

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2024
NAME OF PROVIDER OR SUPPLIER Polson Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9 14th Ave W Polson, MT 59860	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45447</p> <p>Based on interview and record review, the facility failed to report an injury of unknown origin to the State Survey Agency for 1 (#9) in the required timeframe; and failed to report incident findings to the State Survey Agency within the five-day required time frame, for 5 (#s 1, 5, 8, 10, and 11) of 11 sampled residents. Findings include:</p> <p>1. Review of a facility reported incident, occurring on 4/8/24, showed resident #9 went to another facility for a follow up MRI, as the resident had previous back issues, and a T11 (thoracic) fracture was found. The facility was not sure if the fracture was old or new. The facility reported this fracture as an injury of unknown origin, to the State Survey Agency, on 4/10/24, two days after the facility was notified of the results.</p> <p>Review of resident #9's nursing progress note, dated 4/8/24 at 3:24 p.m., showed staff member J wrote a note showing, Resident went to [Hospital Name] for MRI. Report stated that she has a new T11 fx (fracture towards the bottom of the thoracic spine) . The note did not show if the facility's administrator was notified.</p> <p>During an interview on 5/20/24 at 2:36 p.m., staff member A stated staff were supposed to notify him, or the DON, when they received results of an injury or fracture.</p> <p>During an interview on 5/20/24 at 2:46 p.m., staff member J stated the facility usually received imaging results by fax or phone call, and if there was an injury found, she would let a resident's doctor and family know of the results. Staff member J stated an injury should be reported to the administrator.</p> <p>2. Review of the following facility reported incidents showed late reporting (not within the required Federal five-day timeframe) to the State Survey Agency:</p> <p>a. Resident #8: The resident and resident's caregiver called resident #8's bank and found \$300 was missing. The incident was reported on 4/15/24, and the findings were not reported until 4/25/24, five days late.</p> <p>During an interview on 5/20/24 at 10:32 a.m., staff member A stated the incident involving resident #8 and misappropriation had late findings due to communication challenges with the [NAME].</p> <p>(continued on next page)</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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. Resident #11: The resident reported she fell during a self-transfer. The fall was unwitnessed and resulted in an ER visit and rib fractures on 4/28/24. The incident was reported on 4/29/24, and the findings were submitted on 5/9/24, five days late.</p> <p>During an interview on 5/19/24 at 11:43 a.m., staff member A stated the findings for incidents should have been reported within five days of the report, and he had been late in submitting some of the facility's incident findings.</p> <p>c. Resident #s 1 and 5: resident #5 was allegedly bullying resident #1 on 5/8/24. The incident was reported on 5/9/24, and the findings were not reported by the facility until 5/16/24, two days late.</p> <p>41952</p> <p>d. During a phone interview on 5/19/24 at 11:42 a.m., staff member A stated he knew a few of the abuse allegation findings were late submissions. Staff member A stated he also had trouble with logging into the state reporting system at times to submit the findings.</p> <p>During an interview on 5/20/24 at 9:43 a.m., staff member A stated resident #10 had expressed to the facility, during rounds on 3/14/24, an allegation of staff to resident abuse had occurred on 3/9/24. Staff member A stated they initially reported the allegation the same day they were aware of the allegation, on 3/14/24, so the allegation was not late, but did not know why the findings were not submitted in the required time.</p> <p>Review of the facility reported incident showed the allegation of staff to resident abuse occurred on 3/9/24, the allegation was reported to facility staff by resident #10 on 3/14/24 during rounds. The initial report was submitted to the State Survey Agency on 3/14/24. The final investigation was reported to the State Survey Agency on 3/20/24, six days after the initial report.</p> <p>Review of the facility's policy, Abuse Reporting and Response, published 9/2017, showed, 5. The Center reports the results of all investigations to the Executive Director and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41952</p> <p>Based on observation, interview, and record review, the facility failed to have and maintain a sanitary kitchen, staff failed to follow hygienic practices, and failed to take and record temperatures for food storage and for food during meal service. These deficient practices had the potential to affect all residents consuming food from the facility kitchen. Findings include:</p> <p>A. Sanitary Kitchen</p> <p>During an observation of the facility kitchen on 5/18/24 at 11:53 a.m., multiple areas of concern for cleanliness showed:</p> <ul style="list-style-type: none"> - A large window located above the meal serving line and clean dishes was opened several inches and had a buildup of grey and brown