| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 275047 | A. Building<br>B. Wing | 06/05/2025 |

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| Livingston Health & Rehabilitation Center | 510 S 14th St<br>Livingston, MT 59047 |

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| F 0583<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Keep residents' personal and medical records private and confidential.<br><br>Based on observation and interview, the facility failed to provide resident privacy during personal care for 1 (#20) of 24 sampled residents. Findings include:<br><br>During an observation on 6/2/25 at 2:05 p.m., resident #20 was lying in bed with the head of her bed up slightly, looking out the window. The bed was located on the window side of the room, and the window looked out into a public patio area.<br><br>During an observation on 6/3/25 at 3:35 p.m., staff member H entered resident #20's room to change her brief. Staff member H pulled the privacy curtain to a halfway closed position, and did not close the window curtain. Staff member H rolled resident #20 to her right and removed her brief, leaving her backside exposed and visible through the window from the outside patio.<br><br>During an interview on 6/2/25 at 3:50 p.m., staff member H stated she forgot to close the window curtain.<br><br>During an interview on 6/2/25 at 4:43 p.m., resident #20 stated, I wondered if anyone was out there and could see my bottom. |

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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>Based on observation and interview, the facility failed to maintain a clean and safe environment for the living area for 1 (#27) of 24 sampled residents. This deficient practice left the resident feeling frustrated and unable to independently move his bedside table in his room. Findings include:<br><br>During an observation and interview on 6/2/25 at 2:41 p.m., resident #27 was seated in his wheelchair in the middle of the room. Under resident #27's wheelchair and rest of the floor there were multiple areas with liquid spills with dried dirt adhered to the spills. Resident #27's bed was parallel to the window with dirt all over the floor and under his bed. On resident #27's heat register, there was accumulated dust and dirt. Lying on the floor, next to the heat register, were two green caps/tops from treatment syringes. Under resident #27's bed was a wrapped piece of candy. Next to resident #27's wall, to the right of the dresser, was a pile of dust bunnies entangled with cables/cords. Resident #27 stated housekeeping was in his room every couple of days.<br><br>During an observation and interview on 6/4/25 at 8:24 a.m., resident #27's floor still had dirt adhered to spilled liquid in multiple areas of the floor, especially next to his bed. The green caps/tops from treatment syringes were still lying on the floor next to the dirt covered heat register along with the wrapped piece of candy under resident #27's bed. Resident #27 stated housekeeping had not been in his room all week. Resident #27 stated, Yes, it [dirty room] bothers me. I can't even move my damn bedside table because of all the dirt on the floor.<br><br>During an interview on 6/4/25 at 11:34 a.m., staff member G stated, at this time, he was the only person cleaning rooms and was able to clean all the rooms every other day. He stated there were two other personnel, who traveled from out of town to the facility on weekends, to clean. Staff member G stated they were actively advertising for new hires. Staff member G stated resident rooms should be cleaned daily. |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br>Based on observation, interview, and record review, the facility failed to ensure physician orders were completed, current, and followed by nursing staff, for 2 (#s 43 and 199) of 24 sampled residents. This had the potential to negatively impact a resident's wound healing. Findings include:<br><br>1. Review of resident #43's physician order showed there was no order from 5/6/25 to 5/15/25 for his left heel deep tissue injury related to pressure.<br><br>During an observation and interview on 6/4/25 at 9:56 a.m., staff member M stated they were unable to find a physician order for resident #43 from 5/6/25 to 5/15/25, and they were unsure why there was no physician order during that timeframe.<br><br>Review of resident #43's physician progress note, dated 5/6/25, showed: .PLAN: Wound # 1 LEFT heel Pressure Treatment Recommendations: 1. Apply Betadine to base of the wound 2. Secure with Silicone bordered foam or other heel protector 3. Change and PRN, 3 times per week, Offloading heel cushion. Wound # 3 LEFT glut Pressure Treatment Recommendations: 1. Apply Zinc Oxide Paste to base of the wound 2. Change Daily, and PRN. [sic]<br><br>Review of an addendum physician progress note, dated 6/3/25, showed the changes: [Resident #43] disliked the heel dressings. His stable eschar was left open to air from 5/6-5/14 and remained stable during that time. No harm occurred with OTA treatment for stable eschar. He continued offloading with pillow boots. I switched him to betadine to maintain stability. Eschar remains stable and non-painful.<br><br>2. Review of resident #199's physician order, with a start date of 5/23/25, showed: Change dressing to BLE incisions every other day and as needed.