

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Gallatin Rest Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 W Durston Rd Bozeman, MT 59715	

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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>48261</p> <p>Based on observations and interviews, the facility failed to provide residents with meals with no more than 14 hours between the evening meal and breakfast; failed to provide a nourishing snack at bedtime; and failed to document a resident group approval of the mealtime hours for 7 (#s 2, 9, 17, 18, 19, 21, and 28) of 13 sampled residents. This practice had the potential to affect all residents who receive meals from the dining service. Findings include:</p> <p>During an observation on 7/2/24 at 8:20 a.m., breakfast began to be served in the dining room. The sign posted on the entry to the dining room showed breakfast was to start at 8:00 a.m., lunch at 12:00 p.m., and dinner at 5:00 p.m. The times scheduled included a 15-hour gap between dinner and breakfast. Residents #21 and #28 were sitting together in the dining room waiting for their meal to arrive. Resident #21 stated she was very hungry. When asked, residents #21 and #28 stated they did not receive snacks at night, before bed. Resident #21 stated they had never been offered snacks at bedtime as far as she could recall. Resident #28 stated she had not been offered snacks at bedtime either, but was aware of the snacks in the refrigerator at the nursing station. Residents #17 and #18 were sitting at a different table. Resident #18 called the surveyor to her table and stated, I don't know about any snacks. Resident #17 stated, They don't come offer snacks to me or my roommate either. I know about snacks in the nurses' station, but I'm blind so I cannot go get them, and those poor girls are so busy at night getting everyone ready for bed, so I don't go there (requesting a snack).</p> <p>During an interview on 7/2/24 at 8:28 a.m., staff member F stated, We don't go around specifically asking about snacks, but we have health shakes for the weight loss people. It's a pretty late breakfast compared to other facilities I have been in. Offering snacks at night would be hard since we are rushing to get meds (medications) in, since residents all want to go to bed right after dinner. Very few stay up long enough to be offered a snack.</p> <p>During an interview on 7/2/24 at 10:13 a.m., staff member C stated, There should only be 14 hours between dinner and breakfast. I thought we did something to change that to ensure the 14 hours was met. I will have to follow-up with the kitchen.</p> <p>During an interview on 7/2/24 at 11:26 a.m., staff member G stated the mealtimes had always been 8:00 a.m., 12:00 p.m., and 5:00 p.m. Staff member G stated the kitchen stocked the nurses' stations with snacks, but it was up to nursing to offer the snacks.</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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 7/2/24 at 11:35 a.m., staff member A stated residents did not want the mealtimes changed when they were asked in the past. Staff member A stated she was not able to locate documentation of resident council approving the mealtimes. Staff member A stated, The nurses' stations are stocked with snacks and residents can ask for a snack. Staff aren't going around in the evening asking them if they (residents) want a snack.</p> <p>During an interview on 7/2/24 at 1:25 p.m., resident #s 2, 9, 17 and 19 stated they did not get offered snacks in the evening before bedtime. The residents stated if they ask for a snack they will get one, but it is usually pop and crackers.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48261</p> <p>Based on observation, interviews, and record review, the facility failed to ensure implementation and monitoring of measures to prevent the growth of Legionella or other opportunistic waterborne pathogens in the building's water systems; and maintain cleanable surfaces on ice/water dispenser machine. This practice had the potential to affect all residents. Findings include:</p> <ol style="list-style-type: none"> 1. During an observation on 7/1/24 at 3:30 p.m., the ice/water dispenser, on the rehabilitation unit, was dirty with a black film, white mineral deposits and rust on the tray where you place the cups and along the bottom wall of the dispensing area. The dispenser tray was no longer cleanable. 2. During an interview on 7/2/24 at 7:10 a.m., staff member H stated, I haven't been documenting anywhere that we do flushes or clean the ice machines. Maybe [staff member B] does that, he may be going around and flushing the lines and documenting. I've been here [AGE] years, and have never been asked about documentation, so I don't have any. <p>During an interview on 7/2/24 at 8:30 a.m., staff member B stated, I have a water management plan binder, but it looks like you got me, we haven't been documenting and doing all the tasks (for Legionnaires prevention). We have the binder, but it's not fully implemented obviously.</p> <p>A review of the facility's, Risk Management Plan for Legionella Control, dated 1/25/23, reflected:</p> <ul style="list-style-type: none"> . Section 3 Risk Management <p>3.1 9). Less Frequently Used Areas: .</p> <ul style="list-style-type: none"> .All documentation is housed in the maintenance department and is available upon request. . 3.2.1 Operational Monitoring: Internal facility logs will be used to monitor implementation of control measures. Effectiveness of the control plan will be monitored through infection control surveillance 		