STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275029	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Yellowstone River Nursing and Rehabilitation	2115 Central Ave Billings, MT 59102

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14005 Based on interviews and record review, the facility failed to invite residents to care plan meetings for 4 (#s 21, 63, 89, and 91) of 43 sampled residents. Findings include: 1. During an interview on 7/16/24 at 11:19 a.m., resident #89 stated, The staff come and tell me they are going to have a care meeting, but they either never have one or something, because I haven't gone to the meetings. Review of resident #89's EHR showed there was no evidence the resident had been invited to the care plan meetings. 2. During an interview on 7/16/24 at 9:51 a.m., resident #63 said he was not invited to any care plan meetings. Resident #63 stated he would like to go to the meetings to provide input into his care. Review of resident #63's social services care plan invitation information showed the last documented care plan invitation was on 12/12/23. 3. During an interview on 7/16/24 at 8:49 a.m., resident #21 said she had not gone to a care plan meeting in eight or nine months. Resident #21 said she would like to go to a meeting. 49554 4. During an interview on 7/15/24 at 3:33 p.m., resident #91 stated she did know what a care plan was and had never been invited to a meeting to discuss her plan of care with staff. During an interview on 7/15/24 at 3:55 p.m., NF1 stated, I have not been invited to a care conference. I do not know what her (#91's) plan of care is, and the facility hasn't notified me of any meetings. During an interview on 7/17/24 at 1:42 p.m., staff member I stated, Care plans are updated as needed with any high-risk changes or quarterly. The IDT updates the care plan as needed. Social Services coordinates with the scheduler to schedule appointments for the residents. Social Services is also in charge of inviting individuals to the care plan meetings. (continued on next page)

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
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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/17/24 at 2:00 p.m., staff member C stated, We know we are behind on care plans and are trying to get caught up. If a resident representative or resident is present at a care plan meeting, they will sign a sign-in sheet, which is then scanned into their chart. Review of resident #91's EHR showed there was no evidence of the resident or their representative being invited to, or participating in, a care conference. Resident #91 was admitted to the facility on [DATE].

