STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275044	A. Building B. Wing	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mount Ascension Transitional Care of Cascadia	2475 Winne Ave Helena, MT 59601

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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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** 48261 Based on interviews and record reviews, the facility failed to conduct quarterly and annual care conferences and include residents and their representatives to facilitate ongoing participation in the plan of care and goals, for 7 (#s 1, 9, 10, 11, 12, 13, and 14) of 7 sampled residents investigated regarding care conferences. Findings include: 1. During an interview on 10/15/24 at 9:25 a.m., resident #1 stated he had not attended a care conference and was never invited to attend. Resident #1 stated he, . just take(s) their word for it that care plan is what I want. Sure, I'd attend if I could. Review of resident #1's EHR social worker progress notes, dated 11/22/23 through 10/16/24, reflected resident #1 had not had a care conference since 3/1/24. Resident #1 did not have a care conference documented in the progress notes for the Quarterly MDS on either 7/16/24 or 10/16/24. 2. During an interview on 10/16/24 at 12:09 p.m., NF2 stated she had not been invited to attend care conferences for resident #14, and had not been given the opportunity to provide input on the concerns she had with the resident's care. NF2 stated she would want to attend the meetings. Review of resident #14's EHR social worker progress notes, dated 12/20/23 through 10/16/24, reflected resident #14 had not had a care conference since admission on 12/15/23. Resident #14 did not have a care conference documented in the progress notes for the Quarterly MDS's on 3/18/24, 6/18/24, 9/16/24, or the Admission on 12/15/23. 3. During an interview on 10/16/24 at 12:28 p.m., NF3 stated she had made many attempts to reach people in the facility to address care concerns and had sent a letter to the facility regarding concerns without any responses. NF3 stated she had made arrangements two years ago to have monthly care calls, because she lived several hours away, and needed to be a part of the resident's care. NF3 stated she had not been invited to care conferences since the first one after resident #10's admission to the facility on [DATE]. NF3 felt she should be a part of the care conferences to help ensure the resident's needs were being met as the resident declined and was very forgetful and confused. Review of resident #10's EHR social worker progress notes, dated 11/3/22 through 10/16/24, reflected resident #10 had not had a care conference since 3/21/23. Resident #10 did not have a care conference documented in the progress notes for the Quarterly MDS on 5/30/24, or the Annual MDS on 8/30/24. (continued on next page)

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 - Many	4. During an interview about resident #11, on 10/16/24 at 12:39 p.m., NF4 stated, They hardly have care conferences. The last one was beginning of the year. There have been lots of changes in [the resident] and her needs, she needs more help. We need those care conference meetings to get her more help. Review of resident #11's EHR social worker progress notes, dated 4/14/23 through 10/16/24, reflected resident #11 had not had a care conference since 2/8/24. Resident #11 did not have a care conference documented in the progress notes for the Quarterly MDS's on 4/23/24 and 7/24/24. 5. Review of resident #9's EHR social worker progress notes, dated 10/22/22 through 10/16/24, reflected resident #9 had not had a care conference since 1/4/24. Resident #9 did not have a care conference documented in the progress notes for the Quarterly MDS on 7/2/24, or the Annual MDS on 9/30/24. 6. Review of resident #12's EHR social worker progress notes, dated 6/20/22 through 10/16/24, reflected resident #12 had not had a care conference since 3/19/23. Resident #12 did not have a care conference documented in the progress notes for the Quarterly MDS's on 9/14/23, 12/13/23, 3/12/24, and 9/10/24. Resident #12 did not have a care conference documented in the progress notes for the Annual MDSs on 6/14/23 and 6/12/24. 7. Review of resident #13's EHR social worker progress notes, dated 7/7/22 through 10/16/24, reflected resident #13 had not had a care conference since 3/15/24. Resident #13 did not have a care conference documented in the progress notes for the Quarterly MDS's on 4/30/24 or 7/21/24. During an interview on 10/15/24 at 8:49 a.m., staff member H stated she had not ever attended care conferences. Staff member H stated she felt the care conferences would benefit from her knowledge of the residents, but she had never been invited to attend and was not aware of many care conferences even occurring in long-term care. During an interview on 10/15/24 at 5:10 p.m., staff member A stated he was aware of care conference delays, and he was planning to take them