed, Baseline Care Plans must be started within 48 hours of admission by IDT staff . 51111 2. During an observation on 8/14/24 at 3:45 p.m., two CNA staff members assisted resident #143 with a transfer to a chair. Resident #143 stated her catheter had been changed that day. A urine sample was taken due to a recent burning sensation when urinating. Review of resident #143's EHR showed on admission the pertinent diagnoses including: epilepsy, dysphagia (difficulty with swallowing), acute respiratory failure, multiple sclerosis, and neuromuscular dysfunction of bladder. The EHR also showed physician orders for a suprapubic catheter. During an interview on 8/12/24 at 3:59 p.m., NF3 stated the reason for resident #143's admission to the facility was for treatment related to a recent hospitalization for an infection. NF3 stated resident #143 had a primary diagnosis of multiple sclerosis. There were concerns for her swallowing ability related to recent nasogastric tube feedings used in the hospital. This affected her ability to swallow. NF3 stated he was concerned resident #143 might lose weight due to her difficulty with swallowing. NF3 stated the resident also required a suprapubic catheter. During an interview on 8/14/24 at 3:05 p.m., staff member M stated there was a standard process in how baseline care plans were created for residents of the Transitional Rehabilitation Center (TRC). The initial creation of the baseline care plan was assigned to the TRC nurses. After the TRC nurses started the baseline care plan, the MDS nurses were responsible for completing them. Staff member M stated the care plan documents for resident #143, . appear to be late. Staff member M stated, . by two weeks [#143's care plan] should have been completed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St John's Lutheran Home	3940 Rimrock Rd 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)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of resident #143's baseline care plan, initiated on 7/31/24, included a risk for falls. A focus area of nutrition was added on 8/7/24. The baseline care plan failed to show any areas of concern related to the suprapubic catheter, number of staff needed to assist with transfers, ADL assistance required, seizure precautions, and speech therapy. Review of a facility policy titled, Baseline Care Plans, initiated January 2019, showed, . 1. Baseline Care Plans must be started within 48 hours of admission by IDT staff and comprehensive completed within 21 days. Initial Care Plans must include primary reason for admission to nursing home.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St John's Lutheran Home	3940 Rimrock Rd 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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14005 Based on observation, interview and record review, the facility failed to update the comprehensive care plan for a resident who was dealing with grief, for 1 (#41); failed to update the care plan of a resident with frequent falls for 1 (#47); and failed to update the care plan of a resident who no longer had adjustment issues for a room change which occurred more than 12 months prior for 1 (#3) of 26 sampled residents. Findings include: 1. During an interview on [DATE] at 3:07 p.m., resident #41 said he was having problems dealing with some confusion and issues in his life. Resident #41 said his wife died in October of last year, and he still missed her. Resident #41 said his family visited, but he still missed his wife and expected to see her in her room at the cottage where they lived. He said someone from the facility may have talked to him at one time. Review of resident #41's current care plan failed to show a focus area related to grief due to the death of the resident's wife. No interventions were in place for helping the resident deal with grief, coping, or loneliness. During an interview on [DATE] at 10:40 a.m., staff member G said the care plan for resident #41 should have been updated. Staff member G said everyone here knew about his wife's death. Staff member G stated, I don't know if I have updated the care plan. I have to admit I'm not the best at updating care plans and would not be surprised if no update was made on the care plan. 41652 2. During an observation and interview on [DATE] at 9:50 a.m., resident #47 stated he did not like asking for help and had issues with his balance. Resident #47 stated he had a series of falls a while ago and injured his back. The resident stated he still had back pain. During an interview on [DATE] at 8:36 a.m., staff member F stated the fall prevention interventions for resident #47 included frequent checks, and the use of a camera, when he was in his room. Review of resident #47's care plan, dated [DATE], failed to show the use of a camera when the resident was in his room for fall prevention. During an interview on [DATE] at 10:05 a.m., staff member I stated it was everyone's responsibility to ensure care plans were updated timely. 3. During an interview on [DATE] at 8:50 a.m., staff member C stated resident #3 often refused showers and assistance with incontinence care. Staff member C stated she may be resistant because she was new to this cottage. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 Rimrock Rd 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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of resident #3's care plan, dated [DATE], showed a problem with adjustment, which was for the move from a unit in the main building, to [NAME] Cottage. This move occurred in March of 2023. This problem should have been resolved or revised to identify a more recent move from [NAME] Cottage to [NAME] Cottage which occurred in June of 2024.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St John's Lutheran Home	3940 Rimrock Rd 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)
