

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 08/28/2024
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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>50245</p> <p>Based on observation, interview, and record review, the facility failed to provide dignity for a resident when transferring the resident to the shower room for 1 (#9) of 10 sampled residents. Findings include:</p> <p>During an observation on 8/26/24 at 9:17 a.m., the surveyors entered the facility. Staff member F was wheeling resident #9 in a bath chair to the shower room. Resident #9's upper body was covered by a bath poncho, but the lower body of resident #9 was exposed and visible underneath the shower chair.</p> <p>During an interview on 8/27/24 at 11:25 a.m., staff member C showed the surveyor the bath poncho and how it was used to cover the residents. Staff member C stated staff would use an extra blanket over the resident's lap if needed. Staff member C stated, I usually change them (the residents) in their room and then transfer them to the shower room . The shower rooms are so small that it is hard to get the residents changed in there. Staff member C stated she ensured the residents were covered before moving them out of their room and into the hallway.</p> <p>During an interview on 8/28/24 at 10:04 a.m., staff member D stated the resident's privacy was important, and they made sure the resident's body was covered completely before exiting the resident's room when being transferring for showers. Staff member D stated they would feel very uncomfortable if they were not completely covered and in the resident's position.</p> <p>Review of a facility provided document, titled Resident Rights/Exercise of Rights, with a revision date of 10/17 showed:</p> <p>1. A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance and or enhancement of his or her quality of life . The facility must protect and promote the rights of the resident. [sic]</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49554</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive care plan based on resident activity preferences and physical abilities, for 4 (#s 4, 10, 14, and 15) of 10 sampled residents. Findings include:</p> <p>1. During an observation on 8/26/24 at 11:13 a.m., resident #15 was sitting in her wheelchair in her room. The room was quiet, and she was facing the wall, looking forward.</p> <p>During an interview on 8/28/24 at 3:56 p.m., NF2 stated, It would be nice if there were more for (resident #15) to do. I understand it is hard because she really can't communicate, though.</p> <p>Review of resident #15's care conference review, dated 7/29/24, showed on the Activities Summary:</p> <p>Problems/Needs (resident #15), . She spends the majority of her time in her room watching TV, napping, and 1:1 visit with family and staff. Evaluation/Goals: Continue to invite and encourage (resident #15) to attend group activities of her choice 3-4 X per week .</p> <p>Review of resident #15's care plan dated 7/31/24 showed, provide a program of activities that accommodates (resident #15's) abilities. Engage (resident #15) in simple, structured activities that avoid overly demanding tasks.</p> <p>2. During an interview on 8/26/24 at 2:34 p.m., NF1 stated, Most of the time when exercises are on the activity calendar, residents are just in the recreation room putting together puzzles, watching TV, or sleeping. I would like to see more options for activities for [resident #14].</p> <p>Review of resident #14's most recent activity assessment, with a date of 3/24/22, showed activity preference: independent activities.</p> <p>Review of resident #14's Annual MDS, dated [DATE], section GG, showed the resident is dependent on staff for all care areas.</p> <p>Review of resident #14's care conference review, dated 7/8/24, showed, Activities Summary: Problems/needs: (resident #14) attends group activities 2-3 X per week.</p> <p>3. During an observation on 8/27/24 at 9:13 a.m., resident #4 was in his wheelchair in the activities room. Other residents were playing cards, and he was sleeping.</p> <p>Review of resident #4's care conference review, dated 7/15/24, showed, Activities Summary: Problems/needs: (resident #4) attends group activities 2-3 X per week .</p> <p>4. During an observation and interview on 8/26/24 at 10:42 a.m., resident #10 was sitting in her room with music playing. Resident #10 stated, I wish there was more to do. We used to go on outings, but I haven't been out of the facility in a long time. I know the van is broken down, but it would be nice to go for a walk outside or something.</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of resident #10's care conference review, dated 6/24/24, showed, Activities Summary: Problems/needs: (resident #10) attends group activities 2-3 times a week. She likes playing bingo, puzzles, church, and arts and crafts. She spends the majority of time in her room self-directing with word puzzles, TV, music, and a 1:1 visit with family and staff.</p> <p>During an interview on 8/28/24 at 8:28 a.m., staff member G stated, I add resident information into the resident's care plan. The care plans are generic. I wouldn't say activities are specific to the residents. When a resident gets admitted , we do an intake assessment, and then we do them annually.</p> <p>During an interview on 8/28/24 at 11:13 a.m., staff member A stated, The activity director doesn't normally put anything in the care plan. I add that section's information. We need to work on the care plans being comprehensive, and the revisions to meet the resident needs. We need to work on more activities for dementia residents, such as sensory and meaningful activities.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49554</p> <p>Based on observation, interview, and record review, the facility failed to provide residents with group and individual activities to meet their interests and support their physical, mental, and psychosocial well-being for 4 (#s 4, 10, 14, and 15) of 10 sampled residents.</p> <p>1. During an observation and interview on 8/26/24 at 11:13 a.m., resident #15 was sitting in her wheelchair in her room. The room was quiet, and she was facing the wall, looking forward. Resident #15 had trouble answering questions and was mostly nonverbal, but when asked if she was bored, she nodded her head in an up-and-down motion.</p> <p>During an interview on 8/28/24 at 3:56 p.m., NF2 stated, It would be nice if there were more for [Resident #15] to do. I understand it is hard because she really can't communicate, though.</p> <p>Review of resident #15's task documentation report dated August 2024 showed resident #15 participated in 7 activities out of 28 days.