

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 11/21/2024
NAME OF PROVIDER OR SUPPLIER Northern Pines Rehabilitation and Nursing		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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>41652</p> <p>Based on interview and record review, the facility failed to protect residents from verbal and physical abuse by other residents for 2 (#1 and #11) of 18 sampled residents. During the survey, it was found the facility had previously identified, investigated, and corrected the non-compliance for the abuse between resident #1 and resident #11. Findings include:</p> <p>Review of a Facility-Reported Incident, submitted to the State Survey Agency on 10/14/24, showed resident #s 1 and 11 were involved in an incident on 9/14/24. The incident was documented in the EHR, but not identified as potential abuse until several weeks later when staff member P did an audit of resident progress notes and identified the interaction as potential abuse.</p> <p>Review of a second Facility-Reported Incident, submitted to the State Survey Agency on 10/15/24, showed residents #s 1 and 11 were involved in another incident on 9/17/24 which was also not identified as potential abuse.</p> <p>During an interview on 11/19/24 at 9:07 a.m., resident #1 denied having any issues with any other residents.</p> <p>During an interview on 11/20/24 at 10:08 a.m., staff members A and B were interviewed regarding the facility's processes for identifying, reporting, and investigating allegations of abuse. Staff member B stated the IDT reviewed all progress notes daily, except on weekends. He stated this was how the facility identified any concerning resident care or safety issues. Staff member B stated the IDT reviewed the 9/14/24 and 9/17/24 progress notes for residents #1 and #11. The IDT did not identify the incidents as potential abuse. Staff member B stated this was the reason for not completing the required reporting and investigation.</p> <p>Review of the investigative documents involving the incidents between resident #1 and resident #11 showed staff member E attempted to talk to resident #1, on 9/16/24, regarding the incident and the resident ignored her. Staff member E also talked to resident #11 who said they (resident #1 and resident #11) got their wheelchairs hooked together when resident #11 was trying to go out the main entrance door, resulting in a verbal altercation. After a discussion with IDT, it was decided this was not abuse and did not need to be reported. The second incident occurred on 9/17/24. The investigative documents showed resident #1, while in his wheelchair, went behind resident #11 and kicked the rubber bumper on resident #11's motorized wheelchair. Upon review of the resident's progress notes by IDT and interviews with the witnesses, the IDT did not identify the incident as possible abuse.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 275104	If continuation sheet Page 1 of 4

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility document titled, Abuse Policy, dated 6/11/24, showed, . 1. The facility will ensure that all alleged violations involving abuse, neglect . are reported immediately, but no later than 2 hours, after the allegation is made . 2. All employees of this facility must immediately report any suspected, observed or reported incidents of resident abuse, neglect .</p> <p>Corrective Measures</p> <p>During EHR audits by staff member P, it was identified the two incidents between resident #1 and resident #11, which occurred on 9/14/24 and 9/17/24, were identified as abuse. Staff member P notified staff member B, the abuse coordinator, of the need to investigate and report both incidents.</p> <p>During an interview on 11/20/24 at 10:08 a.m., staff member A stated he identified the need for additional training for staff regarding the identification and reporting of suspected abuse. Staff member A stated staff member P audited all resident progress notes and identified the incidents between resident #1 and resident #11 as possible abuse, which should have been investigated and reported. Staff member A stated the IDT was given education on abuse identification and reporting on 10/10/24.</p> <p>Review of the facility document titled, Employee Education and Inservice Form, dated 10/10/24, showed the members of the IDT received education regarding the identification, investigation, and reporting of abuse allegations.</p> <p>Review of the minutes from the QAPI meeting, dated 10/10/24, showed the committee discussed the abuse identification and reporting issue and planned staff education for the next all staff meeting (scheduled 10/23/24).</p> <p>Review of the minutes from the facility all staff meeting, dated 10/23/24, showed the rest of the staff were provided education regarding the identification, investigation, and reporting of allegations of abuse between residents.