<br><br>During an interview on 6/4/25 at 9:54 a.m., staff member M stated the physician order (Change dressing to BLE incisions every other day and as needed) was vague and would need clarification in order to provide the appropriate wound care. Staff member M stated they got clarification, and a new order on 6/3/25, that showed the wound orders required xeroform, kerlix, and Coban. Staff member M also stated ace wrap was not an appropriate dressing to put on resident #199's surgical incisions.<br><br>During an observation on 6/2/25 at 2:57 p.m., resident #199 had gauze and Tegaderm tape on her bilateral below the knee amputation surgical incisions.<br><br>Review of resident #199's nursing progress note, dated 5/24/25, showed, .Bilateral stumps wrapped and ace wrapped .<br><br>Review of resident #199's physician progress note, dated 5/27/25, showed:<br><br>.Treatment Recommendations:<br><br>1. Cleanse with normal saline or wound cleanser.<br><br>2. Apply Xeroform to base of the wound<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 3. Secure with Rolled gauze and ace-wrap<br><br>4. Change Weekly . This surgical incision recommendation was in the physician's note, but was not a current order until 6/3/25 when staff member M clarified the physician order.<br><br>Review of resident #199's treatment administration record from 5/27/25 to 6/2/25, showed resident #199's bilateral incisions were redressed every other day.<br><br>During an interview and observation on 6/4/25 at 2:47 p.m., staff member K stated resident #199's current physician order was still incorrect stated the physician had told them they wanted the surgical incision to be cleansed first. Staff member K cleansed the surgical incision prior to adding the rest of the wound dressings. Staff member K stated they would fix this order once they had time. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to dispose of expired stock medication. This deficient practice placed the residents at risk of receiving expired stock medications. Findings include:<br><br>During an observation and interview on [DATE] at 1:58 p.m., staff member C provided access to the stock medications in the medication cart. Staff member C stated the process for auditing for expired stock medications would be the shared responsibility of herself and the nursing staff. The following medications were found to be expired:<br><br>- One bottle sodium chloride, 1 gm tablets, expiration date of 2/2025,<br><br>- One bottle guaifenesin, 400 mg tablets, expiration date of 5/2025,<br><br>- One bottle vitamin B-6, 25 mg tablets, expiration date of 5/2025,<br><br>- One bottle folic acid, 400 mcg tablets, expiration date of 4/2025,<br><br>- One bottle enteric coated aspirin, 81 mg tablets, expiration date of 4/2025,<br><br>- One bottle vitamin B-12, 100 mcg tablets, expiration date of 5/2025,<br><br>- One bottle aspirin 81 mg tablets, expiration date of 5/2025,<br><br>- One bottle stool softener capsules, expiration date of 5/2025, and<br><br>- One bottle vitamin A, 2400 mcg tablets, expiration date of 5/2025.<br><br>Review of the facility policy titled, 4.1 Storage of Medication, dated 1/25, showed:<br><br>Outdated, contaminated, discontinued or deteriorated medications . are immediately removed from stock, disposed of according to procedures for medication disposal . |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Provide and implement an infection prevention and control program.<br><br>Based on observation, interview, and record review, the facility failed to ensure staff practiced appropriate use of personal protective equipment (PPE), during care of residents on enhanced barrier precautions (EBP) for 4 (#s 20, 43, 45, and 199); failed to ensure staff practiced appropriate use of PPE during the care of a resident on contact precautions for 2 (#s 6 and 7); failed to ensure appropriate hand hygiene was performed while providing meal assistance in the dining room for 3 (#s 13, 32, and 42) of 24 sampled residents. The facility also failed to document measures taken to prevent legionella. These deficient practices increased the risk of infections within the facility. Findings include:<br><br>1. Enhanced Barrier Precautions<br><br>A. During an observation on 6/2/25 at 3:45 p.m., staff member H entered resident #20's room to provide personal care. Staff member H did not don an isolation gown prior to repositioning and providing care. Staff member H observed resident #20's coccyx wound, and stated, It (resident #20's pressure ulcer) looks like it's opened up and getting worse again. I will let the nurse know.<br><br>During an interview on 6/5/25 at 12:40 P.M., staff member B stated resident #20 had chronic problems with pressure ulcers for several months related to refusals to reposition or get out of bed. Staff member B stated resident #20's coccyx wound was chronic, and the tissue was fragile, with frequent changes in wound healing status. Staff member B stated the facility had not been following EBP regulations until recently and would need refresher training.<br><br>Review of resident #20's care plan entry, dated 4/30/25, and last updated on 5/16/25, showed the following:<br><br>Problem . Follow Enhanced Barrier Precautions, posted at Resident door, r/t wounds. When high contact resident care is being provided in resident room .<br><br>Goal . Center staff will follow all CDC, CMS, federal and local requirements, as well as [facility name] policies r/t the need for enhanced barrier precautions .<br><br>Interventions . Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). [sic]<br><br>B. During an observation on 6/5/25 at 8:56 a.m., resident #45 had an enhanced barrier precautions sign on the wall, next to her room door. Staff member D was in resident #45's room, moving her bedside table away from the bed. Staff member D was not wearing gloves or a protective gown. Staff member D transferred resident #45 to her wheelchair and moved her to the bathroom. Staff member D donned clean gloves, without hand sanitization, removed resident #45's soiled incontinence brief, and transferred her to the toilet. Staff member D removed her gloves, did not perform hand hygiene, then donned clean gloves. Staff member D removed resident #45's soiled bedding from her bed, placed the bedding into a plastic bag, then removed her gloves. Staff member D donned clean gloves, without hand sanitization, then placed a clean incontinence brief on resident #45. Staff member D transferred resident #45 back into her wheelchair. Staff member D removed her gloves, picked up the plastic bag containing soiled linen, and exited resident #45's room.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | During an interview on 6/5/25 at 9:08 a.m., staff member D stated she should have sanitized her hands between glove changes but gets in a hurry and forgets. Staff member D stated she believed resident #45 was no longer on enhanced barrier precautions due to the discontinuation of her wound vac.<br><br>During an interview on 6/5/25 at 9:42 a.m., staff member C stated resident #45 remained on enhanced barrier precautions due to the wound on her left lower leg.<br><br>Review of resident #45's June 2025 MAR, showed a current physician order started on 5/29/25 for treatment of a wound to her left lower leg.<br><br>C. During an observation on 6/2/25 at 12:57 p.m., resident #199 did not have a enhanced barrier precautions sign outside of her door. Resident #199 had bilateral below the knee surgical wounds.<br><br>During an observation and interview on 6/4/25 at 7:16 a.m., there was a enhanced barrier precautions sign outside of resident #199's room. Resident #199 stated staff members did not wear PPE when they changed her surgical incision dressings to her bilateral below the knee amputations, but she stated the staff members did the last time her bandage was changed.<br><br>Review of resident #199's BIMS (Brief Interview of Mental Status) showed a score of 15, cognitively intact.<br><br>During an observation on 6/4/25 at 3:32 p.m., staff member K changed resident #199's left amputation surgical dressing. Staff member K did not don any PPE other than gloves. While staff member K was dressing resident #199's surgical wound, a plastic box which contained wound supplies, was placed on resident #199's bed. When exiting resident #199's room, staff member K placed the plastic box against their own body and clothing.<br><br>D. During an observation on 6/4/25 at 10:38 a.m., staff member M did not don PPE for enhanced barrier precautions, but wore gloves when looking at resident #43's left heel wound, and when resident #43 was rolled to the side to look at the resident's backside.<br><br>Review of the facility's policy titled, Enhanced Barrier Precautions, last revised 3/26/24, showed:<br><br>- . 1) Enhanced Barrier Precautions (EBP) are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing.<br><br>- 2) EBP are indicated for residents with any of the following:<br><br>- . b) Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.<br><br>- . 12)For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities:<br><br>- . c) Transferring,<br><br>- d) Providing hygiene,<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | - e) Changing linens,<br><br>- f) Changing briefs or assisting with toileting; and,<br><br>- . h) wound care: any skin opening requiring a dressing.<br><br>2. Transmission Based Precautions<br><br>A. During an observation and interview on 6/2/25 at 3:03 p.m., resident #7 stated staff members never wore PPE when they entered her room. Resident #7 stated she had pink eye. On the outside of resident #7's room there was a contact precaution sign, but no PPE cart was outside of her door or on the inside of her door. There also was not a trash can on the inside or outside of her door to properly dispose of the PPE.<br><br>B. During an observation on 6/2/25 at 12:59 p.m., a contact precautions sign was on the wall, next to the door of resident #6's room.<br><br>Review of resident #6's, Physician Order Summary, dated 6/4/25, showed:<br><br>- . Contact precautions as recommended for residents known or suspected to be infected with infectious agents transmitted person to person via the direct/indirect contact route (e.g. VRE, Clostridium Difficile, MRSA etc.) every shift for MRSA in wound, start date 5/13/25.<br><br>- . Sivextro Oral Tablet 200 MG (Tedizolid Phosphate) Give 200 mg by mouth one time a day for R heel osteomylitisis until 06/16/2025, [sic] start date 5/15/25.<br><br>During an observation on 6/4/25 at 8:03 a.m., staff members D and E entered resident #6's room, and did not don gloves or a gown. Staff members D and E repositioned resident #6 with his Hoyer lift sling in his wheelchair without wearing gloves or a gown.<br><br>During an observation on 6/4/25 at 8:06 a.m., resident #6 exited his room to the E wing nurses station in his motorized wheelchair. Staff member E asked staff member C for assistance in repositioning resident #6 in his wheelchair. Staff members C and E did not wear gloves or a gown to reposition resident #6 in his wheelchair.