over and would be doing five care conferences a week and would expect to be caught up by the end of the year. During an interview on 10/16/24 at 8:45 a.m., staff member D stated, I told [staff member A] a couple weeks ago that I needed an assistant to do long-term care, I don't have time. The training was very laid back in [city], not fast paced like here. I told [staff member A] we were way behind; I even made a list of all residents and last time they had a care conference when I started in this position three months ago. During an interview on 10/16/24 at 3: 00 p.m., with staff member B and C, staff member C stated, We do not have any additional care conference documentation to give you, as requested. We recognized this area of concern during our mock survey last week and have been developing a PIP around it. Review of handwritten list of the last conference dates provided by staff member D, dated 8/6/24, reflected 41 of 61 residents listed did not have care conferences documented for one or more quarters of the MDS periods. Review of a Letter from NF3, sent three months ago to the facility by mail, with no date, reflected: (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	. 2. Monthly Meetings - I was supposed to be included in monthly meetings regarding her care and how she was doing. I haven't had one of these since last year. I know nothing of how her care is going. I only have what she tells me and she sometimes gets confused. I need to have these monthly meetings as I'm 3 hours away. The facility policy and procedure for care conferences was requested on 10/16/24 at 7:49 a.m. The policy was not provided by the end of the survey on 10/16/24 at 5:08 p.m. The policy and procedure was not faxed to the provided fax number as of 2:30 p.m. the following day.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48261 Based on observations, interviews, and record review, the facility failed to ensure residents knew how to file a grievance, resolve resident grievances promptly, and maintain evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision, for 8 (#s 1, 4, 5, 6, 7, 8, 9, and 15) of 15 sampled residents investigated regarding grievances. Failure to thoroughly investigate grievances had the potential to result in failure to recognize and address potential resident abuse, neglect, or other care and service concerns that needed to be addressed. Findings include: 1. During an interview on 10/15/24 at 9:25 a.m., resident #1 stated he did not know how to file a grievance and usually called the ombudsman or the State Survey Agency. 2. During an interview on 10/15/24 at 1:45 p.m., resident #4 stated she was not aware of a grievance form or how to fill one out. 3. During an interview on 10/15/24 at 1:47 p.m., resident #5 stated she was not aware of a grievance form or how to fill one out. 4. During an interview on 10/15/24 at 1:54 p.m., resident #6 stated she was not aware of a grievance form or how to fill one out. Resident #6 stated she had grievances and asked that a staff member be sent in immediately to assist her with completing a grievance form. 5. During an interview on 10/15/24 at 2:01 p.m. resident #7 stated he did not have any information on a grievance process or how to file a grievance. 6. During an interview on 10/15/24 at 2:08 p.m., resident #8 stated he had complaints and had to have the management come in so he could address them but was not aware of a grievance form or process. Resident #8 asked a staff member to come and assist to complete a grievance and stated he had several grievances to address with management regarding the CNAs. 7. During an interview on 10/15/24 at 4:02 p.m., resident #9 stated she had recently been told where grievance forms were, but no forms were in the form box when she went and looked. 8. During an interview on 10/15/24 at 4:25 p.m., resident #15 stated she was not aware of a grievance process for residents. During an interview on 10/15/24 at 5:10 p.m., staff member A stated staff were to hand in grievances to him. Staff member A stated, I'm not good about filling out grievances, I need to be better. I try to just address the issue or all I would do is file grievances. During an interview on 10/16/24 at 12:09 p.m., NF2 stated she was not aware of a grievance process or forms that could be completed. