

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275030	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Park Place Transitional Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 32nd St S Great Falls, MT 59405	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to ensure dietary staff in the kitchen preparing and serving food during meal service wore beard coverings, and failed to ensure kitchen refrigeration temperature logs were monitored and maintained. This deficient practice increased the risk for residents receiving food and meals which were prepared, served, and stored in the kitchen to experience negative food service safety outcomes. Findings include: During an observation on 4/6/26 at 1:02 p.m., staff member Y was preparing sandwiches in the kitchen, not wearing a beard net with visible facial hair. During an observation on 4/6/26 at 1:14 p.m., staff member X was in the kitchen serving food onto resident trays from behind a steam table. Staff member X did not have a beard net covering his facial hair. During an interview on 4/8/26 at 2:18 p.m., staff member W stated dietary staff working in the kitchen were expected to wear facial coverings if they had a grown beard or mustache. Staff member W stated she spoke with staff members X and Y about wearing a covering over their facial hair while working in the kitchen, after the surveyor observed them not wearing the facial coverings. Staff member W stated that staff members X and Y agreed to wear beard nets instead of shaving their facial hair. Staff member W stated she kept logs of daily refrigerator and freezer temperatures, which were monitored each month. Staff member W stated she did not know why two of the daily logs for refrigerators in the kitchen did not have any temperatures written for a couple of weeks in March (2026). Staff member W stated she thought the temperature logs had gotten misplaced somewhere. Review of a facility document titled Daily Freezer/Refrigerator Temperature Log, dated March (2026), showed that refrigerator R1 had a note of Lost these ones in the section for days 1-15. There were no twice-daily temperature checks written on the log for days 1-15. Review of a facility document titled Daily Freezer/Refrigerator Temperature Log, dated March 2026, showed that refrigerator R4 had a note of Lost these ones in the section for days 1-15. There were no twice-daily temperature checks written on the log for days 1-15. Review of a facility policy titled Dietary Employee Personal Hygiene, undated, showed: . It is the policy of this facility to utilize the following as guidelines for employee personal hygiene to prevent contamination of food by foodservice employees. 4. Hair Restraints. All dietary staff must wear hair restraints (e.g., beard restraint) to prevent hair from contacting food. Review of a facility policy titled Monitoring of Cooler/Freezer Temperature, undated, showed: . It is the policy of this facility to maintain temperatures of coolers and freezers at the appropriate temperature to promote food safety. This policy also addresses refrigerated storage. 1. Logs for recording temperatures for each refrigerator or freezer will be posted in a visible location outside the freezer or refrigerator unit. a. Temperatures will be checked and logged at least twice per day by designated personnel. 3. All refrigerated storage must be maintained at or below 41 F, unless otherwise specified by law.</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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