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. 41652 Based on interview and record review, the facility nursing staff failed to assess and document the condition of a resident's skin as part of preventative skin care, for 1 (#3) of 26 sampled residents. Findings include: During an interview on 8/14/24 at 8:40 a.m., staff member D stated resident #3 did most of her personal care and hygiene on her own. Staff member D stated she was assisting resident #3 with a shower on 7/27/24 and noticed her perineum was very red. Staff member D stated she notified the nurse who examined the resident and recommended either nystatin powder or the application of a barrier cream. Staff member D stated the resident refused any of the recommended treatments. Staff member D stated the CNAs monitor for skin problems during the resident's shower, and notify the nurse if anything abnormal is seen. Review of resident #3's EHR, dated from 1/1/24 to 8/14/24, failed to show the routine assessment of the condition of the resident's skin. Nursing progress notes, dated 1/8/24 and 1/9/24, showed the resident had a wound on the right side of her chin which was covered by a band aid. The only other note regarding the resident's skin condition was dated 7/27/24, and showed the resident had a red groin and refused any treatment. Review of the facility's document titled, Skin at Risk Program, not dated, showed, Skin Assessment is performed weekly . A request was made for all skin care documentation from 1/1/24 to 8/14/24. The three documents, as noted above, were the only ones received prior to the end of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St John's Lutheran Home	3940 Rimrock Rd 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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 41652 Based on observation, interview, and record review, the facility failed to sufficiently address repeated falls for a resident who had frequent falls, and staff failed to identify root causes for the repeated falls so they could attempt to prevent future falls, failed to evaluate the effectiveness of current interventions utilized at the time of a fall for potential modification related to the fall cause, and failed to show the care plan was used effectively and reviewed, updated, or modified for the ongoing falls, and prevention of future falls, for 1 (#47) of 26 sampled residents. The deficient practice continually increased the risk of injury and or ongoing falls. Findings include: During an observation and interview on 8/13/24 at 9:50 a.m., resident #47 was seated in a recliner in the day room with his walker positioned adjacent to the recliner. The resident stated he did not like asking for help, but he had a series of falls which injured his back. Resident #47 stated he still had back pain from the multiple falls. During an observation and interview on 8/14/24 at 8:36 a.m., staff member F stated they (the staff) did frequent checks on resident #47 and had a camera directed at the resident's bed, so they could monitor him when he was in his room. The monitor for the camera was located on a filing cabinet in the room designated for nurses. During an observation and interview on 8/15/24 at 8:40 a.m., staff member F stated the resident had gone back to bed, and the camera was directed towards the resident's bed. There were no staff in the nurses room monitoring the camera view in the resident's room. During an interview on 8/15/24 at 8:55 a.m., staff member C stated the fall prevention strategies for resident #47 included frequent checks when he was out of bed, and a camera pointed towards his bed, when he was in his room. Staff member C stated they checked the monitor in the nurses room to see if he was getting out of bed. Review of resident #47's care plan, initiated on 7/12/24, showed he had falls which occurred in 2024, to include on: 2/21, 3/26, 5/17, 5/19, 7/7, and 7/8 and they were grouped together on the plan. The causes of the repeated falls was not shown on the care plan, and the interventions were, Continue to check frequently when in great room or in his room. Remind elder to use his call light and wait for help to transfer. The falls were not addressed separately on the resident's care plan at the time the falls occurred. Review of resident #47's post fall documentation, dated 5/19/24, showed the resident had an unwitnessed fall while attempting to transfer independently. The fall documentation failed to identify the specific root cause of the fall. Review of resident #47's care plan, last revised on 8/13/24, failed to show the facility identified the specific cause of the resident's fall which occurred on 5/19/24. The plan failed to show the evaluation of the effectiveness of the interventions in place at the time of the fall, and failed to implement any new interventions related to the root causes of the specific fall. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 Rimrock Rd 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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of resident #47's post fall documentation, dated 6/21/24, showed the resident had a fall while ambulating with visitors. The documentation failed to identify the specific cause of the resident's fall while he was ambulating while visiting. Review of resident #47's care plan, last revised on 8/13/24, failed to show the specific root cause of the fall which occurred on 6/21/24, failed to show the evaluation of the effectiveness of interventions currently in place at the time of the fall, and failed to show any implementation of new interventions intended to reduce the risk of future falls. Review of resident #47's post fall documentation, dated 7/7/24, showed the resident had an unwitnessed fall while performing personal grooming in his room. The documentation showed the fall was caused by a loss of balance. The document failed to show interventions in place at the time of the fall were evaluated for effectiveness and the plan did not show the implementation of new interventions to be used as future fall prevention strategies. Review of resident #47's care plan, last revised on 8/13/24, failed to show interventions