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/16/24 at 12:28 p.m., NF3 stated she had sent in 3 grievance letters to the facility by mail and had not received a response. NF3 stated she had made many attempts to reach the management for assistance with care concerns, financial's, appointment cancellations, and failure to have monthly care conferences as promised. NF3 stated she was not aware of a formal grievance process or forms to be completed. During an interview on 10/16/24 at 12:39 p.m., NF4 stated she did not know how to file a grievance at the facility or know about a grievance form. NF4 stated she was at the facility weekly and had concerns regarding care that she would like to have management address. During an interview on 10/16/24 at 3:30 p.m., NF5 stated she heard in the last resident council meeting residents and staff were being told to not contact the ombudsman or use grievance forms. NF5 stated staff were told to tell the administrator about the concern and not to give the ombudsman's phone number out to residents. NF5 stated the resident council was then re-educated on resident's rights to file a grievance and to contact the ombudsman. NF5 stated residents were also complaining that grievance forms were not in the grievance form box, located on the wall. During an interview on 10/16/24 at 4:15 p.m., with staff members E and F, staff member F stated the previous administrator told all of the staff they could not file grievances for residents or give the residents the ombudsman's phone number. Staff member F stated they were to just go tell him and he would handle it. Staff member E stated they would go back to talk to the residents, and the residents would say no one ever came and addressed their concerns. Staff member E and F both stated they argued it was the residents right to make grievances. Review of the facility's grievance logs, dated April 2024 through October 2024, reflected: - April 2024: 0 grievances, - May 2024: 0 grievances, - June 2024: 1 grievance, clinical concern, - July 2024: 1 grievance, resident council: housekeeping, -August 2024: 1 grievance, resident council: linens not being changed, - September 2024: 3 grievances, 2 resident council: housekeeping not done, and 1 food taken, and - October 2024: 0 grievances Review of the facility provided Resident Council Agenda & Minutes, dated 7/18/24, reflected: - Old business Review: .CEO still not accessible for the residents to talk to. Residents feel like they are not getting help in time when they push the call button.Personal blankets not being returned to the resident. Lacking help from the social worker . - New Business Agenda & Minutes: (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- .Nursing: .Showers have gotten better but bedding is not being changed at least 1x a week when they have a shower. Call lights take up to an hour to respond to them. Residents can hear the CNAs complaining about each other and talking about their personal lives during cares . - . Transportation: Residents feel that some of their appointments have been messed up. They are told they have an appointment but once they get to the doctor, they are told they DO NOT have an appointment. Or they have an appointment that is not on our calendar, and they miss it . Review of the facility provided Resident Council Agenda & Minutes, dated 8/15/24, reflected: - .New Business Agenda & Minutes: - . Nursing: Sheets are still not being changed 1x a week with showers, only if they ask them to. There have been issues of not getting all their medications and leaving meds at bedside while sleeping. [Name] explained the grievance process and the residents shared that they fear retaliation by the staff, which is against the law. - .Housekeeping: They complained about the bathrooms not being thoroughly cleaned or sanitized. - .Social Services: .The residents asked where the grievance boxes were in the building and complained that there were never any copies of the grievance forms available to fill out . Review of the facility provided Resident Council Agenda & Minutes, dated 9/19/24, reflected: - . Nursing: Some complaints of CNA's turning on lights at 4AM in the hallway and the resident rooms while talking and laughing loudly. Linen is still not being changed 1x a week with showers unless asked to do it. - .Maintenance: Complaints of ice-cold rooms and requested air conditioners be taken out of the windows in their rooms. - .Housekeeping: Don't always get their trash taken out and floors mopped every day . Complaints of flies in the rooms too. Can we do anything to help with the flies? . During an interview on 10/16/24 at 3: 00 p.m., with staff member B and C, the Grievance log documentation, supporting investigations into the concerns listed in the resident council meetings, was requested. Staff member C stated the documentation could not be found. Both staff member B and C stated they searched the current administrator's and previous administrator's offices without finding the grievances. Review of the facility's policy, Complaints and Grievances, dated 10/15/22, reflected: - . 8. Complaints/grievances are acknowledged, investigated, and the complainant apprised of progress toward a resolution and takes appropriate corrective action if the alleged violation is confirmed by the facility. - . 13. The evidence demonstrating the result of any grievance is maintained for a period of no less than 3 years from the issuance of the grievance decision.