

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>14005</p> <p>Based on interview and record review, the facility staff failed to include 1 (#14) of 16 sampled residents, in care plan meetings. Findings include:</p> <p>During an interview on 7/2/24 at 8:05 a.m., resident #14 said she was not invited to any care plan meetings. Resident #14 stated her family goes, but she was not invited. Resident #14 said she would like to go to the meeting.</p> <p>Review of resident #14's electronic medical record failed to show any documentation of the resident being invited to attend her care plan meetings.</p> <p>Review of resident #14's MDS showed resident #14 was assessed for her cognitive condition using a Brief Interview for Mental Status. The result was a score of 13; cognitively intact.</p> <p>During an interview on 7/2/24 at 9:00 a.m., staff member C said she calls, emails, or talks to resident family members to invite them to care plan meetings. Staff member C said she does not document the invitations to the care plan meetings. Staff member C stated she will invite resident #14 to her care plan meetings going forward.</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>14005</p> <p>Based on observation, interview, and record review, the facility failed to identify bilateral grab bars as a potential restraint, and did not complete a risk assessment, obtain a consent, or have restraint monitoring, for 1 (#10) of 16 sampled residents with bilateral grab bars in place. Findings include:</p> <p>During an observation on 7/1/24 at 1:53 p.m., bilateral grab bars were observed on resident #10's bed.</p> <p>During an interview on 7/1/24 at 4:16 p.m., NF3 said he probably gave consent for the bilateral grab bars, because resident #10 fell out of bed and got bruised up. NF3 said resident #10 had head scans due to falls and hitting her head.</p> <p>During an observation on 7/2/24 at 10:05 a.m., bilateral grab bars were observed on resident #10's bed.</p> <p>Review of resident #10's electronic medical record failed to show documentation a risk assessment was completed, a physician's order obtained, or a signed consent authorizing the use of bilateral grab bars on resident #10's bed.</p> <p>Review of resident #10's MDS with an assessment reference date of 4/11/24, showed resident #10 is dependent for turning and repositioning.</p> <p>During an interview on 7/2/24 at 12:50 p.m., staff member B said resident #10 would not be able to use her bilateral grab bars as an assistive device. Staff member B said the grab bars for resident #10 would be a place to hang the call light and bed controls.</p> <p>Review of the facility document titled, Restraint Policy, dated August 23 of 2023, included the statement . restraints would not be used for convenience .</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>41652</p> <p>Based on interview and record review, the facility failed to ensure the pharmacist was monitoring a resident receiving an as needed psychotropic medication for an excessive duration for 1 (#8) of 16 sampled residents. Findings include:</p> <p>Review of resident #8's MAR, dated from 2/29/24 to 7/3/24, showed the resident received as needed doses of lorazepam on 4/4/24 at 5:43 p.m. and 4/11/24 at 10:30 a.m.</p> <p>During an interview on 7/3/24 at 11:21 a.m., staff member B stated she was not aware resident #8 had an order for as needed lorazepam which was in place for more than 14 days. Staff member B did not know why the pharmacist did not address the situation with the medical provider.</p> <p>Review of resident #8's Medication Regimen Reviews, dated March of 2024 thru May 2024, failed to show the pharmacist identified the as needed use of lorazepam for more than 14 days. The review forms failed to show the pharmacist contacted the provider regarding the issue.</p> <p>Review of the facility policy titled, Psychotropics, dated 8/23/23, showed the pharmacist was responsible for monitoring the use of psychotropic medications and was supposed to notify the physician when the medications are due for review.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>41652</p> <p>Based on observation, interview, and record review, the facility failed to ensure as needed psychotropic medications were limited to 14 days unless there was provider documentation explaining the rationale for continuing the medication, for 1 (#8) of 16 sampled residents. Findings include:</p> <p>During an observation on 7/1/24 at 3:58 p.m., resident #8 was lying in her bed with her eyes closed. Resident #8 did not rouse or open her eyes to her name being spoken in a normal voice.</p> <p>Review of resident #8's provider order, dated 2/29/24, showed the resident had an order for lorazepam, twice a day, as needed, for anxiety or shortness of breath.</p> <p>Review of resident #8's MAR, dated from 2/29/24 to 7/3/24, showed the resident received as needed doses of lorazepam on 4/4/24 at 5:43 p.m. and 4/11/24 at 10:30 a.m. No other as needed doses of lorazepam were documented as given.</p> <p>During an interview on 7/3/24 at 11:21 a.m., staff member B stated she was not aware resident #8 had an order for as needed lorazepam which was in place for more than 14 days. Staff member B stated the medication nurse, or the care coordination nurse, was responsible for ensuring as needed psychotropic medications were not provided for more than 14 days unless a rationale was documented by the medical provider.</p> <p>Review of resident #8's Medication Regimen Reviews, dated June 2023 thru May 2024, failed to show the pharmacist identified the as needed use of lorazepam for more than 14 days. The review forms failed to show the pharmacist contacted the provider regarding the issue.</p> <p>Review of the facility policy titled, Psychotropics, dated 8/23/23, showed orders of as needed psychotropic medications were limited to 14 days and only for specific clearly documented circumstances.</p>