

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Faith Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 6th Ave N Wolf Point, MT 59201	

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 0540</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Meet the legal definition of a skilled nursing facility or nursing facility.</p> <p>48262</p> <p>Based on interview and record review, the facility failed to adhere to the participation requirements for long-term care facilities, related to the lack of appointing a licensed Nursing Home Administrator, who has an active license for Montana. This failure did not allow the facility to maintain compliance for the Requirements of Participation, and may negatively affect all residents at the facility. Findings include:</p> <p>During an interview on 3/12/25 at 10:03 a.m., staff member B stated he was the current Interim Chief Executive Officer providing oversight for the facility. Staff member B stated in December of 2024 the interim Director of Nursing Services had planned to renew her contract and function in the administrator role, once her license was received from the State of Montana, but her contract negotiations fell through. Staff member B stated the Interim Director of Nursing Services' last day of employment for the facility was 12/27/24. The facility did not have a licensed Nursing Home Administrator for the State of Montana since that time.</p> <p>A review of the State Operations Manual, Appendix PP, F540 Requirements for Participation shows:</p> <p>2) Requirements. In addition to meeting the participation requirements for long-term care facilities set forth elsewhere in this subpart, a distinct part SNF or NF must meet all of the following requirements: .</p> <p>(ii)The administrator of the SNF or NF reports to and is directly accountable to the management of the institution of which the SNF or NF is a distinct part.</p> <p>The Appendix PP, includes numerous regulatory requirements which include direct involvement of the licensed Administrator, to include (not all inclusive):</p> <p>F585 - The management and oversight of the grievance process</p> <p>F600 - Abuse, Neglect, and Misappropriation</p> <p>5609 - Abuse Reporting</p> <p>F610 - Abuse Prevention</p> <p>F835 - Administration</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 0540</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>F844 - Disclosure Requirements</p> <p>F849 - Hospice Abuse Reporting/Handling</p> <p>F868 - Quality Assurance and Performance Improvement</p> <p>33275</p> <p>Guidance was provided by the Certification Bureau on 12/16/24 to member A and NF4 on the hourly requirements of the Nursing Home Administrator and Director of Nursing roles. At that time, they stated the facility was considering having the two of them share both required positions, or they would each fill one of the roles as both intended to attempt to obtain the current Montana Nursing Home Administrator license. The two employees stated staff member B and the governing body also mentioned having one person fulfill both Federally required positions. Per review of the Appendix PP, State Operations Manual, for F727 - Director of Nursing/RN requirements, the Director of Nursing must be full-time. Having a full time DON fulfill the licensed Nursing Home Administrator position at the same time, would require that one person to work above and beyond full-time, in order to fulfill the Nursing Home Administrator requirements also. During this call, both staff stated they did not wish to work that many hours above their already full-time employment.</p>		

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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48262</p> <p>Based on interview and record review, the facility's governing body failed to employ an administrator that was licensed in the State of Montana. This failure has affected all residents at the facility, due to the lack of an Administrator, and the facility not being in substantial compliance due to this. Findings include:</p> <p>During an interview on 3/10/25 at 2:20 p.m., staff member A stated she was the Director of Nursing and had applied to the State of Montana to become a licensed administrator. Staff member A stated the licensing board had recently requested her college transcripts to move forward with her application. Staff member A stated the facility did not have a current administrator, and the facility had not advertised for the open administrator position.</p> <p>During an interview on 3/12/25 at 10:03 a.m., staff member B stated he was currently the Interim Chief Executive Officer. Staff member B stated in December of 2024 the interim Director of Nursing Services had planned to renew her contract and function in the administrator role, once her license was received from the State of Montana, but her contract negotiations fell through. Staff member B stated the Interim Director of Nursing Services' last day of employment for the facility was 12/27/24. As of 12/4/24, the facility has not employed a Montana licensed Nursing Home Administrator.</p> <p>Review of the facility's Key Personnel Contact List, dated 3/10/25, did not include an Administrator name or contact information.</p> <p>Review of the facility's policy titled, Big Book Info - Policies, last revised June 2023, showed:</p> <p>. The facility has been administered in a manner that enables it to use its resources effectively and efficiently to assist each resident to attain or maintain his/her practicable mental, physical and psychosocial well-being.</p> <p>This facility is licensed under all applicable State and Local laws.</p> <p>The facility will operate and provide services in compliance with applicable Federal, State, and local regulations and codes and with accepted professional standards and principles.</p> <p>The governing body appoints [NF4], a licensed State administrator, to be responsible for management of the facility.</p> <p>FACILITY POLICIES:</p> <p>[Facility Name] will have written administrative and resident care policies in the absence of the administrator, the appointed designee is the DON .</p> <p>Review of the State of Montana, Department of Labor and Industries online license verification, did not show a temporary or permanent Nursing Home Administrator license for NF4, as of 12/31/22.</p> <p>(continued on next page)</p>		

