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	09/23/2025

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. (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
	275044	A. Building B. Wing	09/23/2025

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on interviews and record reviews, the facility failed to uphold and operationalize policies and procedures related to grievances and take immediate action to prevent further grievances or address abuse and neglect included in grievances. Due to the lack of follow-up, those residents or individuals submitting the grievances had no resolution to their identified concerns, and there was no documentation of facility efforts to resolve the grievances. This deficient practice resulted in many residents or individuals not having concerns addressed, and increased the risk of ongoing nursing care or abuse and neglect concerns. For those grievances submitted, which were not investigated, 4 (#s 1, 2, 4, and 5) of 7 sampled residents were affected, and this was a system breakdown. Findings include:1. Review of resident #1's Progress notes, dated 6/4/25, reflected that resident #1 complained about not being repositioned all night, from the time he was put in bed until the morning. Review of resident #1's Care Plan, dated 6/4/25, reflected that resident #1 had pressure ulcers on her sacrum and right heel with an intervention requiring assistance to turn and position every two to three hours. Review of resident #1, physician note, dated 6/16/25, reflected resident #1's family member voiced concerns with medication administration for a vaginal cream, which was not being used, and whether catheter care was being completed. Review of resident #1's physician Order Summary, dated 9/22/25, reflected a physician's order, dated 5/22/25, for catheter care, including cleaning the catheter every shift. The Order Summary also included an order for Estrace Vaginal Cream to be inserted once daily. During an interview on 9/22/25 at 2:01 p.m., staff member A stated that when he received a grievance or complaint, he used his tablet to investigate and included all perinate information, interviews, and documentation in the findings of State Survey Agency reports or grievance forms. Staff member A stated there was no other documentation available. Staff member A stated he was aware that the grievance forms were incomplete and did not have any further documentation for the grievances. Staff member A stated, I look to see if abuse is involved and if not, I really don't go any further with it as far as investigating. Staff member A stated there was no State Survey Agency report for the care concerns reported by resident #1 and his/her family member on 6/4/25 or 6/16/252. During an interview on 9/23/25 at 8:30 a.m., resident #2 stated, Call lights are terrible, 30 minutes or longer to get anyone to help you. I have filed many complaints, and they are just ignored. Resident #2 stated that weekends and nights were the worst, and staff ignore call lights while sitting in the nurses' station gossiping. Resident #2 stated she complained several times at resident council meetings but never heard anything back.During an interview on 9/23/25 at 11:00 a.m., resident #3 gave the surveyor a folder of copies of grievances the resident council had filed with staff member A. Resident #3 stated residents reported the grievances were not being addressed, and residents did not receive responses to the grievances brought forward at the meetings or the grievances filed through the grievance box. Resident #3 stated the same complaints about no showers, medication issues, and call light times were being brought forward each month, and no one was investigating the grievances.During an interview on 9/23/25 at 9:39 a.m., staff member H stated she made copies of all grievances written during resident council and turned in the originals to staff member A. Staff member H stated staff member A would not respond to resident grievances, and most grievances were ignored.During an interview on 9/22/25 at 1:31 p.m., staff member E stated a few weeks ago, several CNAs reported that residents stated they had not been checked and changed during the night and were soaked in the morning. Staff member E stated she addressed the complaints with the nurse who worked the night shift, and she stated she would talk to her night CNAs. Staff member E stated she did not report the complaints to management because she felt the night nurse should follow up with her staff.During an interview on 9/23/25 at 7:43 a.m., staff member F stated she would report care concerns to her supervisors. Staff member F stated she observed residents with cognitive delays being Taken advantage of by managers who would use leading questions to guide the residents to answers that resulted in no concerns, when they really had care concerns that were legitimate, and then having managers who were the subject of the complaint, doing the interviews.During an interview on 9/23/25 at 8:28 a.m., staff member G stated she reported several times that residents were wet (with urine) and not checked and changed overnight. Staff member G stated she would report the care concerns to the nurse on duty. Staff member G stated that most complaints about the check and changes occurred on Mondays. 3. Review of a Grievance, dated 8/3/25, reflected that resident #4 stated, Had trouble with the NOC shift CNA hurting him while being changed. This grievance was not included in the Grievance Binder.4. Review of a Grievance, dated 6/16/25, reflected that resident #5 stated a staff member came in to help with a