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14005 Based on observation, interview, and record review, the facility failed to provide services to enable the residents to maintain their highest practicable level of functioning for 1 (#16) of 43 sampled residents. Findings include: During an observation and interview on 7/16/24 at 9:34 a.m., resident #16 was sitting in his electric wheelchair. Resident #16 was observed to attempt to reposition himself using his hands and forearms. During the 10-minute conversation, resident #16 was observed attempting to reposition himself four times, using both hands and forearms. Review of resident #16's nurse progress notes, dated 6/10/24, showed resident #16 was, . having pain in his left wrist, was favoring his wrist, and not using it as much. The nurse progress note showed the medical provider would be notified. Review of a facility document titled, [NAME] Clinic Outreach Services, dated 6/11/24, showed the provider identified resident #16's motorized wheelchair armrest did not accommodate the length of his left forearm. The provider note showed resident #16 had to make frequent position changes. An x-ray had been obtained, and the provider note showed there was , . chronic ligament tear and early . advanced collapse, of resident #16's left wrist. Review of resident #16's Interdisciplinary Team (IDT) note, dated 6/13/24, identified the root cause of the resident's wrist pain was from pushing himself back in the wheelchair. The intervention was to have therapy evaluate the armrests and to provide education to the resident on other ways he could reposition himself in the chair without having to use his arms to push himself back. Review of resident #16's occupational therapy notes, dated 6/20/24, showed there would be follow up with the wheelchair provider to inquire about the readjustment. Review of facility a provided email communication regarding resident #16's wheelchair repair, dated 7/3/24, showed the facility occupational therapist initiated contact with the wheelchair provider. An undated response from the wheelchair provider requested a confirmation of either 7/15/24 or 7/16/24 to evaluate the resident's wheelchair. There was no further written communication provided between therapy and the wheelchair provider. During an interview on 7/18/24 at 9:00 a.m., staff member C said the wheelchair provider was called and the representative would be at the facility by mid afternoon to assess resident #16's wheelchair.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14005 Based on observation, interview, and record review, the facility failed to provide a clean and sanitary environment for 3 (#s 32, 63, and 89); and failed to consistently clean the 300 hallway and resident rooms for 2 (#s 39 and 65) of 43 sampled residents. Findings include: 1. During an observation and interview on 7/15/24 at 2:55 p.m., resident #89 stated she had told the facility staff there were bugs in her room. Resident #89 said the management gave her bug spray to kill the bugs when she saw them. During an observation and interview on 7/16/24 at 10:26 a.m., a large spider was seen on the floor by the sitting room on unit one. Staff member O stepped on and killed the spider. Staff member O said she just saw small bugs on the floor in the sitting room on unit one. 2. During an observation on 7/15/24 at 2:15 p.m., resident #63 stated his bathroom was dirty and told the surveyor not to walk in there because the floor was so dirty. Observation of the bathroom showed a brown build-up stain around the edges of the floor. The floor was sticky, and the bathroom smelled of urine. During an observation on 7/18/24 at 9:43 a.m., resident #63's bathroom floor appeared to be in the same condition, to include a brown build-up stain around the edges of the floor. The bathroom floor was sticky, and the room smelled of urine. 48268 3. During an observation and interview on 7/16/24 at 1:40 p.m., resident #32 was observed sitting in her room, watching television with her roommate. There were multiple pieces of debris, on the floor between the two beds, and under both beds. The four-person shared bathroom had a soiled brief on the floor next to the trash can, and a pair of stained slippers in the sink. The toilet paper dispenser was empty. Several small beetles were observed crawling on the floor in the bathroom. Resident #32 stated, We have told them (the staff) about the bugs in the bathroom a bunch of times. I don't think they have tried to do anything about it. It's disgusting . one came running right up to and across my foot! During an interview on 7/17/24 at 2:30 p.m., staff member L stated the bugs had been a problem for a while now. Staff member L stated she did not know what, if anything, the facility had done to eliminate the bugs. During an interview on 7/17/24 at 4:10 p.m., staff member J stated bug concerns had been brought up by residents and discussed with staff member A on more than one occasion. Staff member J was unaware of any attempted resolution for the bug concerns. 51133 (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. During an observation on 7/15/24 at 12:48 p.m., the shared bathroom between resident #s 39 and 65 had a urine smell, with what appeared to be water damage, under the toilet. The bathroom floor also had a crumb-like substance on it. During an observation on 7/16/24 at 8:02 a.m., there were bug remnants in the middle of, and scattered throughout, the 300 hallway. During an observation on 7/16/24 at 9:06 a.m., resident #65's floor had dark colored fabric debris from one of the recliners in his room. The floor was sticky in front of the recliner located by the door. During an observation on 7/16/24 at 4:20 p.m., the floor outside room [ROOM NUMBER] contained small white particles and an unknown substance in a tan capsule. During an interview on 7/17/24 at 9:02 a.m., staff member K said there was one housekeeping staff member assigned to each unit per day, including the locked unit. Staff member K stated he noticed ants in the facility. Staff member K stated a checklist was used daily for cleaning tasks, including sweeping the floors. Staff member K stated the checklist was turned into the housekeeping supervisor at the end of each day. During an interview on 7/17/24 at 9:25 a.m., staff member L stated the resident rooms were cleaned daily, including the floors and unit hallways. Staff member L stated bugs flew in through residents' windows, and she noticed them occasionally. Staff member L did not know what the facility had done about the bugs. During an interview on 7/17/24 at 9:31 a.m., staff member J stated each housekeeping staff member was assigned a checklist for daily cleaning tasks. Staff member J stated she received the completed daily cleaning checklists at the end of each day. Staff member J said, We have a bug problem. Staff member J stated the bug problem would be worse if the residents' rooms were not cleaned daily. Staff member J said the secure unit had the same expectations for cleaning as all the other units in the facility. Daily tasks included dusting high surfaces, wiping off TVs and surfaces, sweeping, mopping, emptying trash, cleaning bathrooms, and refilling the paper products. Staff member J said bug spray was used if insects were observed and, Most of our problems are ants. Staff member J stated deep cleaning of the residents' rooms occurred once per month. Staff member J said other staff had access to cleaning equipment and supplies for use when there was no housekeeping staff on shift in the evenings and nights. Staff member J said when she had concerns in the housekeeping department, they were reported to administration. During an interview on 7/17/24 at 3:45 p.m., staff member A stated she received no concerns from staff member J related to insects and floor cleaning in the facility. Review of the facility document titled, Pearl Side Work Checklist, dated 7/15/24 - 7/16/24, showed the floors were cleaned and checked off in resident #s 39 and 65's rooms. Review of the facility policy titled, Cleaning and Disinfecting Residents' Rooms, revised August 2013, reflected, Environmental surfaces will be disinfected (or cleaned) on a regular basis (e.g., daily, three times per week) and when surfaces are visibly soiled.

