STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275040	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Libby Care Center	308 E Third St Libby, MT 59923

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview, and record review, the facility failed to ensure dignity was provided during peri care for 1 (#1) of 20 sampled residents. The resident specifically stated she did not want to be exposed. Findings include: During an observation and interview on 6/29/25 at 8:17 a.m., staff member D and E completed peri care and wound care for resident #1. Resident #1's bed was against the wall under the window. The blinds to the window were not lowered or closed. Staff member E raised the bed to the height of the windowsill when preparing for the care session. Staff member E removed resident #1's brief and rolled resident #1 towards the uncovered window. Resident #1's peri area was exposed throughout the peri care and wound care sessions, and the resident was facing the resident garden area from 8:17 a.m. to 8:40 a.m Resident #1 was then rolled to her left side and wound care was completed. Resident #1's buttocks were then exposed to the window from 8:40 a.m. to 8:51 a.m., and then a brief was placed on the resident. Resident #1 stated, I don't really want to be exposed out the window. During an interview on 8/29/25 at 8:54 a.m., staff member D stated they should have closed the blinds but did not think about it. Review of the facility policy, Resident Rights, dated 11/28/17, reflected: - 1. Facility staff treats each resident with dignity and respect.

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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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on observation, interviews, and record review, the facility failed to ensure advance directives were complete and matched the current EHR code status for 3 (#s 1, 29, and 65) of 20 sampled residents. Findings include: 1. During an interview on 6/29/25 at 8:17 a.m., resident #1 stated the physicians wanted her to have a catheter and PEG tube, and she did not ever want any tubes placed for care, including catheters, feeding tubes, or a PEG tube. Review of resident #1's EHR profile reflected resident #1 was a full code, with full treatment, and no artificial nutrition by tube. Review of resident #1's POLST form, dated 9/14/22, reflected resident #1 was a full code, with limited interventions, and had a defined trial period of artificial nutrition by tube to be determined at that time. Review of a POLST, provided by the facility, dated 6/24/25, reflected the resident was a full code, with full treatment to include intubation, advanced airway interventions, mechanical ventilation, cardioversion, and no artificial nutrition by tube. This POLST was not signed by the physician. This POLST was not on file in #1's EHR, and no verbal physician order was found in the EHR to approve the POLST. 2. Review of resident #29's POLST, dated 1/8/25, reflected resident #29's code status was, Do not resuscitate. Under the signature of patient or decision maker (required) showed the following: verbal w/ [decision maker]. 3. Review of resident #65's POLST, dated 10/16/25, reflected resident #65's code status was a Full code, with full treatment, and defined trial period to be determined at the time of need for artificial nutrition by tube. This POLST was signed by resident #65. Review of resident #65's EHR profile reflected resident #65's code status was do not resuscitate, comfort measures only, no artificial nutrition by tube. Under the signature of patient or decision maker (required): verbal w/son via phone and was not signed by the physician. No verbal physician order was found in the EHR for the resident's code status. During an interview on 6/29/25 at 2:02 p.m., staff member D stated the POLST forms were reviewed when the physician came in and would be signed at that time. Staff member D stated, They (nurses) jumped the gun putting them (unsigned POLSTS) in PCC (electronic medical record system) before they were signed. Review of the POLST instructions, dated 1/2024, reflected: - . Patient (or legal decision maker, if patient unable to make medical decisions), must sign to be valid. - Verbal orders are acceptable with follow-up signature by provider .

