

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Glacier Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 707 3rd St SE Cut Bank, MT 59427	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>41952</p> <p>Based on observation, interview, and record review, the facility was sharing nursing staff throughout their shifts with the connected assisted living without properly scheduling and coding on the accrued time on records. The facility failed to ensure the facility licensed nurses were always working in the nursing home. This deficient practice had the potential to affect any resident needing assistance in the nursing home. Findings include:</p> <p>During an interview on 4/10/24 at 3:13 p.m., staff member A stated the facility did not have a policy for staffing the nursing department but had a chart for the number nursing staff per shift. Staff member A stated there was one nurse every 12 hour shift. Staff member A stated the facility had just hired a medication aide, and had two to three CNA's per shift depending on census, but always more than what was listed on the chart.</p> <p>During an observation of the daily nursing staff posting and interview on 4/11/24 at 9:52 a.m., staff member D stated the + 1 ALF was included in the census on the daily nursing staff posting because nursing staff would also go to the Assisted Living through the double doors to bring meals and medications over to the one remaining resident. Staff member D stated the nursing staff did not clock out or change their pay code when they went to the assisted living during their shift.</p> <p>During an interview on 4/11/24 at 9:55 a.m., staff member C stated the nursing home nurses would go to the assisted living during their shifts to give medications. The last time during the day the nurses would go to the assisted living was approximately 5:30 p.m.</p> <p>During an interview on 4/11/24 at 10:50 a.m., staff member H stated the payroll coding was not different for nursing staff going to the assisted living from the nursing home because they just opened the door so they could walk between the two areas during their shift. Staff member H stated the nursing home nurses did not get any breaks working the night shift or weekends because there was only one nurse on at a time, and this nurse could not leave the nursing home floor.</p> <p>During an interview on 4/11/24 at 12:20 p.m., staff member A stated she was unaware of the requirements for not sharing nursing staff between the connected nursing home and assisted living. Staff member A stated the nursing staff going between the two was a recent change due to the assisted living losing two of its three residents. The change was why a medication aide was hired to assist the nurse to go to the assisted living when needed. Staff member A stated she never covered the floor as a nurse.</p> <p>(continued on next page)</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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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the nursing staff timecards for April 2024 did not show separate time punches, shifts, or codes for nursing staff working in the nursing home and assisted living.</p> <p>Review of the facility documents, Daily Nursing Staff Posting and Census, showed on multiple days of March 2024 and April 2024, the nursing home census was written in with, + 1 ALF to include the assisted living resident.</p> <p>Review of the March and April 2024 nurses schedule showed only one nurse scheduled to work a shift at a time in the nursing home.</p>		