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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275111 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/06/2025 |
| NAME OF PROVIDER OR SUPPLIER Laurel Health & Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 820 3rd Ave Laurel, MT 59044 | |

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) |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48268</p> <p>Based on interview and record review, the facility failed to exercise reasonable care for the protection of a cognitively impaired resident's property from loss or theft, when the resident admitted with a very large sum of money, which was in his possession, but was not returned or found upon the resident's death, for 1 (#57) of 6 sampled residents. Findings include:</p> <p>Review of a facility-reported event, submitted to the State Survey Agency on 12/31/24, showed resident #57 was admitted to the facility on [DATE] and passed away on 11/30/24; the resident had \$891.00 in cash which was noted on the resident's inventory on his admission, and there was \$833.00 unaccounted for when resident #57's wallet was returned to the resident's spouse.</p> <p>During an interview on 5/6/25 at 2:22 p.m., NF1 stated #57 was at the facility for 12 days, and passed away on 11/30/24. NF1 stated when the resident was admitted, she was not asked to address the safekeeping of the \$891.00 in cash in the resident's possession. NF1 stated after #57 passed away, the facility staff contacted her to collect the resident's belongings, and when she arrived home, she realized that his wallet only contained \$58.00 in cash. She contacted the facility; however, they were unable to locate the missing cash.</p> <p>Review of the resident's MDS admission assessment, dated 11/23/24, showed resident #57 was admitted with a BIMS score of 9, indicating moderate cognitive impairment.</p> <p>During an interview on 5/7/25 at 11:12 a.m., staff member B stated she would not expect a resident with a BIMS score of 9 to be able to make sound decisions for his care or his belongings.</p> <p>Review of the facility document titled, PERSONAL BELONGING INVENTORY, dated 11/18/24 and illegibly signed on the line for Center Representative, showed resident #57's personal belongings inventory included multiple items, including assistive devices, articles of clothing, as well as \$891.00 cash, a cell phone, a ring, a wallet, and a watch. The document showed, Upon discharge, use the (check mark) columns to indicate that all personal belongings are accounted for. There were no check marks on the document column to show the inventory was accounted for on resident #57's death. The document was not signed by resident #57 or a resident representative.</p> <p>Review of resident #57's nursing progress note, dated 11/30/24 at 9:40 a.m., showed, Post-mortem bath given. Resident phone, watch and wedding ring are locked in the [NAME] Cart Narcotic cabinet. [sic]</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0584</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, Record of Death, dated 11/30/24, showed no entries on the form under the headings:</p> <ul style="list-style-type: none"> - Resident personal articles were taken by: - List of resident personal articles taken: <p>Review of resident #57's admission documentation failed to show the resident or his representative were asked to place the cash in the facility's safe at the time of admission, or how the facility educated the resident or his representative on the risk of keeping that much cash in the resident's possession or room.</p> <p>Review of resident #57's nursing, social service, and activity progress notes, lacked information or additional documentation regarding the \$891.00 cash in resident #57's possession, until 12/31/24, when NF1 contacted the facility regarding the missing cash.</p> <p>The facility did not show how they exercised reasonable care for the protection of resident #57's property from loss or theft, failed to take into consideration the resident's cognitive ability to make safe decisions for his belongings, failed to adequately document any attempts to keep resident #57's belongings safe, failed to identify the missing cash by not reconciling the admission inventory list, and failed to address the system failure through the facility's QAPI process.</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>48268</p> <p>Based on interview and record review, facility staff failed to report investigative findings for a reportable event, within the required timeframe, for 1 (#4) of 6 sampled residents. Findings include:</p> <p>Review of a facility-reported incident, submitted to the State Survey Agency on 3/11/25, showed resident #4 had an unwitnessed fall in the bathroom, and #4 sustained a humerus fracture. The facility's investigative findings were not reported to the State Survey Agency until 3/19/25; one day after the submission deadline.</p> <p>During an interview on 5/7/25 at 1:23 p.m., staff member B stated she had been responsible for submitting the facility's reportable incidents through the Bounds system after the previous Administrator resigned. Staff member B stated the findings for all investigations should be reported to the State Survey Agency within five working days of the date the incident occurred. Staff member B stated she was aware of the delay in completing the investigative report of findings on the 3/11/25 fall incident, but did not recall why the delay occurred.</p> <p>During an interview on 5/7/25 at 3:08 p.m., staff member C stated the initial report, investigation, and final report of findings were staff member A's responsibility, however staff member B had been responsible for completing them until staff member A was fully oriented to the facility and processes.</p> <p>During an interview on 5/7/25 at 4:05 p.m., staff member C stated staff member B had been aware of the delay in submission and had reported it to the QAPI committee on 3/19/25. The QAPI committee had developed a performance improvement plan (PIP) for facility incident reporting which began on 3/19/25 and remained ongoing.</p> <p>Review of the facility document titled, Inservice Education Summary, dated 3/19/25, showed staff member B received education regarding the identification, investigation, and reporting of abuse allegations.</p> <p>Review of the facility document titled, Performance Improvement Plan, dated 3/19/25, showed the facility's plan of correction and a compliance date of 4/22/25, and a plan for ongoing monitoring by QAPI committee monthly over a minimum of three months.</p> <p>Review of the facility document titled, Inservice Education Summary, dated 3/25/25, showed all staff re-education regarding the identification, investigation, and reporting of abuse allegations.</p> <p>Review of the facility document titled Initial Audits-State Reportable Incidents, dated 3/19/25, showed a retrospective audit of all reportable incidents between 12/8/24 and 3/19/25. No additional late reports were identified at that time.</p> <p>(continued on next page)</p> |

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| F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Review of the agenda and minutes from the QAPI committee meeting, dated 4/22/25, showed the committee had reviewed the late reporting issue and was monitoring the performance improvement plan (PIP) progress. | | |

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| <p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>48268</p> <p>Based on interview and record review, the facility failed to identify or correct deficient practice(s) through the utilization of their QAPI process related to facility-reported events and personal belongings inventory management for 1 (#57) of 6 sampled residents. The deficient practice placed all residents at elevated risk for theft or loss of personal belongings. Findings include:</p> <p>During an interview on 5/5/25 at 12:02 p.m., staff member C stated the QAPI committee reviewed reportable events as part of their monthly agenda. Staff member C stated the previous administrator would have been responsible for resident #57's facility-reportable event submission, tracking, and reporting to QAPI, however the previous administrator was no longer employed by the facility. Staff member C stated the new administrator was out of town and unavailable for interview.</p> <p>Review of a facility-reported event, submitted to the State Survey Agency on 12/30/24, showed resident #57's family reported missing approximately \$800 in cash that was inventoried on admission. The family reported the missing cash after coming to the facility to pick up resident #57's belongings after his death.</p> <p>Review of resident #57's admission documentation showed \$891.00 cash. No additional documentation was located to show the disposition of the cash at the time of admission.</p> <p>Review of resident #57's EHR failed to show any documentation regarding the cash, until 12/30/24, when resident #57's spouse called the facility to report cash missing from the resident's wallet.</p> <p>A request was made for QAPI documentation to show the committee was notified of the facility-reported event, specifically the facility's system failure to adequately track the personal belongings of residents from admission through discharge, and any performance improvement plans (PIPs) to address and correct the failure. No additional documentation was received by the end of the survey period.</p> <p>During an interview on 5/6/25 at 4:05 p.m., staff member C stated there was no documentation to show that QAPI was notified or aware of the missing cash noted in the facility-reported event, and there was no PIP in progress for residents' personal property inventory management and or system concerns related to personal belongings.</p> | | |