

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 06/05/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation and interview, the facility failed to provide a safe shower environment for 1 (#7) of 24 sampled residents. This failure resulted in a resident feeling unsafe while showering in the shower room. Findings include:</p> <p>During an interview on 6/2/25 at 3:03 p.m., resident #7 stated she was independent to shower in the shower room. Resident #7 stated she felt unsafe in the shower room because there was a tiled wall that was slippery when wet and was too thick to grab on to. Resident #7 stated she worried that if she fell, she would not be able to reach the emergency pull string station. She stated the emergency pull string station was located far away from where she sat in the shower chair as it was located on the other side of the half tiled wall. Resident #7 stated, I would hate to see anyone fall. Resident #7 stated she had brought this concern to management before, but stated she felt there was no resolution.</p> <p>During an interview and observation on 6/3/25 at 12:20 p.m., staff member J stated the pull cord station in the shower room on the A hall did look unsafe as it was located on the other side of the tiled wall. Staff member J stated the pull cord should be placed or extended closer to a resident in the shower in case of an emergency.</p> <p>During an interview on 6/4/25 at 3:45 p.m., staff member A stated the facility would extend the pull string cord so that a resident was able to reach it from the shower.</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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