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 41652 Based on interview and record review, the facility failed to ensure residents were free from abuse by a staff member, for 2 (#s 304 and 305) of 43 sampled residents. Findings include: Review of a Facility-Reported Incident, submitted to the State Survey Agency, dated 3/22/24, showed resident #s 304 and 305 reported NF4 was rough with them during a transfer and when providing ADL assistance. The report showed NF4 was immediately suspended pending the completion of the investigation. Review of resident #304's investigative file, dated 3/22/24, showed the resident reported NF4 came in to provide care and asked her to move her right leg. When resident #304 told NF4 she could not move it, he grabbed her leg to turn her to her side. Resident #304 also reported NF4 used the word diaper when assisting with incontinence care. Resident #304 reported she felt the use of that word was degrading. Later on 3/22/24, resident #304 reported she was having right knee and leg pain. Resident #304 stated she did not want NF4 caring for her anymore. Review of resident #305's investigative file, dated 3/22/24, showed the resident reported NF4 was rough during his care, and when he expressed his needs to NF4, He would ignore him like he was not even there. Resident #305 stated he would prefer not to have NF4 provide care to him. During an interview on 7/18/24 at 10:00 a.m., staff member A stated the allegation of abuse was substantiated on 3/27/24 and discussed in QAPI on 3/28/24. Staff member A stated all staff were given abuse training as a result of this incident. The combined investigative files for resident #s 304 and 305, dated 3/22/24, showed NF4 was immediately suspended pending the completion of the investigation for resident protection. The file also showed NF4 refused to provide a statement and did not return to work at the facility. The file also showed staff member C interviewed the other residents on the unit and none of them reported any issues with NF4. The facility provided abuse training to all staff between 3/27/24 and 4/1/24 and discussed the incident during the QAPI meeting held on 3/28/24.

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. 48268 Based on observation, interview, and record review, the facility failed to identify a concave mattress as a potential restraint and did not complete a risk assessment, consent, or monitoring for 1 (#88) of 2 residents sampled for restraints. Findings include: During an observation on 7/15/24 at 3:15 p.m., a concave mattress was observed on resident #88's bed. Resident #88 was not in the room at the time of observation. During an interview on 7/16/24 at 8:12 a.m., staff member B reported resident #88 had a concave mattress on his bed, . to keep him from falling out of bed. During an interview on 7/17/24 at 9:50 a.m., staff member U stated the concave mattress was on resident #88's bed, . because I think he kept getting up and would fall. Review of resident #88's care plan, showed the following entry on 11/29/23: I am at risk for falls/injuries r/t fracture from fall at home, medication use, change in BP . Scoop (concave) mattress is to be provided. [sic] Review of resident #88's medical record failed to show documentation of a restraint risk assessment, written consent, or monitoring for the concave mattress prior to 7/18/24.

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	275029	A. Building B. Wing	07/18/2024

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49554 Based on observation, interviews, and record review, the facility failed to ensure there was an effective process for providing foot care to diabetic residents for 1 (#91) of 43 sampled residents. Findings include: During an observation and interview on 7/15/24 at 3:33 p.m., resident #91 stated her toenails were very long and starting to curl over. Resident #91's toenails were observed to be long and curling at the top. Resident #91 stated she did not recall them being cut since she came to the facility on [DATE]. During an interview on 7/15/24 at 3:55 p.m., NF1 stated, I wish [#91] could be seen by a podiatrist. The staff won't touch her nails due to her health conditions. I don't feel comfortable doing it myself either. I know that her nails are bothering her. I'm not sure if it's my responsibility to set up those appointments or if it is the facility's responsibility. During an interview on 7/17/24 at 1:42 p.m., staff member I stated Social Services coordinated with the facility scheduler to schedule appointments for the residents. During an interview on 7/17/24 at 2:00 p.m., staff member C stated if a resident was supposed to go to the podiatrist, it should be in their care plan. During an interview on 7/17/24 at 2:20 p.m., staff member M stated, Either the physician assistant or social services lets me know what appointments need to be made for residents. I always alert the staff, residents, and resident representatives when appointments are set. Review of resident #91's EHR showed there were no appointments documented and no documentation of podiatry needs.

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	275029	A. Building B. Wing	07/18/2024

