STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275073	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Faith Lutheran Home	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility failed to submit reportable incidents to the State Survey Agency, within 24 hours of the incident, for 7 (#s 13, 14, 15, 22, 25, 29, and 38) of 17 sampled residents. Findings include: 1. Review of a Facility-Reported Incident, dated 3/2/26, showed there was an incident involving resident #25 making derogatory statements towards resident #13. The report showed when resident #25 was asked to stop, he became angry, and threw two empty, and one partially full cup of juice, at the staff members present during the incident. The incident was submitted to the State Survey Agency via the online reporting portal on 3/5/26, three days after the incident occurred. During an interview on 5/20/26 at 2:15 p.m., staff member C stated they were the only staff member who knew how to submit a reportable incident via the online reporting portal, so if an incident occurred on a weekend, it had the potential to be reported late. Staff member C stated she did not know why the incident involving resident #13 and #25 was not submitted timely, within 24 hours, to the State Survey Agency. 2. Review of a Facility-Reported Incident, dated Saturday, 2/28/26, at 1:30 p.m., showed there was a verbal altercation between resident #29 and resident #25. The incident was submitted to the State Survey Agency on 3/5/26, five days after the incident occurred. During an interview on 5/20/26 at 2:15 p.m., staff member C stated she was the only person who had access to the online reporting portal. Staff member C stated if an incident occurred on a weekend or holiday, a report was not completed until she was back in the facility. 3. Review of a Facility-Reported Incident, dated 1/24/26 at 9:45 a.m., showed resident #22 became verbally aggressive with resident #15. Resident #22 threatened to hit resident #15 with a crossword book he had in his hand. The facility reported the incident to the State Survey Agency on 1/26/26, two days after the incident occurred. Review of a Facility-Reported Incident, dated 12/21/25 at 2:30 p.m., showed resident #14 became verbally aggressive to resident #38 in the activities room. The facility reported the incident to the State Survey Agency on 12/30/25, nine days after the incident occurred. During an interview on 5/19/26 at 3:24 p.m., staff member C stated the incidents, which occurred between resident #s 14 and 38 on 12/21/25, and resident #s 15 and 22 on 1/24/26, were not reported to the State Survey Agency within 24 hours because she was out of the facility, and reported the incidents as soon as she returned. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275073	A. Building B. Wing	05/21/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's policy titled, Abuse Policies, dated November 2016, showed: . 4. (1)All alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services).