

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Elkhorn Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 474 Hwy 282 Clancy, MT 59634	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>44769</p> <p>Based on observation, interview, and record review, the facility failed to provide an environment that was clean, and well maintained, for 4 (#s 24, 27, 37, and 59) of 24 sampled residents. Findings include:</p> <p>During an observation on 12/16/24 at 1:59 p.m., the floor in the shared bathroom, for resident #27 and #59, had a 20 inch by 15 inch (approximate measurement) area of missing linoleum, in front of the toilet, and the concrete foundation was exposed.</p> <p>During an observation on 12/18/24 at 11:26 a.m., the exposed concrete floor in front of the base of the toilet, in resident #27 and 59's shared bathroom, was wiped with a wet, white paper towel, and the paper towel became soiled with orange, brown, and black particles and hair.</p> <p>During an interview on 12/18/24 at 11:26 a.m., resident #27 stated They were supposed to redo the flooring in the whole facility last spring, as you can see they haven't done that.</p> <p>During an interview on 12/18/24 at 1:30 p.m., resident #27 stated both he and resident #59 used the shared bathroom, adjoining the resident's room.</p> <p>During an observation on 12/19/24 at 7:50 a.m., the caulking around the toilet in the shared bathroom of resident #24 and 37's shared bathroom, was cracked, had a brownish orange discoloration, and the caulking did not seal the based of the toilet to the linoleum.</p> <p>During an interview on 12/19/24 at 10:35 a.m., staff member A stated the expectation was the toilets, floors, and sinks in resident bathrooms would be cleaned daily.</p> <p>A review of a facility document titled, Resident Room Cleaning, undated, showed:</p> <p>. 8. Clean inside and outside toilet .</p> <p>11. Dust mop floors</p> <p>12. Wet mop floor and base board .</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a facility policy, titled, Maintenance Service, with a revised date of December 2009, showed:</p> <p>Policy Statement</p> <p>Maintenance service shall be provided to all areas of the building, grounds, and equipment.</p> <p>Policy Interpretation and Implementation</p> <p>1. The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe operable manner at all times .</p> <p>2. Functions of maintenance personnel include, but are not limited to: .</p> <p>b. Maintaining the building in good repair and free from hazards .</p>

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>51133</p> <p>Based on interview and record review, the facility failed to provide a baseline care plan to a vulnerable resident or their representative, for 2 (#s 22 and 64) of 24 sampled residents. Findings include:</p> <p>1. During an interview on 12/16/24 at 1:32 p.m., resident #64 stated she had not received any information regarding her baseline care plan.</p> <p>Review of resident #64's Admission & baseline careplan/summary. V3, showed the following three areas were left blank:</p> <ul style="list-style-type: none"> . 3. Resident/Representative received a copy of the Plan of Care . 5. Resident/representative declined to receive printed copies <p>6. Resident and/or Resident representative Signature .</p> <p>A request was made on 12/18/24, for documentation regarding the provision of a copy of the baseline care plan, which was to be given to resident # 64 and resident #64's representative. There was no information or documentation provided prior to the end of the survey.</p> <p>2. During an interview on 12/18/24 at 2:14 p.m., resident #22 stated he had not received a summary or a copy of his baseline care plan.</p> <p>Review of resident #22's Admission & baseline careplan/summary. V3, showed the following three areas were left blank:</p> <ul style="list-style-type: none"> . 3. Resident/Representative received a copy of the Plan of Care . 5. Resident/representative declined to receive printed copies <p>6. Resident and/or Resident representative Signature .</p> <p>During an interview on 12/19/24 at 10:01 a.m., when asked how residents received a copy of the baseline care plan, staff member C stated, the residents sign off in the baseline care plan summary, and the residents are asked if they wanted a printed copy of the baseline care plan.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49554</p> <p>Based on observation, interview, and record review, the facility failed to clean and sanitize an ice machine in accordance with manufacturer recommendations. This ice machine was used for providing ice to the dietary department and all residents who used ice. Findings include:</p> <p>During an observation on 12/19/24 at 9:42 a.m., the facility ice machine was full of ice, and a noticeable amount of black substance was on the inside of the machine above the door. When wiped with a paper towel, the black substance fell into the ice bin and remained on the paper towel.</p> <p>During an interview and record review on 12/19/24 at 9:45 a.m., staff member I stated, When we clean the ice machine, we empty all of the ice out, pull the trays and soak them to remove scale and debris, scrub all removed parts, and run them through the dishwasher to sanitize, run the clean cycle on the ice machine, and wipe down the outside of the machine. We do this monthly. It doesn't take long for the ice machine to build up scale and debris. I didn't notice the black build up on it previously. A document titled, Ice Machine Maintenance, provided by the facility, showed the ice machine was checked off as being cleaned each month.</p> <p>During an interview on 12/19/24 at 10:17 a.m., staff member I stated he typically followed the instructions for cleaning the ice machine, and on the inside panel of the machine, and stated, They are the manufacturer's recommendation(s).</p> <p>Review of the cleaning instructions for the ice machine located on the inside of the ice machine panel showed:</p> <p>Cleaning/sanitizing Procedure:</p> <p>.Step 12. Use 1/2 of the sanitizer/water solution to sanitize all surfaces of the ice machine .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44769</p> <p>Based on observation, interview, and record review, staff member G failed to perform hand hygiene before administering medications to a resident, for 1 (#45) of 24 sampled residents, which increased the risk of passing infectious agents to other residents or staff. Findings include:</p> <p>During an observation on 12/18/24 at 8:15 a.m., staff member G finished administering medications to resident #26. She took the medication cup from resident #26 and threw it in the garbage, then she opened the top drawer of the medication cart, and retrieved resident #45's cup of medications. She then poured a cup of water, and gave the cup of pills and water to resident #45, without performing hand hygiene.</p> <p>During an interview on 12/18/24 at 11:17 a.m., Staff member C stated hand sanitizing should occur between each resident during medication administration.</p> <p>A review of a facility policy, titled, Administering Medications, with a revision date of April 2019, showed:</p> <p>Policy Statement</p> <p>Medications are administered in a safe and timely manner, and as prescribed.</p> <p>Policy Interpretation and Implementation .</p> <p>23. Staff follows established facility infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable .</p> <p>A review of a facility policy, titled, Handwashing/Hand Hygiene, with a revision date of October 2023, showed:</p> <p>Policy Statement</p> <p>This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections.</p> <p>Policy Interpretation and Implementation</p> <p>Administrative Practices to Promote Hand Hygiene .</p> <p>1. Hand hygiene is indicated: .</p> <p>e. after touching the resident's environment; .</p>