STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275093	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Luke Community Nursing Home	107 6th Ave S W Ronan, MT 59864

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 0880 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on interview and record review, the facility failed to ensure all infection control policies, and the list of reportable communicable diseases, were updated or reviewed annually. This deficient practice had the potential to affect all residents in the facility related to infection control prevention. Findings include:1. Infection Control PoliciesDuring an interview on 5/7/26 at 8:10 a.m., staff member A stated, I think we updated them [infection control policies] in 2024, and I think we looked at them [infection control policies] last year, too. We try to update our infection control policies annually.During an interview on 5/7/26 at 9:40 a.m., staff member C stated the infection control program and policies were reviewed two years ago and had not been reviewed since.Review of the following facility policies showed:- INFLUENZA IMMUNIZATION. Revised 06/2017. The facility provided an updated policy, IMMUNIZATION INFLUENZA, updated 5/7/26, after the start of the survey.- PNEUMOCOCCAL IMMUNIZATION. Revised 06/2017. The facility provided an updated policy, IMMUNIZATION PNEUMOCOCCAL, updated 5/7/26, after the start of the survey.- Antibiotic Stewardship Program (ASP). Effective Date: July 21, 2017, no revision date documented. - INFECTION CONTROL - PREVENTION. Updated 4/20/24, two years prior to the survey start date.2. Reportable Communicable DiseasesDuring an interview on 5/7/26 at 9:44 a.m., staff member D stated they would tell staff member A or B if there was a communicable disease to report.During an interview and record review on 5/7/26 at 9:48 a.m., staff member A stated the facility was supposed to report communicable diseases to the local county health department. Staff member A pointed to the document, Reporting of Communicable Diseases in Montana, dated March 2017, and stated, This is the sheet the health department sent us. Staff member B viewed the document and stated, I did not even notice the date; it is just the one I found real quick this morning. I think this is the one on their website. Staff member A stated, We need to update this [list of reportable diseases].Review of the Lake County health department website showed the current list of reportable communicable diseases was revised in June 20241, almost five years after the facility's list of communicable diseases was provided to the surveyor.REFERENCE1DPHHS, Communicable Disease Reporting, June 2004, https://www.lakemt.gov/244/Communicable-Disease (May 7th, 2026).

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