

| | | | |
|---|--|---|--|
| 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 11/19/2025 |
| 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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>Based on interview and record review, the facility failed to ensure a resident was discharged in a safe condition after previously accepting admission and responsibility for the resident from out of town for 1 (#1) of 1 resident sampled for inappropriate discharge. This deficient practice was corrected on 6/4/25 and determined to be past non-compliance. Findings include: Review of a facility incident report, dated 6/3/25, showed resident #1 had been refused admission to [Facility Name]. Resident #1 had arrived from several hours away via contracted ambulance, and her local family had met her at the facility. Staff determined the family members were too intoxicated to sign admission paperwork, and the staff present would not accept resident #1. The resident left with family and staff did not contact the administrator or other management. There was no safe discharge plan in place. During an interview on 11/19/25 at 8:50 a.m., staff member A stated they had not been aware of the situation with the resident being denied admission until the very next day. Staff member A contacted the State Survey Agency for guidance. Staff member B immediately contacted the resident to ensure safety and to discuss a potential admission. The resident had been living with family before her hospitalization and had not wanted to be admitted to long-term care. She decided to stay with her family rather than be admitted. She had no immediate medical concerns [i.e. IV antibiotics or rehab orders]. Staff member A stated the employee who refused admission was suspended and later resigned. Staff education was completed, and the facility held an emergency QAPI meeting on 6/4/25, and addressed the incident with a plan of correction. No other residents have since been refused admission.</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 |
|---|-------|-----------|