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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. 49554 Based on observation and interview, the facility failed to identify the risk of a trip hazard by using a twin-size scoop mattress as a bedside fall mat for 1 (#91); and failed to protect a resident from hazardous materials for 1 (#89) of 43 sampled residents. Findings include: 1. During an observation and interview on 7/15/24 at 3:33 p.m., a twin-size scoop mattress was observed next to resident #91's roommate's bed. Resident #91 stated, That mat over there (pointing across the room) is so big and (staff) often put on my side of the room. I have seen a housekeeping staff member trip over it; luckily, she didn't get hurt. I have almost tripped over it myself. The staff put it on my side of the room when they were helping my roommate, and then I couldn't get to the restroom. During an interview on 7/17/24 at 3:07 p.m., staff member U stated, I think they use the mattresses for falls. It does make it hard to perform cares because it is so big and hard to move. There really isn't anywhere to put it when we do have to get the residents up. I do think it could cause an accident. It's just too big. 2. During an observation and interview on 7/15/24 at 2:55 p.m., resident #89 said she had told the facility staff there were bugs in her room. Resident #89 said the management gave her bug spray to kill the bugs when she saw them. A can of bug spray was observed on top of resident #89's dresser. During an observation on 7/16/24 at 11:10 a.m., the aerosol can of bug spray was still on resident #89's dresser. Review of the Safety Data Sheet for the bug spray in #89's room, found at https://clairemfg.com, dated 6/12/19, showed for skin contact, the chemical may cause irritation. Removal of contaminated clothing and washing the skin thoroughly with soap and water was noted. For eye contact, goggles and a face shield should be worn. If the chemical contacted the eyes, the eyes should have been rinsed immediately with plenty of water. In the case of inhalation contact, the user should have been moved to fresh air, as the chemical may cause irritation of the nose, throat, and upper respiratory tract. Although the chemical spray included ingredients which may cause health issues for the residents, if not handled properly, the facility provided it to the resident and allowed the resident to keep it in the open on the dresser.

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	275029	A. Building B. Wing	07/18/2024

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 41652 Based on observation, interview, and record review, the facility failed to ensure discontinued medications were properly disposed of or destroyed for 2 (#s 6 and 318) of 43 sampled residents. Findings include: During an observation of medications in the medication cart, on 7/17/24 at 10:20 a.m., an Insulin Aspart FlexPen was found with a label for resident #6 on it. Resident #6 was discharged from the facility on 7/11/24. During an observation of medications in the medication cart, on 7/17/24 at 10:40 a.m., three (3) Insulin Lispro KwikPens, labeled for resident #318, were found. Resident #318 was discharged from the facility on 7/1/24. The following medications were found stored in the medication cart for the TCU, with either partially removed, illegible labels, or no labels: - Four (4) Insulin Lispro KwikPens, - One (1) Victoza injector pen, - Four (4) Levemir FlexPens, - One (1) Humalog KwikPen, - Five (5) Admelog SoloStar insulin pens, - One (1) Insulin Aspart FlexPen, and - One (1) Lantus Solostar pen. During an interview on 7/17/24 at 10:42 a.m., staff member Q was asked what was done with unused insulin or Victoza pens. Staff member Q stated she did not know and guessed they were from residents who had been discharged . Staff member Q stated if the unlabeled pens were from residents discharged , she should have removed them from the medication cart. Review of the facility's policy titled, Discontinued Medications, not dated, showed, Discontinued medications are destroyed or returned to the issuing pharmacy . Only medications received after a resident is discharged are returned to the dispensing pharmacy. Review of the facility's policy titled, Discarding and Destroying Medications, not dated, showed individual resident medications, supplied in sealed unopened containers, may be returned to the issuing pharmacy for disposition.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 41652 Based on observation, interview, and record review, the facility failed to ensure the medication error rate was less than 5 percent, for 2 (#s 37 and 309) of 43 sampled residents. The medication error rate calculated to 11.54 percent, and there were multiple errors made for each resident, increasing the risk of a negative outcome. Findings include: 1. During a medication administration observation, on 7/17/24 at 8:12 a.m., staff member G prepared medications for administration to resident #37. Staff member G gave the resident one tablet of calcium 600 mg with vitamin D 10 mcg, one half tablet of vitamin D 10 mcg, and one tablet of a multivitamin with minerals. Review of resident #37's MAR, dated 7/17/24, showed the following medication orders: - order date 4/24/21, calcium carbonate 600 mg tablet once a day, - order date 4/24/21, vitamin D3 1000 IU (25 mcg) tablet once a day, and - order date 4/24/21, multiple vitamin one tablet once a day. When the medications administered were compared to the medications documented as given, the medication observation showed the resident received vitamin D3 20 mcg, which was 5 mcg less than the dose ordered, and a multivitamin with minerals, instead of a multivitamin without minerals. 2. During a medication administration observation on 7/17/24 at 8:20 a.m., staff member G prepared medications for administration to resident #309. Staff member G gave the resident cranberry 450 mg, along with her other morning medications. Review of resident #309's MAR, dated 7/17/24, showed the order for a cranberry tablet once a day (dated 5/13/23), but the order did not specify the dosage to be administered. During a follow-up interview, on 7/17/24 at 9:42 a.m., staff member G, after being shown discrepancies with the vitamin D3 and cranberry dosages, and the ordered multivitamin, she said she made errors when administering the Vitamin D3, cranberry tablet, and a multivitamin tablet. Review of the facility's policy titled, Medication and Treatment Orders, not dated, showed, 9. Orders for medications must include: a. Name and strength of the drug . c. Dosage and frequency of administration .