implemented after the fall which occurred on 7/7/24. Review of resident #47's post fall documentation, dated 7/8/24, showed the resident had an unwitnessed fall while attempting to reach for an item on the floor. The documentation showed the resident slid off the bed and ended up on the floor. The documentation failed to show the evaluation of the interventions in place at the time of the fall and failed to implement any new interventions to be attempted for him sliding off the bed. Review of resident #47's care plan, last revised on 8/13/24, failed to show interventions in place (on 7/8/24) were evaluated for effectiveness and fall prevention, and the plan failed to show any new interventions intended to reduce the risk of future falls related to the specific root cause of a any fall. Review of resident #47's paper fall log, viewed on 8/14/24, showed the resident was off of fall team (Fall Management Program). This meant the resident was not reviewed for falls by the fall IDT team. During an interview on 8/15/24 at 10:45 a.m., staff member B stated resident #47 was taken off the list for the Fall Management Program because the provider documented the resident's falls were unavoidable. Staff member B felt it was unnecessary to include the resident in the fall team discussions because he continued to have falls. Staff member B was unable to explain why attempting new fall prevention interventions were not tried. Review of the facility's policy titled, Fall Prevention and Management Policy, May 2018, showed, A root cause(s) will be determined along with interventions(s) for each fall. Nurse managers will completed [sic] the Post Fall Care Plan form to help document the root cause. The policy also showed, The Quality Assurance and Performance Improvement committee will ensure high risk residents are admitted to the Fall Management Program. The Fall Management Program will analyze, investigate, and look for the root cause(s) for the fall. New interventions to prevent future falls along with opportunities for improvement will be discussed and pursued.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St John's Lutheran Home	3940 Rimrock Rd 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)
F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post nurse staffing information every day. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41652 Based on observation and interview, the facility failed to post daily staffing in the four cottages which housed 51 longterm care residents. Failing to post the daily staffing would not allow anyone wishing to view the informaton, such as residents, staff, or visitors. Findings include: During multiple observations during the survey, which occurred from 8/12/24 to 8/15/24, no nurse staff posting was found in any of the four cottages. During an interview on 8/14/24 at 8:17 a.m., staff member H was not able to identify where the nurse staffing was posted in [NAME] and [NAME] Cottages. Staff member H stated she knew there was staffing posted on the rehabilitation unit, but did not remember seeing any postings in the cottages. During an interview on 8/15/24 at 11:55 a.m., staff member B was not aware there was no staff postings in the cottages.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St John's Lutheran Home	3940 Rimrock Rd 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)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14005 Based on observation, interview, and record review, the facility failed to help obtain mental health services for a resident who was dealing with grief and the loss of his spouse for almost a year, for 1 (#41) of 26 sampled residents. Findings include: During an interview on [DATE] at 3:07 p.m., resident #41 said he was having problems dealing with some confusion and issues in his life. Resident #41 said his wife died in October of 2023 and he missed her. Resident #41 said his family visited, but he still missed his wife and expected to see her in her room at the cottage where they lived. He said someone may have talked to him at one time, but he was not sure. Review of resident #41's current care plan showed it was not updated, and no interventions were put in place for helping the resident deal with grief or loneliness. During an interview on [DATE] at 10:40 a.m., staff member G said she had visited with, and provided emotional support for, resident #41 following the death of his wife. Staff member G said she believed she documented the interactions made with resident #41. Staff member G said she had just placed an order for behavioral health counseling. Staff member G said the order was placed because resident #41's son said his dad was forgetting things. Review of resident #41's progress notes, dated [DATE] through [DATE], showed there were no social services notes documenting interactions where grief counseling or emotional support had been provided. The progress notes did not show resident #41 had attended his wife's funeral. A request was made on [DATE] for progress notes for social services or mental health support from [DATE] through [DATE]. No social services notes or mental health notes were provided by the end of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 Rimrock Rd 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 14005 Based on observation, interview, and record review, the facility failed to provide medications in a timely manner for 1 (#41) of 26 sampled residents, and the medications were provided late. Findings include: During an observation and interview on 8/13/24 at 10:10 a.m., staff member L had two syringes in her hand. Staff member L said she was on her way to give resident #41 his morning insulin. Staff member L said resident #41 was just going to his room, and she had not given the morning insulin yet. The medication was scheduled to be administered at 7:00 a.m., and this was three hours past the scheduled administration time. Review of resident #41's nursing progress note, dated 8/13/24 at 1:30 p.m., showed the insulin was given late this morning. The Elders BG was lower than usual, and the nurse waited for the resident to eat before giving insulin. It was after 10 a.m., before Elder got back to room, and insulin given. [sic] Review of resident #41's medication administration audit, dated 8/13/24, showed the insulin was administered at 10:11 a.m The blood sugar was 112 at 6:41 a.m. and was not re-checked prior to the insulin being administered. There was also no note showing the physician was notified about the late administration of insulin.