

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Livingston Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 510 S 14th St Livingston, MT 59047	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>48268</p> <p>Based on interview and record review, the facility failed to provide evidence for the reporting, investigation, and follow up actions taken to protect residents, for an allegation of a resident-to-resident verbal abuse to the State Survey Agency for 4 (#s 6, 11, 20 and 32) of 25 sampled residents. Findings include:</p> <p>1. Review of a Facility-Reported Incident, dated 12/4/23 and submitted to the State Survey Agency reporting system on 12/4/23, showed there was a verbal assault between resident #20 and his roommate, resident #32. The report showed resident #20 verbally threatened to kill resident #32, causing resident #32 to be fearful of staying in their shared room. The report showed resident #32 was removed from the room for safety.</p> <p>The facility investigation documentation was requested on 7/1/24 related to the 12/4/23 resident-to-resident verbal altercation, and no documentation or report of findings was received by the end of the survey period on 7/3/24.</p> <p>2. Review of a Facility-Reported Incident, dated 1/16/24 and submitted to the State Survey Agency reporting system on 1/16/24, showed there was a verbal assault between resident #6 and resident #11. The report showed both residents were cognitively impaired, and both residents were separated for safety.</p> <p>The complete facility investigation documentation was requested on 7/1/24 related to the 1/16/24 resident-to-resident verbal altercation, and no report of findings for the investigation was received by the end of the survey period on 7/3/24.</p> <p>During an interview on 7/3/24 at 9:32 a.m., staff member A stated after investigating the reportable incidents at the surveyor's request, the facility did not submit a report of findings for the 12/4/23 or 1/16/24 resident-to-resident incidents.</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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