<br><br>During an observation on 6/4/25 at 8:10 a.m., staff member E entered resident #6's room and did not don gloves or a gown. Staff member E pressed resident #6's call light to request assistance with transferring the resident to his bed, then exited his room.<br><br>During an interview on 6/4/25 at 9:38 a.m., staff member D stated when staff entered resident #6's room a gown, gloves, and face mask should be worn to perform any personal cares, repositioning, or transferring the resident from his wheelchair to the bed. Staff member D stated the PPE worn in resident #6's room remained on until staff exited the room.<br><br>During an interview on 6/4/25 at 9:48 a.m., staff member E stated PPE should be worn if contact was made through direct cares for resident #6. She stated she would not wear PPE if she entered resident #6's room for administration of medication, to provide water, or to ask the resident questions.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | During an interview on 6/4/25 at 9:51 a.m., staff member C stated when staff entered resident #6's room, a gown, gloves, and face mask should be donned at the door. She stated when resident #6 was repositioned in his wheelchair, staff were required to wear the appropriate PPE. Staff member C stated she was performing re-education on contact precautions that day for clarification.<br><br>During an interview on 6/5/25 at 10:00 a.m., staff member B stated PPE and hand hygiene concerns were identified when a mock survey was completed in March. Staff member B stated the facility would be completing staff education daily from this point forward.<br><br>Review of the facility's document titled, Transmission-Based Precautions (Isolation), last updated March 2025, showed:<br><br>- . Contact, or touch, is the most common and most significant mode of transmission of infectious agents. Contact transmission can occur by directly touching the resident, through contact with the resident's environment, or by using contaminated gloves or equipment.<br><br>- Personnel having contact with the infected resident should wear gloves and a gown.<br><br>- Prior to leaving the resident's room, gown and gloves are removed and hand hygiene performed.<br><br>3. Hand Hygiene<br><br>During an observation on 6/2/25 at 12:29 p.m., staff member J was feeding residents #s 13 and 32 and did not complete hand hygiene when switching between residents.<br><br>During an observation on 6/3/25 at 7:45 a.m., staff member I was assisting resident #'s 13 and 42 to eat breakfast. Staff member I was observed touching resident #42's cereal with the fifth finger of her ungloved right hand to check the temperature and then feeding the cereal to the resident. Staff member I then assisted resident #13 with her breakfast. Staff member I continued to alternate her feeding assistance between the two residents, and did not perform hand hygiene at any time during the observation.<br><br>During an interview on 6/4/25 at 9:22 a.m., staff member I stated she did not recall touching resident #42's cereal, stating, May be just bad habit, I don't know, but I guess I should have been sanitizing between them (residents #s 13 and 42.)<br><br>4. Legionella<br><br>During an observation and interview on 6/4/25 at 7:36 a.m., staff member L stated they did not flush the toilets or have a flush log to prevent the growth of legionella. Staff member L stated the only reason they might have to flush the toilets in resident rooms was to prevent the growth of mold or bacteria, but stated they were unaware of any concerns regarding legionella. Review of the temperature logs in the past year showed the following months were missing in the log: 7/2024, 8/2024, 9/2024, 11/2024, and 12/2024.<br><br>During an interview on 6/5/25 at 8:13 a.m., staff member G stated the C hall was not in use at all. This could pose a risk for stagnant water and legionella.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | During an observation and interview on 6/4/25 at 3:10 p.m., staff member N stated they would come to the facility and provide oversight every three months. Staff member N stated there used to be a calendar on the wall in the maintenance office that showed a signoff of the toilet flushes concerning legionella, but they were currently unable to find it. Staff member N showed additional temperature logs for the months of 7/2024 and 8/2024. Staff member N stated where there were gaps of information, they did not have a maintenance director during that time. |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| F 0883<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement policies and procedures for flu and pneumonia vaccinations.<br><br>Based on interview and record review, the facility failed to ensure immunizations were reviewed and administered for 1 (#100) of 24 sampled residents, increasing the risk of infections of the residents at the facility. Findings include:<br><br>During an interview on 6/5/25 at 10:00 a.m., staff member B stated an audit was completed on 6/4/25, and it was found that a consent was needed for resident #100, along with six other residents.<br><br>Review of resident #100's electronic health record and State of Montana Official Immunization Record showed resident #100 had no pneumonia vaccines administered or declined.<br><br>Review of a facility policy, titled Influenza and Pneumococcal Vaccine Administration, updated 2/2025 showed: Pneumococcal vaccination occurs with Center residents only, upon admission (after review) and with repeated vaccination occurring per CDC guidelines . |