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48261 Based on interviews and record review, the facility failed to report to the State Survey Agency and Adult Protective Services, allegations of abuse by staff for 1 (#15); and report findings for one investigation to the State Survey Agency, for 1 (#16) of 16 sampled residents. Findings include: 1. During an interview on 10/15/24 at 4:15 p.m., resident #15 stated, A CNA wound me up in the bathroom and called me white trash, and a woman across the hall was threatening to fight me over my soda one day. It's traumatic for me, and at that care conference they said it was old news, and we need to deal with current issues. Resident #15 stated she was never offered counseling and would like counseling. Resident #15 stated she was, . fearful staying here (at the facility) being called white trash and threats from the room across the way because I wouldn't give her my pop. During an interview on 10/15/24 at 5:10 p.m., staff member A stated, She (resident #15) changes her story. At the care conference we were not talking to her about the [racial slur] word incident anymore, and we needed to move forward. I didn't really do an investigation into her statement that a CNA wrapped her up in the bathroom and called her white trash, as I think she's deflecting and blaming others for her behavior, so she's trying to say all kinds of stuff. Weeks after the [racial slur] word incident she made up the accusation. Review of the State Survey Agency Bound's Reporting system, as of 10/16/24, reflected no reports of abuse related to a CNA wrapping a resident up and calling her white trash. 2. Review of a facility reported incident for resident #16, dated 7/25/24, reflected resident #16 fell on [DATE] and did not complain of pain until six days later. On 7/18/24 resident #16 had x-rays completed, and it was determined she had two rib fractures. On 7/25/24, the incident was initially reported to the State Survey Agency. On 8/1/24, the State Survey Agency received the final investigation into the fall leading the rib fractures. Review of the facility's policy, Abuse, dated 8/1/23, reflected: - . 17. Allegations of verbal, sexual, physical, and mental abuse, corporal punishment, involuntary seclusion, and neglect of the resident as well as mistreatment, injuries of unknown source, exploitation, deprivation of goods and services by staff, and misappropriation of resident property are reported to the CEO immediately and the state agency. - a. Within 2 hours if there was alleged abuse or serious bodily injury as a result of an event. - b. Within 24 hours if the event that caused the injury did not involve abuse or did not result in serious bodily injury. - 18. The results of an alleged abuse investigation are reported in accordance with state regulation within five working days of the incident or in accordance with State law.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 48261 Based on interviews and record review, the facility failed to thoroughly investigate and prevent further potential abuse while the investigation was in progress for allegations of abuse by staff for 1 (#15) of 16 sampled residents. Findings include: During an interview on 10/15/24 at 4:15 p.m., resident #15 stated, A CNA wound me up in the bathroom and called me white trash, and a woman across the hall was threatening to fight me over my soda one day. It's traumatic for me, and at that care conference they said it was old news, and we need to deal with current issues. Resident #15 stated she was never offered counseling and would like counseling. Resident #15 stated she was, . fearful staying here (at facility) being called white trash and threats from the room across way because I wouldn't give her my pop. During an interview on 10/15/24 at 5:10 p.m., staff member A stated, She (resident #15) changes her story. At the care conference we were not talking to her about the [racial slur] word incident anymore, and we needed to move forward. I didn't really do an investigation into her statement. Review of the State Survey Agency Bound's Reporting system, as of 10/16/24, reflected no reports of abuse related to a CAN wrapping a resident up and calling her white trash, and there was not a final 5-day summary sent to the State Survey Agency after the investigation into the allegations of abuse. Review of resident #15's EHR, progress notes, dated 8/19/24, reflected, . [resident #15] was being verbally abusive to our traveler CNA who is colored. Review of resident #15's EHR, progress notes, dated 8/19/24 - 10/16/24, reflected no notes of accusations of abuse by staff. Review of the facility's policy, Abuse, revised 8/1/23, reflected: - . 14. b. In Identification & Investigation of Abuse, Neglect, Misappropriation, Exploitation, and Injuries of Unknown Origin 1) Identification, 2) Investigation, 3) Protection, and 4) Reporting/responding to allegations of abuse . - . 17. Allegations of verbal, sexual, physical, and mental abuse, corporal punishment, involuntary seclusion, and neglect of the resident as well as mistreatment, injuries of unknown source, exploitation, deprivation of goods and services by staff, and misappropriation of resident property are reported to the CEO immediately and the state agency .

