STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275122	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crest Nursing Home	3131 Amherst Ave 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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. 45447 Based on observation, interview, and record review, the facility failed to change and label resident oxygen tubing for 4 (#s 4, 28, 33, and 34) of 5 sampled residents for respiratory care. This deficient practice had the potential to increase the incidence of respiratory disease for residents using supplemental oxygen in the facility. Findings include: 1. During an observation on 3/26/24 at 2:58 p.m., resident #34 was lying in bed with a nasal cannula on. The cannula tubing was labeled and dated, on a piece of tape, as 3/13, thirteen days prior. During an interview on 3/26/24 at 3:27 p.m., NF2 stated he had concerns about resident #34's oxygen. NF2 stated he felt the staff had not been paying attention to the resident's oxygen level and did not think they were looking at her tubing. During an observation and interview on 3/27/24 at 1:28 p.m., staff member G was changing the tubing on resident #34's oxygen concentrator. Staff member G stated resident #34's tubing was changed every Wednesday and was dated with a piece of tape on the tubing. Staff member G stated resident #34's oxygen tubing should have been changed last Wednesday on 3/20/24. During an interview on 3/27/24 at 4:24 p.m., NF3 stated prior to her admission to the facility, resident #34 was in the hospital for respiratory failure with hypoxia (lack of oxygen), and had been titrated down to two liters of oxygen. During an interview on 3/28/24 at 8:15 a.m. with staff members A and C, staff member A stated she expected the nursing staff to change oxygen tubing, and the tubing should have been labeled with tape, or something easily seen. Staff member C stated nurses could delegate oxygen tubing changes to the CNAs, but the nurses often changed it themselves. Review of resident #34's TAR showed, RESPIRATORY TREATMENT: Change oxygen tubing 1 x wk (week). Wednesday AM first date: 10/18/2023. The TAR showed the oxygen tubing was charted as completed on 3/20/24 by staff member F. 2. During an observation on 3/26/24 at 2:52 p.m., resident #33 was in bed, and had a nasal cannula on, and the tubing was without a label containing the date it was last changed. During an observation on 3/27/24 at 1:37 p.m., resident #33 was sitting up in his wheelchair, with his nasal cannula on, and the tubing was undated. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/27/24 at 2:43 p.m., staff member H stated the nursing staff knew to change the oxygen tubing based on the date on the piece of tape on the oxygen tubing. Staff member H stated if she did not see a piece of tape on oxygen tubing, I would just change the tubing and write the date on a piece of tape. The tubing is supposed to be changed once a week. Review of resident #33's TAR showed an order for, RESPIRATORY TREATMENT: Change oxygen tubing with equipment maintenance 1 x wk. daily AM Saturday first date: 03/16/2024. The TAR showed the resident received the tubing change on 3/23/24. Review of resident #33's EMR showed diagnoses for Pneumonia, Chronic Obstructive Pulmonary Disease, and Obstructive Sleep Apnea. 3. During an observation and interview on 3/26/24 at 2:46 p.m., resident #4 was lying in bed, with a nasal cannula on. The oxygen tubing was not labeled with a date of when it was last changed. Resident #4 stated she was always on oxygen due to COPD. During an observation on 3/27/24 at 1:39 p.m., resident #4's oxygen tubing was labeled with a piece of tape with the date 3/27. During an interview on 3/27/24 at 1:43 p.m., staff member F stated the protocol for oxygen tubing change included whoever changed the oxygen tubing, would put a piece of tape on it, with the date it was changed. Review of resident #4's TAR showed an order for, RESPIRATORY TREATMENT: Change oxygen tubing with equipment maintenance 1 x wk. daily AM Saturday first date: 03/16/2024. The TAR showed the resident received the tubing change on 3/23/24. Review of resident #4's EMR showed diagnoses of Chronic Respiratory Failure and Chronic Obstructive Pulmonary Disease. 47785 4. During an observation on 3/27/24 at 1:40 p.m., there was no tape on the oxygen tubing, showing the date when the oxygen tubing was last changed, for resident #28. Review of resident #28's electronic medical record showed the tubing was scheduled to be changed weekly. Review of the facility's policy, Oxygen - Appropriate Use, Management and Storage, reviewed 1/2024, showed: 2. Oxygen Management: .e . For oxygen supply changes, please ensure that in addition to the provider order for a 7-day (weekly) supply change, that you also document the weekly supply change in the eTAR and date/initial the supply change on the product when put into use .

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45447 Based on interview and record review, the facility failed to ensure a resident's GDR request was responded to by the physician, and completed, for 1 (#34) of 5 sampled residents for unnecessary medications. Findings include: Review of resident #34's MAR showed a physician order for, FLUoxetine HCl 40MG Capsule dose ordered: (1 capsule / 40mg) by mouth daily AM FOR: Depression. Administration Instructions: MEDICATION TO BE GIVEN WITH FLUOXETINE 20MG FOR A TOTAL OF 60MG. Review of resident #34's Consultant Pharmacist's Progress Notes showed: - January 2024: GDR for fluoxetine: Started on 20 mg daily on May 2, 2022 for 14 days, then increased to 40 mg daily. Dose reduced to 20 mg once daily on March 2, 2023. Dose increased to 40 mg once daily on May 3, 2023. Dose increased to 60 mg once daily on May 31, 2023. - February 2024: GDR for fluoxetine: . Dose increased to 60 mg once daily on May 31, 2023. No response to request sent in [DATE]. - March 2024: GDR for fluoxetine: . No response to request sent in [DATE]. Surveyors requested the Fluoxetine GDR request from the pharmacy for January 2024, for resident #34, on 3/27/24 at 5:12 p.m. Review of the facility provided request form showed it was completed on 3/27/24, the day it was requested by the survey team. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/28/24 at 7:47 a.m., staff member A stated the GDR response for resident #34 was completed by the physician the day prior, 3/27/24, and she would talk to staff member D about timeliness of the required GDR completions. During an interview on 3/28/24 at 8:10 a.m., staff member A stated staff member B was responsible for ensuring GDR requests were responded to by the physician, and for ensuring conversations with providers, about GDRs, were documented. Staff member A stated staff member D was probably waiting to respond due to the resident's hospice status, but there was no documentation of this. Review of the facility's policy, Psychoactive Medication Protocol, revised 10/22, showed: . 12. Required Gradual Dose Reductions: a. Compliance with the requirement to perform a GDR may be met if, for example, within the first year in which a resident is admitted on a psychotropic medication or after the prescribing practitioner has initiated a psychotropic medication, a facility attempts a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated.