

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/29/2026
NAME OF PROVIDER OR SUPPLIER Mountain View of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 10 Mountain View Dr Eureka, MT 59917	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on interview and record review, the facility failed to employ a Certified Dietary Manager or a full-time dietitian to direct the dietary department functions, and this resulted in inadequate oversight and systemic problems being identified in the facility's dietary department. This failure may affect any resident receiving services from the dietary department. Refer to F803 - Menus Meet Resident Needs, Prepared in Advance and Followed, F804 Nutritive Value and Appearance, Palatable and Preferred Temperatures, and F812 Food Procurement, Store, Prepare and Serve, Sanitary for other regulatory areas cited due to the lack of oversight and maintaining compliance. Findings include: During an interview on 6/28/26 at 1:25 p.m., staff member E, the consultant dietician, said she provided clinical services to the dietary department remotely and had not physically been to the facility's kitchen to oversee dietary operations. During an interview on 6/28/26 at 1:37 p.m., staff member F said she was invited to the facility for a quarterly sanitation audit in February 2026. Staff member F said she was working with staff member C in the training for the role of dietary manager. During an interview on 6/28/26 at 1:52 p.m., staff member C stated her prior experience consisted of front-of-house management and general kitchen management. Staff member C said she did not have experience managing a dietary department in a long-term care setting. Staff member C further noted she had completed the ServSafe training and was currently working on training through the facility's online training program. Requests were made for the dietary manager's certification on 6/28/26 at 10:31 a.m. and at 5:05 p.m. The facility reported that the certification was unavailable as the staff member was unable to access the system. No documentation was provided prior to the survey exit. The facility was provided an opportunity to submit further information post-survey related to the dietary manager's certification, if available. During an interview on 7/7/26 at 3:44 p.m., post-survey exit, staff member I said there was confusion between himself and staff member C related to the kitchen manager certification. Staff member I stated that staff member C had only completed the ServSafe certification and did not meet the criteria for the certified dietary manager. Staff member I further stated that staff member C did have some kitchen experience but had not managed dietary services in the long-term care setting. The failure to employ a qualified Certified Dietary Manager resulted in inadequate oversight of the dietary department and contributed to failures to ensure safe food temperatures, maintain required temperature monitoring records, implement sanitation and cleaning schedules, and maintain the dietary department in a clean and sanitary condition.		

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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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview and record review, the facility failed to ensure the food was consistently served at a palatable temperature and delivered within the facility's established meal service time for 8 (#s 2, 14, 15, 25, 42, 43, 55, 58) of 18 sampled residents. These deficient practices resulted in repeated resident complaints of cold food, delayed meal service, and decreased resident satisfaction with the dining experience. Findings include: During an interview on 6/27/26 at 3:39 p.m., resident #2 reported the food was sometimes served cold. During an interview on 6/27/26 at 4:24 p.m., resident #55 stated he received his meals in his room and they were served cold. Resident #55 further stated his breakfast this morning was barely on the warm side. During an interview on 6/27/26 at 4:31 p.m., resident #42 stated she wished the food served was more on time. During an interview on 6/27/26 at 4:59 p.m., resident #58 said the food on the weekends wasn't good and she was served half-cooked hashbrowns and cold eggs. During an observation on 6/28/26 at 8:50 a.m., approximately half of the residents had been served breakfast while numerous residents remained waiting for their meals. During the observation, several residents continued waiting as meal service progressed and appeared to become increasingly impatient while waiting. Resident #43 repeatedly stood up from the dining room chair and approached both residents and staff, asking when breakfast would be served. Review of the facility's mealtimes showed breakfast was served at 8:00 a.m. During an observation and interview on 6/28/26 at 8:56 a.m., resident #15 was in the dining room and had not yet been served breakfast. Resident #15 said he was hungry as a bear ready for hibernation. During an observation and interview on 6/28/26 at 8:57 a.m., resident #43 was worried because she had not been served breakfast and stated, I need something to eat; I am hungry! During an interview on 6/28/26 at 9:02 a.m., staff member J said breakfast service was usually completed by 8:30 a.m. but said a staff member had called out that day. During an interview on 6/28/26 at 9:06 a.m., NF1 was seated by resident #14 at the dining table and said meals were served late five days per week, and he was concerned because his family member had been seated at the dining table since 8:00 a.m., and she had not received her breakfast. During an observation and interview on 6/28/26 at 9:10 a.m., resident #25 had not been served breakfast and stated, It's like this every day, referring to the delay in the meal. Resident #25 expressed concern that residents with scheduled appointments could miss those appointments because of delayed meal service. Review of the facility's resident council minutes showed the following:- January 12, 2026, Dietary: Food temperature, . Sometimes served cool when should be warm, especially if eating in room. [sic]- February 10, 2026, Dietary: Food temperature, . Cold, late 45 minutes plus wait time. [sic]- March 3, 2026, Dietary: Food temperature, . Long waits at mealtimes, result in cold food. [sic]- April 7, 2026, Dietary: Food temperature, . sometimes still served cool when there is a long wait time. [sic]- May 5, 2026, Dietary: Mealtime: Breakfast 7:30 a.m. - 8:30 a.m.; Lunch 12:00 p.m. - 1:00 p.m.; Dinner 4:30 p.m. - 5:30 p.m. Serving Wait time - Ok most of the time but lately had some excessive waits (delays) at lunch. Sometimes for over an hour and half. it was acknowledged that there were days of genuine extended wait times when lunch was not ready for serving at 12pm as stated on the hours posted. [sic]- June 9, 2026, Dietary: Serving wait time - Better, wait times are 15-30 min average, with an occasional day where a 45 + min wait occurs. Food Temperature, . Cold. Review of the facility's mealtimes showed breakfast was served at 8:00 a.m., lunch was served at 12:00 p.m., and dinner was served at 5:00 p.m.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure food was stored, monitored, and served under sanitary conditions; failed to monitor consistently and document refrigerator and freezer temperatures; failed to implement and maintain food holding temperature logs and ensure hot food was maintained at safe serving temperatures; and failed to maintain the kitchen in a clean and sanitary condition. These deficient practices increased the risk for foodborne illness and contamination of food for all residents served food from the facility kitchen. Findings include:1. During an interview on 6/27/26 at 3:11 p.m., staff member H was asked about the multiple missing entries on the refrigerator and freezer temperature logs. Staff member H stated, Employees just fill in the next line without looking at the date.During an interview on 6/28/26 at 1:52 p.m., staff member C said missing refrigerator and freezer temperature documentation was identified approximately a week earlier, was addressed with the dietary staff, and she needed to again remind staff to complete the logs in the a.m. and p.m. as shown on the log.Review of the facility's refrigerator and freezer temperature log showed there were no temperatures documented in the a.m. or the p.m. on 6/18/26, 6/24/26, 6/25/26, 6/26/26, and 6/27/26. There were no temperatures recorded in the a.m. on 6/19/26 and 6/23/26.Review of the facility's most recent Monthly Sanitation and Safety Audit completed on 2/20/26 at 7:00 a.m., identified refrigerator and freezer temperature monitoring concerns, noting routine temperature documentation was missing.Review of the facility's policy titled, Food Safety and Storage, released on 11/28/2017, showed, Policy: The facility stores and handles all food, non-food items and food preparation supplies in a manner that ensures safety, sanitation, and compliance with federal, state, and local regulations.Procedure.Temperature Control.4. Refrigerator and freezer temperatures shall be monitored and documented at least once daily, or more frequently as determined by the facility assessment, equipment reliability, or local/state health code requirements.2. During an interview and observation on 6/28/26 at 8:40 a.m., staff member G