

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER Continental Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 Continental Dr Butte, MT 59701	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a sanitary kitchen by covering a hole in the floor where plumbing was being fixed with plywood, which was an uncleanable surface, and the wood could not be maintained for cleanliness. This failure could affect any resident receiving food from the kitchen. Findings include: During an observation and interview on 3/3/26 at 11:08 a.m., the [NAME] end of the kitchen had two, four by eight-foot sheets of bare plywood laying on the floor over areas where the tile was missing. The sheets of plywood had areas of various shades of black staining on them and the tile floor around the plywood had scattered debris and white/gray stains on it. Staff member E stated maintenance had to dig holes under the flooring to fix the drainpipes. Staff member E further stated the construction had been going on for approximately two weeks, and it was occurring at night when the kitchen was not in use. Staff member E stated they had draped plastic sheeting for barriers, to keep the dust out of the rest of the kitchen. During an interview with staff members F and G, on 3/3/26 at 11:16 a.m., staff member G stated they had hung permanent tenting around the areas of digging during construction, because there was a lot of sand and concrete that had to be dug through. Staff member F stated he didn't know what else to cover the missing tile with because he did not want to create a tripping hazard for staff. Staff member G further stated that the floor would be fixed in about a week, they were just waiting for the new tile. A review of a facility document titled, 2022 Food Code, U.S. Food and Drug Administration, showed: Cleaning of Equipment and Utensils 4-601 Objective 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (C) NONFOOD-CONTACT SURFACES OF EQUIPMENT shall be kept free of accumulation of dust, dirt, FOOD residue, and other debris. 4-602.13 Nonfood-Contact Surfaces. NONFOOD-CONTACT SURFACES OF EQUIPMENT shall be cleaned at a frequency necessary to preclude accumulation of soil residues. [sic] A review of a facility policy titled, Sanitation Inspection, with a copyright date of 2025, showed: Policy: It is the policy of this facility, as part of the department's sanitation program, to conduct inspections to ensure food service areas are clean, sanitary and in compliance with applicable state and federal regulations. Policy Explanation and Compliance Guidelines: All food service areas shall be kept clean, sanitary, free from litter, rubbish.</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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