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 48261 Based on observations, interviews, and record review, the facility failed to provide adequate assistance to prevent injury for 1 (#1); and ensure the residents' environment was free from smoking and vapes creating accident hazards for 3 (#s 1, 2, and 3) of 10 sampled residents investigated regarding smoking and falls. This deficient practice resulted in a fractured hip for resident #1, and created an accident hazard for the residents. Findings include: 1. During an interview on 10/15/24 at 9:25 a.m., resident #1 stated he had a broken hip because a CNA dropped him when transferring him on the toilet. Resident #1 stated he was supposed to have two people for transfers but only one person the night he fell . Resident #1 stated the one CNA stood behind him, and he fell because no one was in front of him to provide support. Resident #1 stated he was flown out to [City] and had surgery to repair the hip. Resident #1 stated he was fearful the facility staff would drop him again. During an interview on 10/15/24 at 11:32 a.m., NF1 stated, He worries too much about the past, the accident happened and sounds like an error occurred. During an interview on 10/16/24 at 3:00 p.m., with staff member B and C, staff member B stated the investigation file into resident #1's fall was missing. Staff member B stated only one CNA was assisting resident #1 when the, bump on his hip occurred. Staff member C stated the education was also located in the investigation file and was not available for review. Review of a facility, Risk management form, dated 3/28/24, reflected resident #1 had, . bumped his hip on the toilet riser when transferring. and When the CNA was helping me to the toilet, my hip bumped the toilet riser. The report reflected no predisposing factors. Review of resident #1's EHR Care Plan, dated 11/23/23 with a revision date of 2/22/24, reflected: - [Resident #1] has an ADL Self Care Performance Deficit r/t multiple sclerosis, myoneural disorder, ataxia. TOILET TRANSFER: Dependent for toileting with assist of 2 staff. Two attempts were made on 10/15/24 at 9:55 a.m. and 10:16 a.m., with voicemails left to call back. As of the end of the survey, no response to voicemails were received cna involved. 2. During an observation and interview on 10/15/24 at 9:25 a.m., resident #1's room had an odor of marijuana. Resident #1's roommate was in bed sleeping. Resident #1 was noted to have a marijuana vape pen in bed with the resident, during the interview, which was by his hip under edge of blanket, on his left side. Resident #1 stated he had the vape pens sent to him by mail. Resident #1 stated he smoked the vape (pen) in bed exclusively. Resident #1 stated he used the pen to calm himself throughout the day. Resident #1 stated all the staff knew about him vaping and said the staff could not smell the marijuana. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on 10/15/24 at 8:04 a.m., staff member P stated resident #1 had a vape pen in his room. Staff member P stated the staff were told not to hand it to him, and he had to get the vape pen on his own. Staff member P stated management told the staff to not hand resident #1 the vape pen. During an interview on 10/15/24 at 8:22 a.m., staff member B stated she had talked to resident #1 about the vape pen when she heard a rumor he had one, and he denied having the vape pen. Staff member B stated they did not do anything further since it was against the resident's rights to search the rooms. Staff member B stated if a staff member was to find a vape pen, they should take it, then bring the vape pen to management. During an interview on 10/15/24 at 8:49 a.m., staff member H stated management was aware resident #1 had a vape pen and chose to not do anything, so she told her staff to not touch the vape pen or hand it to resident #1. Staff member H stated resident #1 had refused a shower last week because he stated he was too high to shower. Staff