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	09/23/2025

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interviews and record reviews, the facility failed to identify and report accusations of abuse and/or neglect by staff to The State Survey Agency for 3 (#s 1, 4, and 5) of 7 sampled residents. This deficient practice increased the risk of harm to residents by the accused staff. Findings include:1. Review of resident #1's Progress notes, dated 6/4/25, reflected resident #1 complained about not being repositioned all night, from the time he was put in bed until morning. Review of resident #1, physician note, dated 6/16/25, reflected resident #1's family member voiced a complaint about the lack of medication administration of vaginal cream, which was not being used, and questioned if catheter care was being completed. During an interview on 9/22/25 at 2:01 p.m., staff member A stated there was no State Survey Agency report for the neglect of care, which was related to the lack of assisting a resident with repositioning, the lack of catheter care, or the lack of the use of the vaginal cream, per the reported concerns by resident #1 and a family member on 6/4/25 or 6/16/25.2. Review of a Grievance, dated 8/3/25, reflected resident #4 stated he had trouble with a night CNA who hurt him during care while being changed. The allegation of potential abuse was not reported to the State Survey Agency. 3. Review of a Grievance, dated 6/16/25, reflected resident #5 stated a staff member came in to help with a stand transfer and pulled his left arm, which hurt, and he yelled in pain. Resident #5 was being treated for a recently fractured left arm. The allegation of potential abuse or neglect was not reported to the State Survey Agency. During an interview on 9/23/25 at 11:40 a.m., staff member A stated the abuse and/or neglect of care accusations for residents #s 1, 4, and 5 should have been reported the State Survey Agency and investigated. Review of the facility policy, Identification and Investigation of Abuse, Neglect, Misappropriation, and Injuries of Unknown Origin, dated 8/1/23, reflected:- . 1. Review reports of grievances, complaints, and allegations of abuse, neglect, injuries of unknown injury, and misappropriation for patterns or isolated incidents of unexplained functional regression, or other evidence of physical, verbal, sexual or psychological abuse or punishment posing a serious and immediate threat to individuals.- . All other allegations involving Neglect, Exploitation, Mistreatment, Misappropriation of resident property, and injuries of Unknown Source will be reported to State (Survey) Agency immediately, but no later than 24 hours from the time the incident/allegation was made known to the staff member.

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	09/23/2025

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. Based on interviews and record reviews, the facility failed to thoroughly investigate alleged violations of abuse or neglect by staff, to prevent further abuse, neglect, or mistreatment from occurring, and take appropriate corrective action, as a result of investigation findings for 3 (#s 1, 4, and 5) of 7 sampled residents. This deficient practice placed residents at risk of harm from further abuse, neglect or mistreatment by staff members accused. Findings include:1. Review of a Grievance, dated 8/3/25, reflected resident #4 voiced a complaint that a staff member hurt him while he was being assisted during care.2. Review of a Grievance, dated 6/16/25, reflected resident #5 complained that a staff member hurt his arm when he was being assisted during a transfer. The resident had a fractured left arm. Record reviews of the grievances for resident #4 or #5 failed to show the events are investigated or reported to the State Survey Agency as potential alleged abuse or neglect. 3. Review of resident #1's Progress notes, dated 6/4/25, reflected resident #1 complained about not being repositioned all night. Review of resident #1's, Care Plan, dated 6/4/25, reflected resident #1 had pressure ulcers on her sacrum and right heel, with an intervention requiring assistance to turn and position every two to three hours. Review of resident #1, physician note, dated 6/16/25, reflected resident #1's family member voiced a complaint about a vaginal cream not being administered and was concerned that catheter care was not done. Review of resident #1's, physician Order Summary, dated 9/22/25, reflected an order dated 5/22/25 for catheter care, including cleaning the catheter every shift. The Order Summary also included an order for Estrace Vaginal Cream to be inserted once daily. During an interview on 9/22/25 at 2:01 p.m., staff member A stated there was no State Survey Agency report for the neglect of care complaints for resident #1. During an interview on 9/23/25 at 11:40 a.m., staff member A stated the abuse and/or neglect of care accusations for resident #s 1, 4 and 5 should have been reported the State Survey Agency and investigated. SReview of the facility policy, Identification and Investigation of Abuse, Neglect, Misappropriation, and Injuries of Unknown Origin, dated 8/1/23, reflected:- . 1. Review reports of grievances, complaints, and allegations of abuse, neglect, injuries of unknown injury, and misappropriation for patterns or isolated incidents . - . Investigate 1. Once the incident is reported, an investigation of the allegation [sic] violation will be conducted following CMS Facility Reported Incident criteria.