

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 11/17/2025
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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from the wrongful use of the resident's belongings or money. (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

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview and record review, the facility failed to ensure systems were in place to prevent multiple incidents of misappropriation of a residents' medication for 9 (#s 14, 15, 16, 18, 20, 23, 38, 48, and 52) of 25 sampled residents. Findings include: Review of the facility reported incident (for alleged misappropriation of residents' medication) which was reported to the State Survey Agency on 8/24/25 at 10:00 a.m., showed a staff member reported the possible diversion of residents' medication by staff member L. An investigation into the allegations was initiated and three nurses were suspended pending the results of the investigation. During an interview on 9/22/25 at 3:30 p.m., staff member A stated the incident of misappropriation of medications was reported to him by a CNA (certified nursing assistant). The unidentified CNA stated there were two nurses that had knowledge of the medication diversion. Staff member A stated during the investigation it was discovered two nurses had suspicion of misappropriation of medications but failed to report their suspicions to leadership. Staff member A stated the nurse who diverted medications was staff member L and she was terminated on 8/27/25. Staff member A stated during the facility's investigation, it was discovered nine residents (#s 14, 15, 16, 18, 20, 23, 38, 48, and 52) had medications which were signed out of the narcotic log but not signed out on the medication administration record for those individual residents. He stated all narcotic counts were accurate which made the diversion difficult to detect. During an interview on 9/22/25 at 3:42 p.m., staff member A stated during the investigation of the incident, the identified residents affected by the medication diversion were interviewed and none of the residents had concerns of pain which was not addressed. Staff member A stated these residents affected had no knowledge of any incidents of not receiving pain medications. Staff member A stated nine residents total had medications diverted. Staff member A stated no other residents were found to be affected during the investigation. Review of staff member L's personnel file showed she last received education on abuse, neglect, and misappropriation of property on 5/1/25. Staff member L held a current nursing license and had background checks completed upon hire. Staff member L was terminated from her position on 8/27/25. Review of education provided to all direct care staff on abuse, neglect, and misappropriation of property was completed on 8/27/25. During an interview on 9/25/25 at 8:58 a.m., staff member G stated all staff had recently been educated on abuse, which included misappropriation of any resident's property. Staff member G stated she would report any abuse immediately to the administrator/leadership. During an interview on 9/25/25 at 9:00 a.m., staff member C stated that within the last month, nurses had education on misappropriation of property, medication diversion, and immediate reporting of any suspicion of a crime. Staff member C stated that audits were being done daily on every shift, and administration was now auditing the narcotic count book and comparing it to the medication administration record weekly for any discrepancies. During an interview on 9/25/2025 at 9:03 a.m., staff member F stated he started his position approximately three weeks ago. Staff member F stated he received education upon hire on abuse and the expectations of reporting a reasonable suspicion of a crime. He stated he had knowledge of audits being completed on the narcotic books to compare them to the medication administration record but had not participated in the audits. Review of the Quality Assurance Performance Improvement (QAPI) meeting on 8/26/25 showed the attendance of all leadership staff, including the medical director. The QAPI meeting showed the following: - Identification of the residents affected by the diversion of medications, - Staff member L was taking as needed (PRN) medications from the identified resident's PRN narcotic medications card and not entering the medication on the medication administration record. - Pain for the residents affected by the diversion was not a concern to those residents, - Other residents in the facility were interviewed and had no medication concerns, - All nurses and CNAs were educated on diversion of medications on 8/27/25, - Physicians and family members were notified of the incidents. Adult Protective Services and the local ombudsman were notified of the incidents. - Monitoring audits were completed for two nurses' narcotic medication logs of PRN pain medications to the medication administration record, for two residents per medication cart per shift for one week, then these audits were completed for two residents weekly for three weeks, then these audits will be completed for two residents monthly for three months for accuracy. The director of nursing reviewed these audits for sustained compliance and reported the compliance to the QAPI committee on 9/4/25, and- The results of audits were reported to the QAPI committee on 9/4/25, with the next scheduled meeting on 9/26/25 for sustained compliance. All elements of corrective action for misappropriation of residents' property were completed, and the facility was in substantial compliance upon the recertification survey, with an exit date of 9/25/25. Review</p>		

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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>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>(continued on next page)</p>

