| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 275049 | A. Building<br>B. Wing | 11/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Polson Health & Rehabilitation Center | 9 14th Ave W<br>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) |
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| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>Based on observation, interview, and record review, the facility failed to ensure the physician was notified of a weight gain greater than 3 pounds in 2 days or 5 pounds in a week for 1 (#22) of 25 sampled residents. Findings include: During an interview on 9/24/25 at 9:39 a.m., staff member C stated the physician was to be notified of a weight gain greater than three pounds in one day for resident #22. Staff member C stated shortness of breath was a sign of weight gain. Staff member C stated it was hard to tell what was causing the weight gain for resident #22.During an interview on 9/25/25 at 9:40 a.m., staff member C stated resident #22 had edema and weight gain. Staff member C stated she would need to look up the parameters for weight gain. Staff member C stated she was not aware of any shortness of breath in resident #22.During an interview on 9/25/25 at 9:50 a.m., staff member K stated resident #22 was to be weighed every day and she was to report the weight back to the nurse. Staff member K stated she was to report any changes to the nurse.During an observation and interview on 9/25/25 at 9:54 a.m., resident #22 had swelling to both lower extremities. Resident #22 stated staff were to weigh her every day before breakfast, but it was not done that day. Resident #22 stated she had medication ordered for the swelling. A nurse entered the resident's room to administer medications to resident #22 and asked the resident if she had been weighed that morning. Resident #22 stated she had not been weighed yet.Review of resident #22's verbal physician order, dated 5/19/25, showed the resident was to be weighed daily. Staff were to notify the physician of a weight change equal to or greater than three pounds in two days or equal to or greater than five pounds in a week.Review of resident #22's Treatment Administration Record, dated 7/1/25 through 9/25/25, showed eight days with no weights documented.Review of resident #22's Treatment Administration Record, for 9/2025, showed a weight gain of 27 pounds in two days from 9/8/25 through 9/11/25. There was not a weight taken on 9/10/25. From 9/8/25 through 9/15/25, there was a weight gain of 27 pounds in one week. A request for documentation of the physician notification was made, but was not provided by the end of the survey.Review of resident #22's Physician's Order Review, dated 9/25/25, showed the resident was taking furosemide 40 mg from 5/20/25 through 6/18/25. The resident was then prescribed furosemide 20 mg from 6/19/25 through 9/3/25. The resident was then prescribed torsemide 20 mg from 9/4/25 through 9/17/25. On 9/18/25, resident #22 was prescribed torsemide 40 mg two times daily. This order was the most current medication order and was still active. |

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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