

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Yellowstone River Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2115 Central Ave 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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to notify the resident's representative, in writing, of the reason for the transfer and the required bed-hold information for 1 (#9), of 10 sampled residents. Findings include: Review of resident #9's nursing progress note, dated 5/9/26 at 4:46 p.m., showed resident #9 was found on the floor after falling. Resident #9 was sent to the local hospital and was admitted. Review of resident #9's Psychosocial assessment dated [DATE] showed resident #9 had a diagnosis of unspecified dementia, moderate with agitation. The assessment showed resident #9 had a BIMS (brief interview for mental status) of 12. A BIMS score of 12 indicates mild to moderate dementia. Review of resident #9's electronic health record showed a Notice of Transfer/Discharge form dated 5/9/26. Resident #9 was given a verbal notice of transfer. During an interview on 7/30/25 at 2:35 p.m., staff member K said the discharge notices were given to the resident verbally, and the power of attorney gets Notice of Transfer/Discharge sent to them by mail. Staff member K said during the time when resident #9 was sent to the hospital, she was off work. Staff member K said in her absence, the discharge transfer form was probably not sent to the power of attorney. Staff member K said there probably wasn't anyone at the facility that would send the form to the representatives. During an interview on 7/30/26 at 8:15 a.m., NF5 said she was aware resident #9 had been to the hospital several times in the past. NF5 said the facility had called to inform her of the discharge, but she said she did not receive any written documentation for those times.		

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