stated she had checked breakfast food temperatures before meal service but had not documented the temperatures. The food temperature log hanging on the wall behind the service area showed no logs for the date of 6/28/26; the last date on the temperature log was 4/5/26, demonstrating food temperatures had not been routinely recorded for an extended period. Staff member G obtained temperatures of the food on the serving line. The cream of wheat cereal measured 125 Fahrenheit, below the recommended holding temperature of 135 Fahrenheit.During an interview on 6/28/26 at 1:52 p.m., staff member C stated the facility does not have a temperature log showing what the serving temperatures were prior to service. Staff member C stated the facility was in the process of implementing the system.A review of the facility's Monthly Tray line Observation, dated 2/19/26, showed: .Spreadsheets are visible and in use? - Spreadsheets put in use today.- No temperatures were recorded on each item for each diet.Recommendations included: . Take and document temperatures of all foods served (hot, cold and texture altered).A request was made for food temperature logs for the last 30 days on 6/28/26 at 5:05 p.m. Staff member A stated the facility did not have the requested documentation. No temperature logs were provided before the end of the survey.3. During an observation on 6/27/26 at 3:15 p.m., the following were observed:- All ceiling air vents in the food preparation/service areas in the kitchen were observed with an accumulation of dark brown to black dust and debris covering the perforated vent grilles. The accumulation was significant with a dense circular pattern over the area of each vent, showing the vents had not been cleaned for an extended period.- A wall mounted ventilation fan located near the refrigerator and (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	freezer was observed with heavy buildup of dust, grease, and debris on the metal grille, fan blades and fan frame. Numerous dark specks of accumulated grease and debris were observed on the adjacent wall and the ceiling tiles directly above. The buildup adhered to multiple surfaces near the fan showing the fan and area surrounding had not been routinely cleaned.- Ceiling mounted fluorescent light fixtures located throughout the food preparation and service areas in the kitchen were observed with visible accumulations of dust, grease, and debris along the exterior housing and edges of the fixtures. The buildup was evident along the upper surface and seams of the light fixtures directly above areas used for food preparation and service.- Numerous ceiling tiles throughout the kitchen showed discoloration, stained and soiled surfaces. The ceiling tiles surrounding the ventilation and lighting fixtures displayed widespread staining, with darkened seams and water-like discoloration extending across multiples tiles. The stained ceiling tiles were located directly above food preparation equipment and work surfaces.During an interview on 6/28/26 at 1:37 p.m., staff member F stated she had completed a sanitation audit in late February of 2026 at the facility's request and had not performed another audit since that time.During an interview on 6/28/26 at 1:52 p.m., staff member C recognized the ventilation fans and ventilation grilles required cleaning and stated she had discussed the need for cleaning with the chief executive officer on a prior occasion.Review of the facility's document titled, Monthly Kitchen Checklist for June 2026 showed, .3. Take down exhaust vents and thoroughly clean: Blank.5. Clean Fans.: Blank .Review of the facility's most recent monthly sanitation and safety audit completed on 2/20/26 at 7:00 a.m., showed:- Ceiling vent covers and the fan were dirty.- Sprinkler heads and vents were dusty.- Wall fan needed cleaned.Review of the facility's policy titled Kitchen Cleaning Schedule, released 9/18/25, showed: Policy: The facility is committed to maintaining a clean, safe and sanitary food service environment in accordance with federal, state, and local health regulations. All kitchen equipment, surfaces and utensils will be cleaned and sanitized using approved procedures to prevent contamination and ensure the health and safety of residents. Cleaning responsibilities will be clearly assigned, scheduled, and monitored to promote accountability and compliance with best practices in food safety.The facility demonstrated a lack of effective oversight within the dietary department. The lack of an employed Certified Dietary Manager contributed to the facility's failure to implement and monitor food safety practices, including temperature monitoring and sanitation.		