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	275029	A. Building B. Wing	07/18/2024

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 49554 Based on observation and interviews, the facility failed to employ a Certified Dietary Manager, to carry out the functions of the food and nutrition services, for the facility. This failure increased the risk of negative outcomes for all residents residing at the facility and receive nutritional services. Findings include: During the initial observation of the kitchen, on 7/15/24 at 12:25 p.m., concerns with employee hygiene supplies (beard covers and soap), soiled kitchen equipment, improper food storage, cleanliness of the dietary department, and pest control, were identified (refer to F812, F908, and F925 for more information). During an interview on 7/16/24 at 3:00 p.m., staff member E stated, We (the facility) have a contract dietician that comes every other week. I have never met her. She is available for me to call if I have questions. I have only been in this position for about three months. I am currently enrolled in a Certified Food Manager program, but I haven't had the time to complete it, due to my working in the kitchen so much. During an interview on 7/16/24 at 3:21 p.m., staff member B stated, The dietician is here every two weeks. While she (dietitian) is here, we discuss weight loss, and skin issues. She is part of the IDT. During an interview on 7/16/24 at 3:25 p.m., staff member A stated, The dietician has not worked with the dietary manager directly; she works with the IDT. I had to promote from within (the facility) for the Dietary Manager position. We couldn't find anyone else to hire. The dietary manager is enrolled in a certification course but has not completed it. During an interview on 7/17/24 at 8:01 a.m., staff member F stated, I try to be there every other week. I have only been working for that facility for a couple of months. I primarily meet with the IDT to discuss nutrition and diets. We have been trying to work on a schedule for me to meet with the dietary manager, but we haven't met yet. I have not spent time in the kitchen, and I haven't had a chance to meet the dietary manager.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275029	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Yellowstone River Nursing and Rehabilitation	2115 Central Ave Billings, MT 59102

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 49554 Based on observations, interviews, and record review, the facility failed to ensure sanitary conditions were maintained throughout the kitchen, and the dietary storage areas. The facility failed to ensure kitchen staff wore beard coverings while serving food, failed to label and date food items in the walk-in cooler, failed to maintain a clean (dietary/kitchen) environment, and failed to have appropriate pest control. This deficient practice had the potential to cause foodborne illness to all who received food from the kitchen. Findings include: During the initial tour of the kitchen, on 7/15/24 at 12:25 p.m., the following observations were made: - There were no paper towels or soap in the soap dispensers, located near the two sinks, used for washing hands prior to entering the kitchen. - A wall vent in the dry storage area had black drip marks running from it. - There was grease and dirt buildup on the handles to the gas stove. - Grease and grime was built up under the grill and around the table it was on. - Mouse droppings were observed in the dry storage area, and the chemical storage area along the wall. - The microwave had food debris in and under it. - A Ziploc bag of sliced onions was not labeled or dated. - A Ziploc bag of diced onions was not labeled or dated. - A Ziploc bag of diced ham was not labeled or dated. - A metal pan with Jello in it was not labeled or dated. - The freezer had 3 Ziploc bags of pancakes, and 2 Ziploc bags of waffles, that were not labeled or dated. - There were bags of powdered Jello in a plastic tote. They were covered in a powdered substance and did not have a label or date. - Bags of white cake mix were in a plastic tote with no label or date. One of the bags had a hole in it and was spilling out. - A bag of tortilla chips was open with no date. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- A 25 lb. bag of breadcrumbs was open and was not dated. During an observation on 7/15/24 at 1:01 p.m., staff member T was serving the lunch meal. Staff member T did not have a beard covering over his facial hair. During an observation and interview on 7/16/24 at 2:12 p.m., there were still no paper towels or soap at the two sinks outside of the kitchen. The sink behind the steam table was full of debris and water. The cook's fridge, next to the steam table, had two gallons of chunky (curdled) 2% milk. Staff member E stated the fridge should not be used since it freezes everything. Staff member E stated, We don't check it (the cook's fridge) as often as we should. Mouse droppings were observed in the dry storage area on the floor, in the corners, and along the wall. The walk-in cooler had Ziploc bags with sliced onion, diced onion, diced ham, and peeled cucumber; all were not labeled or dated. There was a pitcher of a yellow substance that was not covered, labeled, or dated. There was grease and dirt buildup on the handles to the stove. There was grease and dirt buildup on the vents to the juice machine. Grease buildup was observed under the grill and around it. Food debris was observed in and under the microwave. During an interview on 7/16/24 at 3:00 p.m., staff member E stated, We have had mice in the kitchen, but I haven't seen one in a while. They are usually seen in the dish room. We were aware that there was an issue with mice; that's why we put our dry goods in the plastic totes. We have a cleaning schedule that staff should be following. I have also had multiple meetings about labeling and dating foods that are open or not in the original packaging. During an observation and interview on 7/17/24 at 4:23 p.m., staff member S was preparing food on the stove, and staff member S did not have a beard covering over his facial hair. Staff member S stated, We don't have any beard covers. When we open any food in the kitchen, it should be labeled with the date that it was open, and then after three days it should be thrown out. During an observation and interview on 7/18/24 at 8:34 a.m., staff member R stated, I asked when I was hired if I should be wearing a covering over my beard and was told they would get me one. I have not seen any or seen anyone wearing one. I felt uncomfortable, so I cut my beard; it used to be really bushy. During an interview on 7/18/24 at 8:54 a.m., staff member E stated, I do not have any beard coverings available for staff. I know they should be wearing them, and it's my bad, I haven't ordered any. Review of kitchen cleaning logs, from 4/8/24 to 7/14/24, showed the storeroom was cleaned a total of 15 days out of 98 days. Review of the facility's policy titled, Food Receiving and Storage, showed: Dry Food Storage: 1. Non-refrigerated foods, disposable dishware, and napkins are stored in a designated dry storage unit which is temperature and humidity controlled, free of insects and rodents and kept clean. Refrigerated/Frozen Storage: (continued on next page)