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 Rimrock Rd 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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 14005 Based on interview and record review, the facility failed to ensure as needed psychotropic medications were limited to 14 days or had documented rationale for extended use by the physician, for 2 (#s 38 and 131) of 26 sampled residents. Findings include: 1. Review of resident #131's pharmacy progress notes, dated 5/10/24, showed a pharmacist identified the resident's daughter requested a sleep aid/antianxiety medication for resident #131. On 5/10/24, the pharmacist recommended increasing the Tylenol or consider melatonin for sleep or lorazepam PRN (as needed) for anxiety. Review of #131's physician orders, dated 5/21/24, showed clonazepam 0.25 mg was ordered once daily as needed (PRN) for insomnia or anxiety. The physician did not order a stop date for the PRN psychotropic medication. Review of resident #131's pharmacy progress note, dated 7/16/24, showed the pharmacist documented the clonazepam 0.25 mg once daily as needed for sleep was being continued. The pharmacist note showed the resident took the PRN clonazepam 14 out of 15 nights during August 2024. The pharmacist recommended adjusting the insomnia regimen, if appropriate, and to document the timeframe for the next PRN clonazepam evaluation. No further documentation was provided showing this recommendation was followed. The resident continued on the PRN clonazepam through the survey date of 8/14/24. 48262 2. Review of resident #38's medication administration record, dated August 2023, showed the resident had a physician order for, Lorazepam Intensol 2 mg/ml take .25 to 1 ml by mouth every 6 hours as needed for anxiety. The start date for the lorazepam was 8/21/23. The resident received the medication two times during the month of August 2023. There was no physician documentation detailing the resident's need for continued as needed dosing of this medication. There was no stop date listed for the lorazepam. Review of resident #38's pharmacy progress note, dated 9/26/23, showed, . PRN lorazepam started in August. Has not used in 30 days. Provider reviewed in 9/25/23 note and declined discontinuation and noted she would review within 60 days. [sic] During an interview on 8/15/24 at 10:45 a.m., staff member B stated the medical providers were aware as needed (PRN) medication should only be ordered for 14 days. Staff member B said there was one physician who did not always follow the policy. Review of the facility's policy titled, Psychotropic Drug Use Policy, revised October 2022, showed: - PRN orders for psychotropic drugs are to be used to address acute or intermittent symptoms, or in an emergency and must be necessary to treat a documented diagnosed specific condition and are limited to 14 days. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St John's Lutheran Home	3940 Rimrock Rd 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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-If the physician believes the PRN order should be extended beyond the 14 days, the physician must document rationale and duration in the medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 Rimrock Rd 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)
F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14005 Based on observation, interview, and record review, the dietary department failed to provide each resident with a nourishing diet and failed to follow the resident's therapeutic diet to meet the resident's daily needs. These deficient practices increased the risk of the [NAME] Cottage residents having negative nutritional or health outcomes, and affect their quality of life. Findings include: During observations on 8/13/24 at 8:39 a.m., staff member N was not reviewing diet orders and therapeutic menus to ensure proper diets and serving sizes were served when preparing residents meals. Staff member N ground some bacon in the robo coupe. With her gloved hands, she scooped out a handful of dry flakey bacon from the robo coupe bowl without measuring a portion. The practice of not measuring occurred when bacon was placed on five plates. Staff member N poured breakfast syrup on the bacon for residents who were to be served a minced and moist diet. During continued observation of breakfast service on 8/13/24 at 8:53 a.m., staff member N took unwashed berries out of a container and placed the berries on a plate with her contaminated gloved fingers and failed to follow a portion guide. During an observation on 8/14/24 at 8:57 a.m., staff member P began serving breakfast without referring to the resident diets which were posted on the refrigerator, and the menu for portion sizes. While placing food on the plates, staff member P said she did not know there were three special diets. Staff member P placed several sausage patties in the robo coupe and blended the meat. Staff member P used a spoon to place the blended meat onto plates. The residents did not receive the required portion size. After the blended meat was served, there was left over blended meat, and staff member P scooped the rest of the meat out and shared it between the five plates for service to the residents receiving a minced and moist diet. Staff member P said she did not know about the minced and moist diets and asked a certified nurse assistant if syrup could be placed on the sausage to make it moist. Staff member P began scooping