</p> <p>Staff member P continued to audit resident progress notes to ensure no incidents of possible abuse were missed. The corrective action for the deficient practice was completed on 10/23/24, with ongoing monitoring by staff member P.</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>41652</p> <p>Based on interview and record review, the facility failed to report allegations of abuse to the State Survey Agency within 24 hours of the incident for 2 (#s 1 and 11); and failed to submit the results of an investigation within 5 working days for 1 (#12) of 18 sampled residents. Findings include:</p> <p>1. Review of a Facility-Reported Incident, submitted to the State Survey Agency on 10/14/24, showed resident #s 1 and 11 were involved in an incident on 9/14/24. The incident was documented in the EHR but not identified as potential abuse until 10/14/24, when the abuse allegation was reported on the State's reporting portal. The incident was identified as an abuse allegation when staff member P did an audit of resident progress notes and identified the interaction as potential abuse.</p> <p>Review of a second Facility-Reported Incident, submitted to the State Survey Agency on 10/15/24, showed residents #s 1 and 11 were involved in another incident on 9/17/24, which was not initially identified as potential abuse. The incident was identified as an abuse allegation when staff member P did an audit of resident progress notes and identified the interaction as potential abuse.</p> <p>During an interview on 11/20/24 at 10:08 a.m., staff members A and B were interviewed regarding the facility's processes for identifying, reporting, and investigating allegations of abuse. Staff member B stated the IDT reviewed all progress notes daily, except on weekends. He stated this was how the facility identified any concerning resident care or safety issues. Staff member B stated the IDT reviewed the 9/14/24 and 9/17/24 progress notes for resident #1 and resident #11. The IDT did not identify the incidents as potential abuse. Staff member B stated this was the reason for not completing the required reporting in a timely manner. Staff member A stated he identified the need for additional training for staff regarding the identification and reporting of suspected abuse. Staff member A stated staff member P audited all resident progress notes and identified the incidents between resident #1 and resident #11 (9/14/24 and 9/17/24) as possible abuse, which should have been investigated and reported to the State Survey Agency within 24 hours of the incident.</p> <p>Review of the investigative documents involving the incidents between resident #1 and resident #11 showed staff member E attempted to talk to resident #1, on 9/16/24, regarding the incident, and the resident ignored her. Staff member E also talked to resident #11 who said they (resident #1 and resident #11) got their wheelchairs hooked together when resident #11 was trying to go out the main entrance door, resulting in a verbal altercation. After a discussion with IDT, it was decided this was not abuse and did not need to be reported. The second incident occurred on 9/17/24. The documents showed resident #1, while in his wheelchair, went behind resident #11 and kicked the rubber bumper on resident #11's motorized wheelchair. Upon initial review of the resident's progress notes and interviews with the witnesses, the IDT did not identify the incident on 9/17/24 as possible abuse, although #1 acted purposefully.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility document titled, Abuse Policy, dated 6/11/24, showed, The facility will ensure that all alleged violations involving abuse, neglect . are reported immediately, but no 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 administration of the facility . [sic]</p> <p>2. Review of a Facility-Reported Incident, submitted to the State Survey Agency on 9/17/24 showed resident #12 had reported two CNAs were rough during her cares approximately two weeks prior. The results of the investigation were due to be submitted by 9/24/24, and were not submitted until 9/26/24.</p> <p>During an interview on 11/20/24 at 10:08 a.m., staff members A and B were interviewed regarding the submission of abuse allegations. Staff member B stated he was aware of the five day time limit for submitting results of the investigation. Staff member B stated he had been having trouble with the reporting portal and needed more training with it. Staff member B stated he missed the deadline because of his lack of knowledge of how the portal worked.</p> <p>Review of the facility document titled, Abuse Policy, dated 6/11/24, showed, The Administrator or designee shall report the results of all investigations to the State Survey Agency within 5 working days of the incident .</p>