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	275029	A. Building B. Wing	07/18/2024

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Yellowstone River Nursing and Rehabilitation	2115 Central Ave Billings, MT 59102

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	All foods stored in the refrigerator or freezer are covered, labeled, and dated.

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Administer the facility in a manner that enables it to use its resources effectively and efficiently. 49554 Based on observations, interviews, and record review, it was found facility administration failed to hire and employ a Dietary Manager with appropriate competencies and skills sets to carry out the necessary functions of the food and nutritional services; and the facility dietitian did not schedule regular consultations and go onsite to work with the dietary manager and assist with oversight of nutritional services. This failure resulted in numerous concerns being identified in the dietary department (Refer fo F825. Findings include: Observations during the initial tour of the kitchen, on 7/15/24 at 12:25 p.m., showed: - A staff member was observed serving the lunch meal and not wearing a covering over their beard. - Grease and dust buildup was observed on the handles of the stove burners. - Grease was built up under the grill and around the area of the stove. - The ovens that were nonfunctional had a box of gloves and a long lighter stored in them. - The microwave had debris and dirt in it and underneath it. - There was a puddle of water on the kitchen floor and no wet floor sign present. - Mouse droppings were observed on the floor in the food storage area and the chemical storage area. - A thick layer of black dirt and mouse droppings went all the way around the storage areas along the floor at the bottom of the walls. - A bag of white cake mix that was stored in a covered plastic tote had a hole in it, and mouse droppings were observed inside the tote. - Several items stored in the walk-in refrigerator were not labeled or dated. - Equipment in the kitchen was nonfunctional. (Ice machine, dessert fridge, ovens, and the refrigerator in the serving area.) Review of the facility grievance logs showed, on 12/5/23, a grievance was filed for bugs being in the food. Staff member A signed the grievance as complete on 12/5/23. During an interview on 7/16/24 at 3:21 p.m., staff member A stated, I'm not sure how often pest control comes to the facility; I will have to look. I am aware there was an issue with mice in the kitchen. (continued on next page)

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	275029	A. Building B. Wing	07/18/2024

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/16/24 at 3:00 p.m., staff member E stated, We (the facility) have a contract dietician that comes every other week. I have never met her. She is available for me to call if I have questions. I have only been in this position for about three months. I am currently enrolled in a Certified Food Manager program, but I haven't had the time to complete it, due to my working in the kitchen so much. During an interview on 7/16/24 at 3:25 p.m., staff member A stated, The dietician has not worked with the dietary manager directly; she works with the IDT. I had to promote from within (the facility) for the Dietary Manager position. We couldn't find anyone else to hire. The dietary manager is enrolled in a certification course but has not completed it. During an interview on 7/18/24 at 9:18 a.m., staff member A stated, We had identified issues with the kitchen and implemented them into our QAPI process. We have been working on it since April, and our last walk-through was 6/27/24, where the only identified issue was a dirty cart, ovens needed to be wiped out, and juice was not dated.

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	275029	A. Building B. Wing	07/18/2024

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 49554 Based on observation, interview, and record review, the facility failed to identify, correct, and monitor quality-deficient practices effectively related to the kitchen cleanliness and pest control using the QAPI program. This failure increased the risk of negative outcomes for any resident who received food and or services from the dietary department. Findings include: Observations during the initial brief tour of the kitchen on 7/15/24 at 12:25 p.m. showed: - Grease and dust buildup were observed on the handles of the stove burners. - Grease was built up under the grill and around the area of the stove. - The oven that was nonfunctional had a box of gloves and a long lighter stored in them. - The microwave had debris and dirt in and underneath it. - There was a puddle of water on the kitchen floor, and no wet floor sign was present. - Mouse droppings were observed on the floor in the food storage area and the chemical storage area. - A thick layer of black dirt and mouse droppings went all the way around the storage areas along the floor at the bottom of the walls. - A bag of white cake mix which was stored in a covered plastic tote had a hole in it, and mouse droppings were observed in the tote. - Several items stored in the walk-in refrigerator were not labeled or dated. - Some of the equipment in the kitchen was nonfunctional. (Ice machine, dessert fridge, two ovens, and the refrigerator in the serving area). During an interview on 7/16/24 at 3:21 p.m., staff member A stated, I'm not sure how often pest control comes to the facility; I will have to look. I am aware there was an issue with mice in the kitchen. During an interview on 7/18/24 at 9:18 a.m., staff member A stated, We had identified issues with the kitchen and implemented them into our QAPI process. We have been working on it since April, and our last walk-through was 6/27/24, where the only identified issue was a dirty cart, ovens needed to be wiped out, and juice was not dated. The current areas of concern in the kitchen were not identified by the QAPI program through monitoring or oversight, although the QAPI program had identified it as an issue. (continued on next page)

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	275029	A. Building B. Wing	07/18/2024

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of a facility document titled, [Facility Name] Quality Assurance and Performance Plan, with a review date of 1/2024, showed: Governance and Leadership: . Our committee will prioritize topics for PIPs based upon current needs . This team will follow steps and processes that are needed to achieve quality improvement and respond in a timely manner to ensure momentum is maintained. Scope: . encompasses all service lines at [Facility Name].

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	275029	A. Building B. Wing	07/18/2024

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 14005 Based on observation, interview, and record review, the facility failed to ensure enhanced barrier precautions were followed when performing wound care and medication administration through a feeding tube, for 1 (#86) of 1 sampled resident; and failed to repair a worn recliner, resulting in an uncleanable surface, for 1 (#65) of 43 sampled residents. This deficient practice had the potential to increase the transmission of infectious agents for the residents. Findings include: 1. During an observation and interview on 7/17/24 at 11:16 a.m., staff member H was observed providing a wound treatment to resident #86's sacral pressure ulcer. Staff member H did not wear a gown when performing care on this wound. Staff member H said gowns would only need to be worn for tube feedings and catheters. When asked directly, staff member H said she would not need a gown with pressure ulcers because there would not be a splash onto the nurse. During an observation and interview on 7/17/24 at 1:20 p.m., staff member H said staff would wear a gown for tube feeding and catheter care. Staff member H then prepared to administer resident #86's medication. Staff member H crushed, dissolved, and administered the medication properly. Staff member H administered the medication through the feeding tube. When staff member H was asked about gowning for the procedure, staff member H said she should have worn a gown. During an interview on 7/17/24 at 3:15 p.m., staff members B and Q said the facility had hired a new infection control preventionist and this nurse had completed some observational audits of care and infection practices. When asked when gowns should be worn, staff members B and Q both stated gowns were needed when caring for a central intravenous line, chronic-non healing wound care, and during administering medication or fluids/formula through feeding tubes. Staff members B and Q stated education on enhanced barrier precautions was started initially in April of 2024 and additional, ongoing training, had been done. Review of the facility policy titled, Enhanced Barrier Precautions, dated August 2022, showed enhanced barrier precautions and gowning was required for residents with devices (feeding tube) or with wound care which required a dressing. 51133 2. During an observation on 7/15/24 at 12:48 p.m., the recliner to the right of the entrance to resident #65's room had wearing, tearing, and scratches on the right arm and footrest. The recliner's material was flaking off to the right of the recliner onto the floor. This presented an uncleanable surface. During an observation on 7/16/24 at 9:07 a.m., the same recliner as noted the day prior, had flakes of the material on the floor to the right of the recliner. During an interview on 7/17/24 at 10:28 a.m., staff member N stated she did not know what was being done about the damaged recliner in resident #65's room. Staff member N said if something was in disrepair, the request was put into maintenance for repair. Staff member N stated her personal opinion was, the recliner needed to go into the garbage. (continued on next page)

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	275029	A. Building B. Wing	07/18/2024

