

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER Community Nursing Home of Anaconda		STREET ADDRESS, CITY, STATE, ZIP CODE 615 Main St Anaconda, MT 59711	

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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>Based on interview and record review, the facility failed to ensure an agency staff member, who was contracted with the facility for over 12 months, had an annual performance review completed. Findings include: During an interview on 9/22/25 at 1:15 p.m., staff member A stated she did not have performance reviews for agency staff. During an interview on 9/22/25 at 1:57 p.m., staff member B stated the facility did not conduct performance reviews for agency staff. Staff member A said staff member C had contracted with the facility for over 12 months. Staff member A said she thought staff member C had been contracted with the facility since COVID. During an interview on 9/22/25 at 2:08 p.m., staff member E stated, My agency does not do performance reviews; They just tell me when a facility compliments my work. Staff member E stated she does not receive annual education based on her performance reviews. Review of the staffing contract for staff member C with the facility showed, .Contract will commence on 01/22/22. A request was made for performance reviews for staff member C on 9/22/25 at 1:30 p.m., no evaluation was provided by the end of survey.</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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