watermelon out of a large container into individual bowls. Some bowls were served full to the rim and other bowls had only small portion of watermelon covering the bottom of the dish. Serving sizes were not measured or uniform. Staff member P did not look at the resident menu's and said she hoped none of the residents were allergic to watermelon. Staff member P said she has not worked in the cottages in forever. Staff member P said she ran out of hash browns and did not have enough for all the residents. No substitute was provided for the residents not receiving hashbrowns. During an interview on 8/14/24 at 11:56 a.m., staff member O said she tried to get to the cottages once a week. Staff member O said she trusted the staff to do what she asks them to, but said, You know how they are. Staff member O said the residents diet order is placed on the refrigerator, and the cooks are to take the diets down and follow it when serving meals. Staff member O said she would not be surprised the diets were not reviewed or followed during meal service. When asked how the staff ensured the residents got a nutritionally balanced diet, staff member O said the residents got what they wanted. During breakfast observations on: 8/13/24 at 8:53 a.m,. 8/14/24 at 8:57 a.m., and 8/15/24 at 8:45 a.m., in the [NAME] cottage, the residents were served the meals without being asked what they wished to eat. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 Rimrock Rd 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)
F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 8/14/24 at 8:53 a.m., staff member R said she only had six pancakes. The census of [NAME] Cottage was thirteen on 8/14/24. The six pancakes were served, and no more pancakes were made to ensure the menu was followed and nutritive value was maintained for each individual resident. During service, staff member R failed to look at the menu and scooped eggs onto the resident plates with a regular spoon. There were not enough eggs to put on all the plates for the meals, so staff member R took eggs from the plates which had been dished and placed some of each serving of eggs onto two other empty plates. Staff member R was asked what she would do for protein for the minced and moist diets. Staff member R said she did not have time to mince the meat. Staff member R said she would just give the residents double portions of protein for lunch.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 Rimrock Rd 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)
F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14005 Based on observation, interview, and record review, the facility failed to ensure there were sufficient staff with the necessary competencies and skillsets to carry out the functions of the food and nutritive services. This deficient practice increased the risk of negative outcomes, and the quality of life and health, for the residents residing in the [NAME] and [NAME] Cottages. Findings include: During interview on 8/12/24 at 1:45 p.m. during the entrance conference, staff member A and staff member B said the cooks are shared between two cottages. The cook will complete meal prep in one cottage and then take the meal to the other cottage and serve the meal at the next cottage. Staff member A and B said the cooks have a buddy to help them with me meal service. During an observation on 8/14/24 at 8:47 a.m., the cook (staff member P) entered [NAME] Cottage and began preperation for meal service. The first two meals were served at 8:53 a.m. The posted meal time in the cottage was 8:00 a.m., or upon rising. The meal was served 53 minutes late. No buddy was observed assisting staff member P with the meal service. During an interview on 8/14/24 at 9:30 a.m., staff member P said she had not been to the cottages in forever and was not aware of any potential changes. Staff member P said she was a CNA and did not usually cook. Staff member P said the cottage staff needed help, and they called her in to work. Staff member P said there were changes to diets, and she was not aware of some of the changes. Staff member P said she had not worked at the cottages in a long time. Staff member P said she was not aware of any resident allergies, but she did not go to the refrigerator to get the resident diet form which listed diet orders and allergies. During an interview on 8/14/24 at 3:30 p.m., staff member P stated the cooks were responsible for cleaning the kitchen until 5:30 p.m. Staff member P stated the facility was down on cooks, so a lot of cleaning was being missed because of not having consistent staff. During observation and interview, on 8/15/24 at 8:53 a.m., staff member R said she only had six pancakes. Staff member R did not know what to serve the residents who did not get pancakes. Staff member R did not mince the sausage which was on the menu for breakfast. Staff member R said she did not have time to put the sausage in a blender. Staff member R failed to provide a minced meat substitute for breakfast. Staff member R was not educated about diets and nutrition and stated she would just provide double portions of meat at lunch time. Breakfast was scheduled to start at 8:00 a.m., but the first breakfast tray was delivered to the resident at 8:57 a.m., the day before, as shown in prior content.