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/17/24 at 11:25 a.m., a request was made for any maintenance requests for resident #65's damaged recliner. None were provided by the end of the survey period.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. 49554 Based on observation, interview, and record review, the facility failed to ensure safe and proper operation of the kitchen equipment (the oven, dessert refrigerator, cooks' refrigerator, and ice machine). This deficient practice had the potential to affect any resident receiving food from the kitchen when the equipment is used for the preparation or storage of food. Findings include: During the initial tour of the kitchen, on 7/15/24 at 12:25 p.m., there were no paper towels in the dispensers, located near the two sinks, outside of the kitchen, in the serving area. The ice machine was warm, and there was no ice present. Kitchen staff stated the ice machine did not work. The dessert refrigerator was warm, and there were several cans of unopened V8 juice in it. During an observation and interview on 7/16/24 at 2:12 p.m., there were still no paper towels in the dispensers near the two sinks in the serving area. The ice machine was still not working. The dessert refrigerator was still warm and not working. The ovens below the gas stove were not working and were being used for storage. The sink (behind the steam table) drain was plugged and was half full of standing water. The cook's refrigerator by the steam table had two gallons of milk in it which looked chunky. Staff member E stated, Nothing should be in that fridge. It doesn't work; it freezes everything. The dessert fridge hasn't been working for quite a while. The ice machine is down as well. During an interview on 7/17/24 at 4:23 p.m., staff member S stated the equipment had been down for quite a while. The ice machine was the most recent thing to act up. During an interview on 7/18/24 at 8:11 a.m., staff member V stated, Dietary enters their issues into the TELS system, and it pops up on my computer as a notification. I try to fix things as soon as possible. I am aware that the kitchen is having quite a few issues. I'm working on getting them addressed. Review of facility monthly maintenance logs, dated from January 2024 to present, failed to show which kitchen equipment was not functional. The logs also failed to show any equipment was removed from service or repaired during this time period.

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	275029	A. Building B. Wing	07/18/2024

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51133 Based on observation, interview, and record review, the facility failed to assure pest control in the kitchen, 200 and 300 halls, and a resident room for 1 (#65) of 43 sampled residents. This deficient practice had the potential to affect all residents served food from the kitchen, and all residents residing on the 200 and 300 halls. Findings include: 1. During an observation on 7/15/24 at 12:48 p.m., an ant was observed crawling on the floor to the right of resident #65's recliner, among crumbs. During an observation on 7/16/24 at 8:02 a.m., dead insects were scattered in multiple places on the floor in the 300 hallway. During an observation on 7/16/24 at 4:20 p.m., a beetle was crawling to the right of room [ROOM NUMBER] in the hallway, and a beetle was crawling near the exit doors in the 200 unit. During an interview on 7/17/24 at 9:02 a.m., staff member K stated he had observed ants in the facility. During an interview on 7/17/24 at 9:25 a.m., staff member L said bugs flew through the residents' screenless windows, she noticed them occasionally. Staff member L stated she did not know what the facility had done about it. During an interview on 7/17/24 at 9:31 a.m., staff member J stated, We have a bug problem . most of our problems are ants. During an interview on 7/17/24 at 3:45 p.m., staff member A stated she recognized the pest concern and had brought the concern to staff member J for follow-up. 49554 2. During the initial tour of the kitchen on 7/15/24 at 12:25 p.m., mouse droppings were observed in the dry food storage area and the chemical storage area of the kitchen. There was a thick amount of mouse droppings along the floor, where the wall meets the floor, all the way around the room. There was a plastic tote with bags of white cake mix in it. One of the bags had a hole in it that looked like it had been chewed through. There were mouse droppings at the bottom of the plastic tote. There were mouse traps placed in areas of the kitchen. During an observation and interview on 7/16/24 at 3:00 p.m., staff member E stated, I am aware of the mice in the kitchen, but have not seen one in a while. The pest control company comes in once a month to check the traps. We usually only see mice in the dish room. We knew there was a mouse problem, and that's why we use covered plastic totes for our food storage. I don't know how the mice got into the tote with the cake mix. Review of a facility document titled, Pest Control, undated, showed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275029	A. Building B. Wing	07/18/2024

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Policy Statement: Our facility shall maintain an effective pest control program. Policy Interpretation and Implementation: 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. 2. Pest control services are provided by: (this section was blank on the document) 3. Windows are screened at all times. Review of facility provided invoices for ORKIN pest control services showed the pest control services had not been completed since March of 2024: Dates of services provided by ORKIN are as follows: 6/22/23, 7/5/23, 8/1/23, 8/15/23, 9/1/23, 10/10/23, 11/6/23, 12/29/23, 1/23/24, 2/5/24, 3/15/24