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on interview and record review, the facility failed to record the temperatures for the medication storage refrigerator, in the team one medication storage room. The deficient practice increased the risk of medications being stored at incorrect temperatures, if the temperatures were not monitored by staff. Findings include: During an interview on 6/29/25 at 9:52 a.m., staff member D said refrigerator temperatures were to be monitored and recorded by staff daily, to be recorded at the beginning of each shift. Record review of a facility document, titled, Fridge Temperature Log, dated June 2025, showed temperature monitoring was recorded for the day shift 16 times over a 29-day period for the month of June 2025. No documentation was included on the form for the day or night shift freezer temperatures.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 4. During an observation and interview on 6/28/25 at 2:50 p.m., the Team 2 medication room was found to have a variety of supplies and medications stacked in the corner and on the floor of the room which was an infection control concern. Staff member C said the room was too small for the amount of medication and supplies stored in the room. Staff member C said she asked administration for shelving to be able to provide more room for medication storage, but it had not been provided, so the items remained on the floor. During an observation and interview on 6/29/25 at 9:52 a.m., the Team 1 medication room had a variety of supplies covering the countertop. A used, personal cup, was in the sink. The counter was soiled and without a cleanable surface, and an infection control concern, due to the number of items stacked on the countertop. The area behind the sink, and the interior of the sink, contained unidentifiable debris adhered to the surface(s). The medication storage refrigerator contained wine boxes and wine spilled and pooled at the bottom of the refrigerator door. The shelves were covered with spilled food items and had not been cleaned. Staff member D said the refrigerator had not been cleaned, and nursing staff were responsible for keeping the medication refrigerator clean. 3. During an observation on 6/29/25 at 3:04 p.m., staff member E was preparing to do resident #38's dressing change. Staff member E donned gloves then a gown, pulling the gown over her head and smoothing down the back of her hair with her gloved hands in the process. Staff member E continued to gather wound supplies and prepare for the dressing change, until she was asked about changing gloves by another staff member. Review of the facility policy, Personal Protective Equipment (PPE) Donning and Doffing, with a revision date of 9/10/20, showed, . Here is a sequence for donning PPE: .3. Put on the isolation gown . 6. Put on gloves extending over the cuff of the gown . 7. C. change gloves when torn, heavily contaminated, or if touch personal face/hair/mask/eye protection . [sic] Based on observations, interviews, and record review, the facility staff failed to ensure proper hand hygiene and wear an infection control gown properly for 1 (#1) of 20 sampled residents; failed to follow infection control standards when donning PPE, for 1 (#38); failed to properly store refuge, sharps containers, supplies, and failed to clean showers between use by the residents; failed to clean and repair shower room floors, the hallway, and utility room; and failed to maintain a cleanable surface for medication or supply preparation. Findings include: 1. During an observational walk through, on 6/28/25 at 1:30 p.m., the following concerns were identified: - In the north dirty utility room: [NAME] substance smeared on the countertop, and non-cleanable floor surfaces. - A box of full sharps containers was located on the floor of the medication room, overflowing with sharps containers which were stacked more than a foot above the rim of the box. - North Common room: used tissue, used flossing stick, and empty pill cups were left and not removed from the table. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- Three large black trash bags of refuge were on the floor of the hallway, by the North nursing station. - The North shower room had a strong mildew odor, there was a large stack of clean towels which were folded, stacked, and placed in the hand sink. There were briefs and wipes stored on the floor. - The clean linen, adjacent to the North shower, had trash, linen, and a brief on the floor. - The North nursing station counter top had many areas that were broken which were uncleanable surface areas. - In the South dirty utility room, there was a strong odor of feces and urine. There was feces all along the rim and outside of the hopper washer, and missing floor tiles in front of the door, entering the dirty utility room. - In the South shower room, there was an area that had missing or broken linoleum, measuring 3 inches by 2 inches. There was a bariatric chair, and on the chair there was a clean brief, clothing, and an orthopedic boot. There was an observed area approximately 5 feet by 3 feet of flooring missing in front of the walk-in shower which had wet and rotting wood. The shower was soiled, with visible mildew growth and rust on the bottom left side. There was a stack of clean clothes stored on the floor, outside the shower, and there was a clean bag of briefs on the floor, outside the shower, and feces smeared on the floor from