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER: St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE: 3940 Rimrock Rd 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)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14005 Based on observation, record review, and interview, the facility failed to ensure residents were served meals to meet their nutritional needs, and staff serving meals failed to use the menu's and serve the planned meal, or offer an appropriate substitute, for the residents in the [NAME] Cottage. Findings include. During observations on 8/13/24 from 8:39 to 8:58 a.m., in the [NAME] cottage, staff member N did not review the residents diet orders or the menu prior to meal service. Staff member N did not use the required scoop size when serving the protein. Staff member N did not use a scoop when serving the bacon. Staff member N used her hand to scoop bacon out of the robo coupe. Five residents had orders for minced and moist diet. Staff member N scooped a serving of bacon out of the robo coupe with her hands for all five residents. The menu stated banana french toast was to be served for breakfast. The residents were served regular toast or pancakes. The residents were not asked their preferences prior to being served their meal. During an observation on 8/14/24 at 9:00 a.m., staff member P did not review the resident diet orders or the menu which showed the required portion size for the diets. Staff member P scooped the sausage out of the container with her hands and did not follow the recommended serving portion of protein. The menu planned for breakfast was confetti eggs, cereal, hashbrowns and toast. The cook told a CNA she ran out of hashbrowns and only had six hashbrown for the meal service. The census of [NAME] cottage was 13. Staff member P did not follow the menu and served plain scrambled eggs. Staff member N was observed to serve a non-measured scoop of scrambled eggs on the resident plates. No substitute was offered in place of the hashbrowns. During observation and interview on 8/15/24 at 8:53 a.m., in the [NAME] Cottage, staff member R said she only had six pancakes. Census in the cottage was 13. Staff member R told a CNA she did not know what to serve to the residents who did not get pancakes. Staff member R did not mince the sausage which was planned for breakfast. Staff member R said she did not have time to put the sausage in a blender. Staff member R failed to provide a minced meat substitute for breakfast. Staff member R stated she would just provide double portions of meat at lunch time. Eggs sterling was on the menu for breakfast. Plain scrambled eggs were observed in the cooking dish. There were not enough eggs to put on all the plates for the meal, so staff member R took eggs from the plates which had been dished and placed some of each serving of eggs onto two other empty plates.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 Rimrock Rd 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)
F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14005 Based on interview, record review, and observations, the facility failed to provide each resident with food that accommodated the resident allergies and preferences for the residents in the [NAME] Cottage. Findings include: Review of the diet type report for the [NAME] Cottage showed a census of thirteen. Five of resident's/diets had physician orders to have a minced and moist texturally altered diet. Two other residents required specialized diets. One resident had a lactose restricted diet, and the other was a cardiac diet with no added salt. During observations on 8/13/24 from 8:39 to 8:58 a.m., in the [NAME] cottage, staff member N did not review the residents diet orders or the menu prior to meal service. The menu called for banana French toast. No French toast was served. The residents were not asked their preferences for meals. The minced bacon was served with syrup poured on top to make it moist. During an observation on 8/14/24 at 9:00 a.m., staff member P did not review the resident diet orders which would indicate specialized diets. Staff member P did not review the menu to identify the correct portion size for the diets. Staff member P said she did not know there were three special diets on this unit, when in fact there were 7 special diets. Staff member P said she was going to serve watermelon and said she hoped none of the residents were allergic to watermelon. The four residents setting at the dining table were not asked their preferences for breakfast. During observation and interview on 8/15/24 at 8:53 a.m., in the [NAME] Cottage, staff member R did not mince the sausage which was planned for breakfast. Staff member R said she did not have time to put the sausage in a blender. Staff member R failed to provide a minced meat substitute for breakfast. Staff member R stated she would just provide double portions of meat at lunch time. The five residents on the minced and moist diet were not asked what they would prefer for breakfast. During an interview on 8/14/24 at 11:56 a.m., staff member O said the list of residents and their diets are posted on the refrigerator. The expectation would be for the cooks to look at those to ensure diets are followed. Staff member O said there is a menu which would include serving portions. Staff member O said even with the menu's, the residents are asked and offered choices, for meals.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 Rimrock Rd 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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14005 Based on observation, interview, and record review, the facility failed to ensure sanitary conditions were maintained in the kitchens. This deficient practice had the potential to affect all residents who received food from the kitchen in the Powers, [NAME], and [NAME] Cottages. Findings include: 1. During an observation and interview on [DATE] starting at 2:20 p.m., in the [NAME] Cottage, the following concerns were observed: - The floor in the kitchen area had a heavy accumulation of black colored film/matter along the edges of the baseboards, the door jambs, the dishwasher, the upright freezer, and the door thresholds. The film type matter in these areas could be scraped off with the tip of a pen or a finger nail. - In the pantry, behind the kitchen, there was a towel on the floor in front of the freezer door. Water was observed leaking from the freezer door. - The bottom of the freezer, under a drawer, had a half inch buildup of ice and two areas of brown rust colored stains. - Packages of unlabeled and undated food was observed in the freezer. - The refrigerator in the pantry contained an unlabeled and undated package