member H stated the shower aide had found the vape pen in his bed and did not touch it. During an interview on 10/15/24 at 11:32 a.m., with staff members B and C, staff member C stated they went together to resident #1's room a few minutes ago to talk to him about the vape pen. Staff member C stated she could smell the marijuana as she entered the room. Staff member B stated resident #1 consented to a room search, and the vape pen was found tucked under him in his bed. 3. During an interview on 10/15/24 at 1:20 p.m., resident #3 stated she smoked regularly. Resident #3 stated, I go outside by the trash can area to smoke 4x every night. I'm a night owl, so I sleep during the day. I go by myself, with my walker. Staff know I go out. I keep my own cigarettes and lighter in my purse, my daughter brings in more when I need them. 4. During an observation and interview on 10/15/24 at 10:01 a.m., resident #2 had a strong odor of cigarette smell on him and stated he smoked cigarettes, mostly in his car in the parking lot, or out by dumpster. Resident #2 stated he smoked on the facility property at night, mostly. During an interview on 10/15/24 at 4:18 p.m., staff member H and I both stated resident #s 1, 2, and 3 were the only smokers they were aware of in the facility at the time. During an observation on 10/15/24 at 4:20 p.m., there were, No smoking Oxygen in use signs on the doors of every room going down the hall. During an observation and interview on 10/15/24 at 1:35 p.m., staff member Q stated she regularly saw resident #2 and #3 outside smoking by the dumpsters, around 8:00 p.m., when she would pick up a co-worker. Multiple employees were standing and smoking at the dumpsters. During an interview on 10/16/24 at 2:17 p.m., staff member B stated she was not aware residents #2 and 3 were also smoking on the property. Review of the facility's policy, Smoke Free Campus, revised on 10/15/22, reflected: - 3. Upon admission the resident/family sign acknowledgement form to demonstrate their understanding the resident will not smoke anywhere in the facility or on the premises . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275044	A. Building B. Wing	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mount Ascension Transitional Care of Cascadia	2475 Winne Ave Helena, MT 59601

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(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 - Actual harm Residents Affected - Few	- . b. Non-exempt employees wishing to use tobacco products may do so upon clocking out for a meal break and leaving facility premises . - . 11. It is the responsibility of the CEO/CNO to monitor compliance of the staff, residents, visitors, and other people entering the facility premises with the Tobacco-Free policy . Review of a facility policy, Prohibition of Medical Marijuana Use, dated 11/28/17, reflected: - [Facility Name] prohibits the use of marijuana as a medical treatment until such time the Attorney General establishes an accepted medical use under the Controlled Substance Act (CSA). The Department of Health and Human Services (DPHHS) has concluded that marijuana has a high potential for abuse, no accepted medical use in the United States, and lacks an acceptable level of safety for use even under medical supervision . A review of the US Food and Drug Administration Website, dated 4/12/24, showed the following safety concerns with vape pen use, and this is located at the following website, https://www.fda.gov/tobacco-products/products-ingredients-components/tips-help-avoid-vape-battery-fires-or-explosions: . vape fires and explosions are dangerous to the person using the vaping product and others around them. There may be added dangers, for example, if a vape battery catches fire or explodes near flammable gasses or liquids, such as oxygen, propane, or gasoline. The exact causes of vape fires or explosions are not yet clear, but some evidence suggests that battery-related issues may be a cause.