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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>Based on interview and record review, the facility failed to ensure staff members M and N reported a reasonable suspicion of a crime, related to diversion of medication, in a timely manner to administrative personnel. Findings include: Review of the facility reported incident (for failure to report a reasonable suspicion of a crime), which was reported to the State Survey Agency on 8/25/25 at 1:30 p.m., showed staff members M and N potentially failed to report a concern of possible medication diversion to leadership personnel at the facility. An investigation was initiated, and the two nurses were suspended pending the results of the investigation. The investigation showed staff member N had a conversation with staff member M at the beginning of August 2025, related to suspicion of staff member L and signs of medication diversion, but had not reported those concerns to leadership. Staff member M had suspicions of medication diversion over the course of months, but failed to relay those concerns to staff member N, until early August 2025. During an interview on 9/22/25 at 3:30 p.m., staff member A stated that an incident of misappropriation of medications was reported to him by a CNA (certified nursing assistant). The unidentified CNA stated staff members M and N had suspicions of the medication diversion. Staff member A stated that during the investigation, it was discovered that staff members M and N had reasonable suspicions of a crime related to medication diversion but failed to report their suspicions to their direct supervisor or the administrator. During an interview on 9/22/25 at 3:42 p.m., staff member A stated that during the investigation for misappropriation of residents' medication, nine residents total had medications diverted. Staff member A stated no other residents were found to be affected during the investigation. Staff member A stated that no other staff had concerns related to any suspicions of a crime. Staff member A stated that staff member M was terminated from her position on 8/27/25, and staff member N was terminated on 8/28/25. Review of staff member M's personnel file on 9/23/25 at 12:50 p.m. showed she was hired on 5/15/25 and had completed abuse training during her orientation, which included reporting the reasonable suspicion of a crime. Staff member M held a current nursing license, and background checks were completed upon hire. Review of staff member N's personnel file on 9/23/25 at 1:01 p.m., showed she was hired on 11/22/24 and had completed abuse training, including reporting the reasonable suspicion of a crime during her orientation process. Staff member N held a current nursing license and background checks were completed upon hire. Review of education provided to all direct care staff on reporting the reasonable suspicion of a crime was completed from 8/24/25 to 8/30/25. During an interview on 9/25/25 at 8:58 a.m., staff member G stated all staff had recently been educated on abuse and reporting a reasonable suspicion of a crime. Staff member G stated she would report a reasonable suspicion of a crime to the administrator/leadership immediately. During an interview on 9/25/25 at 9:00 a.m., staff member C stated that within the last month, nurses had received education on misappropriation of property, medication diversion, and immediate reporting of any suspicion of a crime. During an interview on 9/25/2025 at 9:03 a.m., staff member F stated he started his position approximately three weeks ago. Staff member F stated he received education upon hire on abuse and the time frame for reporting a reasonable suspicion of a crime. Review of the Quality Assurance Performance Improvement (QAPI) meeting on 8/26/25, showed the attendance of all leadership staff, including the medical director. The QAPI meeting showed the following:- Staff member M and staff member N failed to report a reasonable suspicion of a crime within a timely manner. Both nurses had concerns with medication misappropriation by staff member L,- Staff member N did not have concerns, but after having a conversation with staff member M in August 2025, saw signs of a concern related to the potential diversion but failed to report those to the direct supervisor or Administrator. Staff member M had concerns related to staff member L, but did not reach out to her supervisor (staff member N) until early August 2025,- Other staff members were interviewed and showed no concern,- Education was provided to all CNAs and nursing staff related to reporting a reasonable suspicion of a crime in a timely manner by 8/30/25,- The Executive Director/Administrator posted who to contact with any suspicions of a crime, and- The facility identified the date of compliance for the misappropriation of medications and corrections carried out, which was on 9/4/25, and monitoring was going to continue to occur. All elements of corrective actions taken for reporting the reasonable suspicion of a crime in a timely manner were completed, to include a thorough investigation and reporting, after facility administration became aware of the events, and the facility was in substantial compliance at the time of the recertification survey, with a completion date of 9/25/25. Review of the facility's policy titled. Reasonable Suspicion of a Crime, last updated October 2022, showed a: 2. Each covered individual shall report to the</p>		