of sliced meat. Staff member N said the meat was sausage for supper. The pantry refrigerator was dirty with brown smears on the shelf in the door, red debris on the shelf and dry orange yellow shreds which looked like cheese. - The outside of the cupboard doors had a buildup of debris and were sticky to touch. - There was no sani-solution bucket set up for soaking kitchen towels when the towels were in between use. - The handles of the refrigerators and oven were soiled with crusty food matter. -The cabinets contained many spices, and those with open lids were Montreal steak seasoning, garlic powder, onion powder, tarragon, paprika, and ginger. In the refrigerator the following items were found: - A container of thickened water was opened, not dated, and the expiration on the container, showed it expired fourteen days after being opened. - A container of vanilla Med Plus 2.0 was opened and not dated. The container reflected it was to be discarded three days after being opened. - An open jar of salsa was not dated, and the factory expiration date was [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 Rimrock Rd 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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Food which had been removed from the original container was stored in squeeze bottles. One squeeze bottle contained a white substance and was not labeled or dated. Staff member N said the bottle contained ranch dressing. - An unlabeled squeeze bottle contained a brown substance and was not labeled or dated. Staff member N said the bottle contained barbeque sauce. - Squeeze bottles of French and raspberry dressing were not dated. - A gallon of milk, two containers of half and half, a jug of apple juice, ham slices, turkey deli slices, provolone cheese slices, uncooked bacon, pork soup base, and a jar of grape jelly were open and not dated. 2. During an observation on [DATE] starting at 3:30 p.m., in the [NAME] Cottage, the following was found: - The inside of the microwave was dirty with splattered food debris. - The kitchen cabinets were dirty with grease and debris with debris and felt sticky to the touch. - Many spice containers were sticky to touch. - Med Plus 2.0 was opened and not dated. The label indicated contents should have been discarded three days after opening. - Thickened orange juice was dated [DATE] and the label showed the contents should have been discarded within seven days of opening. - Thickened lemon water was opened on [DATE] and the label indicated the water should have been discarded seven days after opening. - A carton of thickened cranberry juice was opened on [DATE] and should have been discarded seven days after opening. 3. During observations made in the [NAME] Cottage on [DATE] at 8:47 a.m., staff member P was seen donning clean gloves. Staff member P then touched her hair, her forehead, and then touched the sticky cupboards with her gloved hands. Without washing and changing gloves, staff member P touched the microwave. Staff member P then plated the bacon, the hash browns, and the toast using her contaminated gloved hands. 4. During an observation on [DATE] at 9:00 a.m., staff member P scooped the sausage out of the container with her contaminated gloves. Throughout the breakfast service, staff member P's hairnet was only covering a portion of the back of her head. The staff members hair was hanging down on her forehead. Staff member P was observed to frequently push her hair off her face with her gloved hands. Staff member P reached into a bag of bread with her contaminated gloves. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St John's Lutheran Home	3940 Rimrock Rd 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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. During an observation on [DATE], at 9:18 a.m., a breakfast meal was delivered to a resident in their room. The food was immediately brought back due to the temperature of the eggs. Staff member P scooped the sliced bananas off the plate with her contaminated gloved hand and placed them in a bowl. The plate, which had been in a resident room, was then placed into the microwave and reheated. 6. During an interview on [DATE] at 3:40 p.m., staff member Q said she had only been working there for a few weeks. Staff member Q said she was concerned about sanitation and cleanliness in the kitchen. 7. During observations on [DATE] from 8:39 to 8:58 a.m., in the [NAME] cottage, staff member N was observed opening the sticky cupboard doors with her gloved hands. She then grabbed the bread and buttered the bread without changing her gloves or washing her hands. Staff member N continued the breakfast service wearing the same gloves. Staff member N opened and closed the oven door and then picked up slices of bacon with her contaminated gloves. The bacon was placed on several breakfast plates. Staff member N was observed wearing the same gloves when her gloved hand was used to scoop bacon out of the robo coupe. Some bacon fell off the gloves and back into the robo coupe and was then served to the next resident. Staff member N went into the pantry, opened refrigerators, drawers and grabbed cans of soda off the shelf. At 8:47 a.m., staff member N was still wearing the same pair of gloves when she again scooped bacon out of the robo coupe with her gloved hands, and then grabbed two pieces of bacon and placed them on a resident plate. At 8:52 a.m., staff member N, who was wearing the same gloves, moved the pancakes around on the resident's plates and held the pancake down with her gloved hands to cut the pancake. At 8:53 a.m., staff member N reached into a clam shell container and removed unwashed berries with her contaminated gloved fingers. 8. Review of the cleaning schedules for [NAME] Cottage showed the daily cleaning log. Review of the logs from [DATE] to [DATE] showed: - The cabinet fronts had been cleaned twice. - The spice cabinets had been cleaned twice. - The floorboards were not marked as cleaned at any time during this time period. 