</p> <p>2. During an interview on 8/26/24 at 2:34 p.m., NF1 stated, I think cartoons are okay if there are animals in them. She (resident #14) enjoys animals. Her favorite shows are any medical shows, as she was an X-ray technician. NF1 stated, I wish the facility offered more exercise or made it fun. Most of the time when exercises are on the activity calendar, residents are just in the recreation room putting together puzzles, watching TV, or sleeping.</p> <p>During an observation and interview on 8/26/24 at 4:13 p.m., resident #14 was sitting in her wheelchair in her room facing the television. The [NAME] and [NAME] cartoon was on television. Resident #14 was asked if she liked cartoons and said no.</p> <p>During an observation on 8/27/24 at 7:26 a.m., resident #14 was sitting in her room in her wheelchair looking at the ground, and there were cartoons on the TV.</p> <p>Review of resident #14's task documentation report, dated August 2024 showed resident #14 participated in four activities out of 28 days.</p> <p>3. During an observation on 8/26/24 at 10:29 a.m., resident #4 was sitting in his room in his wheelchair; the room was dark, and the television was on. Resident #4 was difficult to understand when he spoke.</p> <p>During an observation on 8/26/24 at 11:10 a.m., resident #4 was still sitting in his wheelchair, sleeping, in his room.</p> <p>During an observation on 8/27/24 at 9:13 a.m., resident #4 was in his wheelchair in the activities room. Other residents were playing cards, and he was sleeping.</p> <p>Review of resident #4's task documentation report, dated August 2024, showed resident #4 participated in six activities out of 28 days.</p> <p>(continued on next page)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. During an observation and interview on 8/26/24 at 10:42 a.m., resident #10 was sitting in her room with music playing. Resident #10 stated, I wish there was more to do. We used to go on outings, but I haven't been out of the facility in a long time. I know the van is broken down, but it would be nice to go for a walk outside or something.</p> <p>Review of resident #10's task documentation report dated August 2024 showed resident #10 participated in five activities out of 28 days.</p> <p>During an interview on 8/28/24 at 8:28 a.m., staff member G stated, I add resident information into the resident's care plan section. The care plans are generic. I wouldn't say activities are specific to the residents. My assistant does all the documentation in PCC. When a resident gets admitted , we do an intake assessment, and then we do them annually to find out what their interests are. I don't document when I spend time with residents one on one, I probably should.</p> <p>During an interview on 8/28/24 at 8:35 a.m., staff member H stated, I've never documented if a resident refuses activities. I only document if they participate. I don't document one-to-one visits either.</p> <p>During an interview on 8/28/24 at 8:57 a.m., staff member G stated, When a resident comes to an activity and they can't participate, we offer them drinks and snacks . If a resident is asleep, they aren't getting anything out of the activity.</p> <p>During an interview on 8/28/24 at 11:13 a.m., staff member A stated, The activity director doesn't normally put anything in the care plan. I add that section's information. I know our activity program is weak, we need a better program. We need to work on the care plans being comprehensive, and the revisions to meet the resident needs. We are working on getting volunteers back in after COVID. We do have a nurse who has been working with activities to assist them with activities to meet the resident's needs. The overall program needs revamping; we need to see more activities for dementia residents, such as sensory and meaningful activities.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>50245</p> <p>Based on interview and record review, the facility failed to consult wound care services consistently to promote wound healing, and failed to sufficiently document the wound measurements, severity (Stage), and characteristics of the wound, for 1 (#6) of 10 sampled residents. This failure resulted in the wound continuing to remain as a Stage II pressure ulcer for four months (4/9/24 to 8/15/24) with little improvement or intervention, and the wound first started approximately a year ago (7/21/23). Findings include:</p> <p>During an interview on 8/28/24 at 9:43 a.m., staff member E stated resident #6 did not usually refuse wound care treatments. Staff member E stated she may have to make multiple attempts, but was always able to get wound care completed daily for resident #6's left buttock wound.</p> <p>During an interview on 8/28/24 at 10:44 a.m., staff member A stated, The wound is kind of at a standstill. Staff member A stated the status of the left buttock wound would get better for some time and then get worse and repeat that cycle. Staff member A stated wound orders were not updated unless the wound status changed. Staff member A stated [wound care services] were consulted as needed and [wound care services] did not follow this wound consistently or for a specific period of time after being consulted.</p> <p>During an interview on 8/28/24 at 11:45 a.m., staff member B stated they thought it would be more beneficial for resident #6's left buttock wound outcomes to have [wound care services] consulted more frequently. Staff member B stated resident #6's left buttock wound first appeared 7/21/23.</p> <p>Review of resident #6's EHR showed two consults to [wound care services] were completed concerning the left buttock pressure ulcer, on 2/2/24 and 7/16/24.</p> <p>Review of resident #6's EHR showed a [wound care service's] note, dated 7/16/24: . Surrounding skin is very red and irritated and there is moderate bloody drainage .</p> <p>Review of resident #6's Left Buttock Wound Assessments, from 3/18/24 - 8/23/24, showed:</p> <ul style="list-style-type: none"> - 3/18/24 - no Stage or measurements - 4/1/24 - 4.5cm x 1.2cm x 0.1cm - no Stage - 4/9/24 - 3.8cm x 1.2cm x 0.1cm - Stage 2 open area - 4/15/24 - 4.0cm x 1.3cm x 0.1cm Stage 2 . - 6/12/24 - 5.5cm x 2.0cm x 0.1cm - no Stage - pressure - 6/20/24 - 4.0cm x 1.0cm x 0.1cm - shearing slough . - 7/12/24 - 4.5cm x 2.0cm x 0.1cm - no Stage open area <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 7/22/24 - 6.0cm x 3.0cm x 0.1cm Stage 2 .</p> <p>- 8/23/24 - 5.0cm x 1.2cm x 0.1cm - no Stage</p> <p>Review of a facility provided document, titled Quality of Care, with a revision date of 10/22 showed: . 2. A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing .</p>		