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview, and record review, the facility failed to ensure menus were planned and followed as approved; and failed to obtain registered dietitian approval prior to implementing facility-wide menu substitutions, including substitutions affecting therapeutic diets and altered food textures. The deficient practice resulted in residents receiving meals that differed from the approved menu and therapeutic menu extensions without prior review to ensure nutritional equivalency, affecting all residents who were served food from the kitchen. If the failure is not corrected, it may affect all residents at the facility in some manner as related to meal services and nutrition. Findings include: During an observation and interview on 6/27/26 at 2:52 p.m., staff member D stated dinner would consist of a chef's salad and said she needed to figure out something different for residents receiving minced and moist and pureed diets because they could not consume the chef's salad. Review of the posted week two menu showed the scheduled dinner for 6/27/26 was a chef's salad, dinner roll, choice of dressing, chocolate frosted peanut butter bar and milk. Observation further showed there was no posted menu or therapeutic menu extension identifying the required meal conversion for therapeutic diets and altered textures. During an observation on 6/27/26 at 5:32 p.m., the residents seated at the assisted table who required altered textures were served thickened tomato soup, pureed roast beef and butterscotch pudding, a meal that differed from the approved menu. There was no evidence the substitution had been reviewed or approved by the Registered Dietitian prior to service. During an interview and observation on 6/28/26 at 8:40 a.m., the breakfast menu for week three showed a choice of cereal, French toast with butter and syrup, sausage links, banana, and milk. The breakfast menu for week two showed a choice of cereal, waffles with fruit topping and whipped cream, sausage patty, orange wedges, milk, and a choice of vitamin C juice. Staff member G said waffles, the choice of cereal, and sausage patties were being served for breakfast that morning and further stated scrambled eggs were also being prepared because the kitchen was running low on waffles. Observation showed fruit topping, whipped cream, and orange wedges identified on the week two menu were not served for breakfast, and staff member G said the facility was out of the menu items. Staff member G served the week two breakfast menu despite 6/28/26 being the beginning of week three, resulting in residents receiving a meal inconsistent with the approved menu cycle. During an interview on 6/28/26 at 1:25 p.m., staff member E said any menu substitution required approval by the registered dietitian. Staff member E explained the facility utilized a menu system that identified therapeutic diet and texture modifications for staff to follow and stated she would expect to be notified before any facility-wide menu substitution occurred. During an interview on 6/28/26 at 1:37 p.m., staff member F said the facility's menu program contained menu extensions identifying therapeutic textures and therapeutic diets, including pureed, minced, and moist, cardiac, renal, and fortified diets. Staff member F explained that daily spreadsheets corresponded with the menu and recipe books were available for staff reference. She further stated that menu substitutions were submitted to the registered dietitian by email for approval to ensure a nutritionally equivalent replacement. Staff member F stated she had not received any requests for menu substitutions for the last month. During an interview on 6/28/26 at 1:52 p.m., staff member C said menus changed weekly and the new menu for the next week began each Sunday. Staff member C said the breakfast served that morning consisted of waffles and sausage and stated she would document the substitution and email the registered dietitian after the fact. Staff member C also identified the location of the menu books available for staff reference. During an interview on 6/28/26 at 1:57 p.m., (continued on next page)		

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	staff member D said she went with what worked for the therapeutic texture modifications in place of the chef's salad. Staff member D stated she did not get approval for the substitution of the thickened tomato soup, pureed roast beef, and butterscotch pudding. Review of the facility's menu spreadsheet, showing the menu extension for the therapeutic diets, showed conversions of therapeutic textures and diets. Review of the facility's policy titled Menu Development, Substitutions and Implementation, revised on 8/1/23, showed: . Procedure1. Menu Planninga. Menus are planned in advance for regular and therapeutic diets.b. Menus must: .iii. Be reviewed for nutritional adequacy by a Registered Dietitian.c. The approved diet manual is used as a reference and is: .iii. Accessible to medical, nursing and culinary staff.3. Menu Approval and Postinga. Menus are approved by the Registered Dietitian initially and upon significant changes.b. Menus and extension for therapeutic diets are:i. Posted in the kitchen or accessible electronically.ii. Posted in resident areas and nursing units in readable format.		