the toilet to the shower. - The nutrition room had a cabinet under the sink with a large area, approximately 12 inches by 15 inches, missing laminate on the door. During an interview on 6/29/25 at 8:01 a.m., staff member I entered the North shower room. Staff member I stated there did not appear to be any spray cleaner available for staff to use when cleaning the shower, after resident use. During an interview on 6/29/25 at 8:11 a.m., when discussing resident safety related to the South shower room floor disrepair, staff member K stated, That's tricky, we just have to have CNAs put down towels to prevent the floor injuring the residents feet. During an interview on 6/29/25 at 10:01 a.m., staff member A stated there was asbestos in the shower tiles, and they had scheduled an abatement in September, so the remodel could be done for the South shower room. Staff member A stated the facility attempted patch repairs to the floor, but they did not hold. Staff member A stated the facility continued to use the South shower room due to the volume of showers to be completed for the resident census. During an interview on 6/29/25 at 10:43 a.m., staff member H entered the North shower room looking for the cleaner he stated was supposed to be used after each shower, and he stated he could not locate any cleaner. Staff member H stated the cleaner should be used after every shower was given, and he did not know why no one had obtained more from environmental services. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 6/29/25 at 12:32 p.m., staff member L stated environmental services delivered the linens to the units, then the CNAs moved the linens to the shower area. Staff member L stated, It's 100% the CNAs making the mess and creating the infection control issues. It makes me disgusted. It's not ok. During an interview on 6/29/25 at 12:45 p.m., staff member M stated the facility worked on the flooring and did not have a chance to finish. Staff member M stated the missing flooring is scheduled to be assessed next week, and the abatement for the South shower room was scheduled in September, so nothing more could be done with the South shower room until the abatement was completed. Review of Resident Council Minutes, dated 3/10/25, reflected: -1. Resident states the shower room floor is gross and it often smells like sewer. 2. During an interview on 6/28/25 at 5:10 p.m., resident #1 stated, This place is gross. It's no wonder my wounds are not healing and now I'm stuck on these IV antibiotics. During an observation on 6/29/25 at 8:17 a.m., staff member E prepared to start an IV, and then complete peri care and wound care. Staff member E completed hand hygiene, opened supplies to start the IV, picked up trash off the floor with her clean hands, then attached the IV to resident #1. Staff member E then started the IV pump. Staff member E, using her hands, began to search through the drawers looking for supplies again. She then removed resident #1's sock, washed her hands for six seconds. Staff member E re-searched the drawers with her hands to find a bottle of Calmoseptine and put the Calmoseptine on resident #1's ankle. Staff member E then completed hand washing for ten seconds, gloved, and re-searched the drawers for supplies. Staff member E cleaned the resident's wound and degloved. She then completed hand washing for less than five seconds, gloved, packed the wound on resident #1's left thigh with collagen dressing, stopped to open more dressings, and continued to pack the wound. The then degloved and completed hand washing for six seconds. Staff member E then gloved and began to provide the wound care on the left rear thigh. Staff member E cleansed the wound, completed six seconds of hand washing, gloved, picked up items she dropped on the floor to throw them away, then with her soiled hands opened the packages of wound supplies. She then placed the collagen powder and Triade cream into the wound, touching the opening of the Triade cream container repeatedly with her hands that had been in and touching the wound. She degloved, then completed hand washing for seven seconds. Staff member E did not complete proper hand hygiene throughout the care sessions. During an observation on 6/29/25 at 8:55 a.m., staff member E was preparing to remove the IV for resident #1. Staff member E put a PPE gown on but and did not tie the ties at the neck and waist. During the care session, staff member E repeatedly pulled at the gown and ties. She then tied the gown's ties when nearly finished with care. Staff member E stated the gown was annoying and in her way. Staff member E stated she should have tied the gown properly when beginning cares. During an interview on 6/29/25 at 2:02 p.m., staff member N stated the staff are trained on hand hygiene and should wash their hands with soap and water for 20-30 seconds, if visibly dirty, or use hand sanitizer. Review of the facility's policy, Hand Hygiene, dated 2/11/22, reflected: - 2. Rub hands together with vigorous friction for at least 20 seconds . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Opportunities for hand hygiene: 3. Before assisting or performing any medical procedure, before inserting any invasive device .After contact with any objects in the immediate vicinity of the resident. Review of the facility's policy, Work Practices-Cleaning, dated 1/1/18, reflected: - . b. Multiple use resident care items are properly cleaned/disinfected between each resident use.