

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275060	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Copper Ridge Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3251 Nettie St Butte, MT 59701	

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>46400</p> <p>Based on interview and record review, the facility failed to collect and act on admission information necessary to provide a safe, comfortable, and homelike environment accommodating a resident's physical size, for 1 (#1) of 6 residents sampled. Findings include:</p> <p>Review of resident #1's hospital history and physical, dated 2/5/25, listed the resident's height and weight.</p> <p>Review of facility admission paperwork, not dated, showed a handwritten nurse handoff report between the hospital and the facility. At the top of this report showed resident #1's weight, which was 337 pounds, and a height of 6 feet and 8 inches tall. In addition, his diagnosis, code status, allergies, and medications were noted.</p> <p>Review of a photo, taken on 2/10/25, showed a standard resident bed, with the head of the bed tilted, at a slight downward angle. At the foot of the bed was a bench to extend the length of the bed by several feet. This bench was kept in place by a chair wedged between the edge of the bench and the wall.</p> <p>During an interview on 3/11/25 at 1:30 p.m., resident #1 stated they told him to sleep in the recliner in the room. When he declined, staff modified the bed present by taking the foot board off, using straps, and then the staff strapped a piano bench to the foot of the bed. They then slid the mattress down and filled in the gap at the head of the bed with pillows.</p> <p>During an interview on 3/11/25 at 3:15 p.m., staff member H stated the facility had a wide bed extension prepared, but not an extension piece for adding length, when the resident arrived on 2/10/25. Staff member H stated this extension was immediately fixed the next morning when maintenance arrived 2/11/25.</p> <p>During an interview on 3/12/25 at 8:30 a.m., staff member C stated the admission process would have gone differently had they known about the resident's uncommon height.</p> <p>The facility failed to have the necessary bed/equipment on hand for the resident's admission to accommodate the resident's height.</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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