dust on it. - A standing black fan, not in current use, had the blades and wire cage covered in grey and brown dust. - The ceiling air vents, ceiling, and the wall over the cooking area were covered in grey and black dust buildup. - The refrigerator labeled, Kitchen's Fridge had chocolate syrup splashed over the top shelf wall and door. The bottom two drawers had an orange congealed substance in them. - An unopened, thickened apple juice was on a metal table, with a use by January 2024 label. - A small white chest freezer had crumbs and debris inside. - An upright freezer had various colored crumbs in all door shelves and the bottom. - Another chest freezer had a broken handle with two different staff cups in use, sitting on top of it, and not labeled. - The double stainless-steel freezer had a red splatter inside, and the bottom was heavily covered in crumbs and debris. - A large stand mixer, not in use, had a layer of white film over the appliance and mixing attachments inside it. No covering to protect it. - The surge protector strip hung on the wall next to the handwashing sink covered in grey film and dust. - The toaster was heavily covered in crumbs. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>- A metal table, with cutting boards and various supplies, had red and white crumbs on the bottom shelf.</p> <p>During an interview on 5/18/24 at 12:41 p.m., staff members L and K stated the cleaning duties were split between the kitchen staff working each day, and they marked complete on the cleaning checkoff lists.</p> <p>During an interview on 5/18/24 at 3:04 p.m., staff member I stated the fan had just been brought to the kitchen the week before. Staff member I stated they could not get the window to close all the way but would notify maintenance to attempt to fix it, and the vents. Staff member I stated there were only monthly kitchen logs for cleaning of refrigerators, freezers, and other equipment. There were daily logs for things like meal cleanup, trash, and mopping.</p> <p>During an observation on 5/19/24 at 8:30 a.m., the chocolate syrup splatter in the refrigerator labeled, Kitchen's Fridge, was cleaned, but the bottom drawers of the fridge still had the spills. All other areas of the kitchen still had the same observed dust, debris, spills, and crumbs as the initial observation.</p> <p>Review of the kitchen's Daily Cleaning logs showed missing checkoffs, completed by staff when they did the cleaning, for the following days of May 2024: 1, 2, 14, 15, 16, 17, 18, and 19.</p> <p>Review of the April 2024 Monthly Cleaning logs showed the logs were mostly completed, and the May 2024 Monthly log was not provided.</p> <p>Review of the facility policy, Sanitation, updated 9/2019, showed, The food service area is maintained in a clean and sanitary manor,</p> <p>B. Dietary Staff Hygiene</p> <p>During a kitchen observation on 5/18/24 at 12:03 p.m., staff member N came through the dish washing room into the kitchen, without a hairnet on, without washing his hands, and grabbed a dark lunch bag out of the refrigerator labeled, Kitchen's Fridge, with drinks for residents and other kitchen items inside.</p> <p>During an observation of meal service on 5/18/24 at 12:03 p.m., staff member K was in the dish room and wiped his hands on his pants, and then grabbed clean dishes and put them away.</p> <p>During an observation on 5/18/24 at 12:15 p.m., staff member K had no gloves on, and the staff member was continually touching prepared plates of food and placing them in the food cart, and microwaving bowls of soup. During this time, staff member K rubbed under his nose several times with his ungloved hand, or hands on his shirt in between trays, and did not wash his hands or put on gloves through the meal service.</p> <p>During an interview on 5/18/24 at 12:55 p.m., staff member K stated he was told if his hair did not go past his ears, he only needed a baseball hat, not a hairnet. Staff member K stated he was told if he kept his beard trimmed and short mustache, he did not have to wear a beard net.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> - Breakfast temperatures prior to meal service was not documented for the days of: 1, 2, 14, 15, 16, 17, and 19. - Breakfast temperatures during meal service was not documented on the days of: 1, 2, 17, and 19. - Lunch temperatures prior to meal service was not documented for the days of: 1, 2, and 17. - Lunch temperatures during meal service was not documented on the days of: 1, 2, 13, 14, 15, 16, 17, and 19. - Dinner temperatures prior to meal service was not documented for the days of: 14, 15, 16, 17, and 18. - Dinner temperatures during meal service was not documented on the days of: 14, 15, 16, 17, and 18. <p>Review of the refrigerator and freezer temperature logs for May 2024, showed labels for a walk-in refrigerator, walk-in freezer, milk refrigerator, and Unit 1 with AM and PM columns. There were no PM temperatures logged for May 12- 18, 2024. The kitchen had three refrigerators and four freezers.</p> <p>Review of the facility's policy, Food Temperature, updated 10/2017, showed, Food temperatures are taken and documented daily prior to meal service and monitored periodically throughout the meal service . Hot beverages and soups are served to residents at 150 Farenheit or less.</p>