9. Review of the registered dietitian's monthly Cottages Culinary Audit, dated from April through [DATE], showed issues which were not resolved: - The audit completed on [DATE], showed the kitchen floor in the [NAME] cottage was looking pretty grimey around the edges. [sic] - The audit completed on [DATE] showed a towel was on the floor in front of the freezer. - Other areas of concern were the lack of hand hygiene, leftovers in the refrigerators not labeled and dated, microwaves were dirty, refrigerators needed to be cleaned. 10. During an interview on [DATE], at 9:12 a.m., staff member T said the vents in the dining/kitchen area were dirty. Staff member T said the vents looked like there was brown furry debris attached to the vents. Staff member T said she attempted to clean them, but was unsuccessful, as she did not have a ladder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 Rimrock Rd 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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	11. During an interview on [DATE] at 9:17 a.m., staff member U said the vent above the counters in the kitchen/dining room was dirty. Staff member U said the vents were cleaned about every three months. 12. During an observation and interview in [NAME] Cottage, on [DATE] at 10:26 a.m., staff member Q said she observed the dirty vent cover above the kitchen cabinets. The vent cover had fuzzy thread like debris hanging from the vent. Staff member Q was shown the dirty sprinkler head which had strands of thread looking material on the head. 13. During an interview on [DATE] at 11:56 a.m., staff member O said she tried to get to the cottages once a week. Staff member O said she trusted the staff did what she asked them to. Staff member O denied knowing there was an issue with the freezer in the [NAME] Cottage. The dietitian noted the issues with the freezer and the towel on [DATE] when an audit was completed. 14. During an interview on [DATE] at 3:30 p.m., staff member P stated the cooks were responsible for cleaning the kitchen until 5:30 p.m. Staff member P stated the facility was down on cooks, so a lot of cleaning is being missed because of not having consistent staff. 15. During an interview on [DATE] at 10:40 a.m., staff member A said the facility was aware the floors in the cottages were dirty. Staff member A said the facility had been trying to get someone into the cottages to look at the floors to determine what needed to be done. Staff member A said the vents had not been on a cleaning schedule, but were on a schedule to be cleaned routinely now.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3940 Rimrock Rd 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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14005 Based on observation and interview the facility failed to ensure infection contol practices were followed and the staff used appropriate PPE when the facility was in COVID-19 outbreak status. These deficient practices affected residents in the [NAME] Cottage (sanitary conditions) and the [NAME] Cottage (appropriate PPE). Findings include. 1. During an observation on 8/13/24 at 8:51 a.m., NF4 was observed with a stack of clean towels resting against her uniform. NF4 was carrying the uncovered towels down the hall. 2. During an observation on 8/13/24 at 10:01 a.m., NF4 was observed carrying dirty linen in her hands. She carried the uncovered linens past the clean linens and the dryers in the laundry room and placed the dirty linen on the floor near the washing machine. 3. During an observation on 8/14/24 at 9:32 a.m.,, staff member R was observed entering the [NAME] Cottage. Staff member R washed her hands and then turned the water faucet off with wet hands. Staff member R then dried her hands and began breakfast service. 41652 2. During an interview on 8/13/24 at 7:05 a.m., staff member B stated [NAME] Cottage was in outbreak due to a positive COVID-19 test by a staff member who worked over the weekend. During an observation and interview on 8/13/24 at 8:45 a.m., staff member E was observed changing a lightbulb in the [NAME] Cottage and was not wearing a mask. When asked, staff member E stated he did not know the cottage was in outbreak. Staff member E stated he came in through an employee entrance and did not see a sign. During an interview on 8/13/24 at 8:47 a.m., staff member C stated she was not aware there was no outbreak signage on the employee entrance to the cottage. Staff member C stated she would place appropriate signage immediately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St John's Lutheran Home	3940 Rimrock Rd 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)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. 48262 Based on interview and record review, the facility failed to obtain a signed consent for administration of a pneumococcal vaccine for 1 (#58) of 26 sampled residents. Findings include: Review of resident #58's pneumococcal immunizations consent form, dated 7/10/24, showed resident #58 was confused and unable to consent to administration of the pneumococcal vaccine. During an interview on 8/15/24 at 9:45 a.m., staff member B stated the nurse should have followed up with resident #58's legal representative and educated them on the risks and benefits of the pneumococcal vaccination. And allowed the legal representative to decline or consent to the vaccination. Review of the facility's policy, Influenza and Pneumococcal Immunization Policy, revised December 2022, showed: - Pneumococcal immunization status of all residents will be determined on admission regardless of date. - Vaccination will be offered to all patients who cannot provide documentation of previous vaccination status. Those who are unsure of or do not know their vaccination status will be immunized. - Pneumococcal Vaccine type will be determined based on resident age and type of any previous immunizations based on current CDC recommendations and documented in the resident record and order from provider. [sic]