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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A request was made to the facility on [DATE] for documented resources used for recruiting a new administrator. No documentation was received from the facility by the end of the survey.</p> <p>A review of the Appendix PP, State Operations Manual, includes numerous regulations governing Skilled Nursing Facilities/Nursing Facilities. The Administrator is a position that is not only required by the federal regulations, but included in many regulations related to processes for a facility. Refer to F540 for more detail on the individual regulatory areas noted.</p> <p>On 1/28/25, staff member A sent an email to the Certification Bureau providing staff member B's contact information. An email was sent to staff member B on that day, which included the following, The SNF is required to have a licensed administrator per the SNF regulations. Our office has not received a confirmation or copy of the license for the new administrator. Please have the individual appointed forward a copy of the current active MT Nursing Home Administrator's license . No reply was received from staff member B.</p> <p>Multiple other attempts were made (on 12/24/24, 12/27/24, 1/30/25, and 2/13/25) by the Certification Bureau to contact staff member B. These attempts included having staff member A relay the message to staff member B of the need for a return call related to the appointment of the Nursing Home Administrator. No return calls or emails were ever received from staff member B, who was reportedly providing facility oversight. The ongoing failure to employ a Montana licensed Nursing home Administrator prevented the facility from being in substantial compliance with Federal regulations.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>48262</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview and record review, the facility failed to follow and uphold the plan of correction for the survey dated 12/3/2024, as the QAPI committee did not meet monthly to identify ongoing issues and concerns related to the survey or facility, and ensure a licensed Administrator was present, which may negatively affect any resident. Findings include:</p> <p>During an interview on 3/12/25 at 10:29 a.m., staff member A stated a quality assurance performance improvement meeting was not held in February 2025. Staff member A stated the meeting for February 2025 was not rescheduled. Staff member A stated the next meeting would be held the third week of March 2025.</p> <p>Review of the Quality Assurance and Performance Improvement Committee Minutes, dated 12/23/24 and 1/22/25, showed no documentation the committee continued to meet monthly in February 2025.</p> <p>Review of the facility's plan of correction, dated 1/6/25, showed:</p> <p>. Audits will be presented to QAPI team monthly, for discussion of results and issues to maintain compliance. After 3 months, QAPI committee/IDT will determine the need for ongoing and frequency of the audit to ensure substantial compliance . [sic]</p> <p>Interviews identified an administrator was not employed as of late December 2024. Due to this, the QAPI committee did not include the necessary staff, as required by the Centers for Medicare and Medicaid, to participate in the QAPI meetings.</p> <p>Review of the Appendix PP, State Operations Manual, for F868, shows the facility must have the following positions participate in the QAPI Committee:</p> <p>(i) The director of nursing services;</p> <p>(ii) The Medical Director or his/her designee;</p> <p>(iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and</p> <p>(iv) The infection preventionist.</p> <p>Refer to F837 for the facility failing to employ a licensed Nursing Home Administrator.</p>		