

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Sheridan Memorial Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 440 W Laurel Ave Plentywood, MT 59254	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>41652</p> <p>Based on interview and record review, the facility failed to report an allegation of verbal abuse within 24 hours of the incident, for 1 (#19) of 16 sampled residents for abuse reporting. Findings include:</p> <p>Review of a Facility Reported Incident submitted to the State Survey Agency, dated 10/10/23, showed there was an allegation of verbal abuse by a staff member, towards resident #19. The report showed the incident occurred before 8:00 a.m. on 10/5/23 and was reported to staff member F at 11:30 a.m. on 10/5/23. The initial report of the incident was not submitted until 10/10/23, which was five days after the required reporting timeline.</p> <p>During an interview on 7/3/24 at 9:15 a.m., staff member B stated she was responsible for submitting abuse allegations to the state reporting portal. Staff member B was not able to explain why the initial report to the incident portal was not submitted within 24 hours of the incident. Staff member B stated she was aware of the required reporting timelines.</p> <p>Review of the facility's policy titled, Abuse, dated 8/27/23, showed, B. The Nursing Home will immediately contact Bounds (the State Survey Agency's reporting portal) via a secure web page. The policy failed to show the reporting timelines for incidents being reported to the State Survey Agency's reporting portal.</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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