STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275123	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Ridge Rehabilitation and Nursing LLC	1415 Yellowstone River Rd Billings, MT 59105

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure safe food labeling and storage in accordance with professional standards for food service safety, and failed to maintain sanitary and clean conditions including employee hygiene. These deficient practices affected all residents receiving food services from the facility kitchen and dietary staff. Findings include: 1. During an observation of the kitchen on 1/12/26 at 12:40 p.m., the following conditions were present:- The kitchen floor was soiled with white, brown, and black debris resembling crumbs and dirt. It did not appear to have been cleaned for some time. At the edge of the floor, where the floor met the wall, a dark brown substance was present which had not been cleaned.- Underneath the counter tops, against the farthest wall from the kitchen entrance, there were shelves that had white, tan, and brown debris resembling crumbs and dirt, and there were clean containers and work equipment stored on the shelves, although the shelves were not kept clean. - Underneath the workstation, across from two refrigerators, there was white, tan, and black debris resembling crumbs and food particles with a tacky film covering the entire surface.- The gas stove burners were soiled with burnt food pieces and particles. Some of the burnt items were up to approximately one inch in diameter. - Three kitchen employees were preparing and cooking food, and all had facial hair that was not covered. - Plastic packing material was strewn on the floor of the walk-in refrigerator, and it has not been picked up. During an observation on 1/12/26 at 12:40 p.m., the following items had incomplete, missing, or expired dates, which also included items not stored properly in the kitchen and dry storage area: - One 50-pound bag of cane sugar was opened and not dated,- One opened container labeled cornbread and muffin mix, not dated,- One opened container labeled sugar, not dated,- One opened container labeled rice, not dated,- One container labeled flour, not dated,- One container labeled chocolate chips, dated 5/15/25 and 11/15/25,- One container labeled cornmeal, marked, Use by 5/10/25 expires in six months,- One container with a white flaky substance, not labeled or dated,- One container had a brown dried granular substance inside it, and three bread slices inside the container, and it was not labeled or dated,- One package of purple shredded cabbage, not labeled or dated,- Ten pitchers of different colored liquid substances, not labeled or dated,- One barrel, half full of a pink liquid (filled to the eight quart line), not labeled or dated,- One barrel, labeled tea, half full (filled to the eight quart line), marked with preparation date 1/1/26, use by date 1/8/26, - Three containers of vanilla yogurt, expiration date 1/3/26,- One open container of vanilla yogurt, expiration date 1/3/26, no opened date,- One open and unsealed package of sliced pepperoni, not dated,- One open and unsealed package of hot dogs, not dated,- One open package of ground beef, not dated,- One open and unsealed box of cheese tortellini pasta, not dated,- Two open and unsealed bags of frozen patties, not dated,- One open container of mayonnaise, not dated,- Five bags of corn chips, not dated,- One box of open and unsealed disposable Styrofoam food trays,- Five plastic lids were on the floor in the dry storage area,- One box of ketchup packets was located directly on the floor (not on a shelf), and,- One box labeled apple blend liquid was located directly on the floor (not on a shelf).During an interview on 1/12/26 at 1:00 p.m., staff member Q stated he had recently assumed the role of dietary manager. He reported that most kitchen employees were new, and he was in the process of training them on proper (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275123	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Ridge Rehabilitation and Nursing LLC	1415 Yellowstone River Rd Billings, MT 59105

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	procedures. Staff member Q stated that employees on each shift were responsible for labeling, dating, and properly storing food items, and he was unsure why these tasks were not being completed. Staff member Q stated he used a calendar to assign cleaning duties, and once complete, the employee would initial the date on the calendar. Staff member Q stated that over the past three months, many dates on the calendar lacked employee initials, reflecting the assigned work may not have been completed. Staff member Q stated beard nets were not required if the facial hair was shorter than one inch.2. During an observation of the kitchen, on 1/14/26 at 1:47 p.m., the following concerns were still present, which were identified the day prior, showing the areas were not cleaned or addressed the prior day: - Underneath the counter, against the farthest wall from the kitchen entrance, shelves contained debris resembling crumbs and dirt where clean containers and work equipment were still stored.- Underneath the workstation, across from two refrigerators, there was still debris resembling crumbs and food particles with the tacky film covering the entire surface.- The gas stove burners were covered with a large number of black burnt food particles. Some particles were up to approximately one inch in diameter.- One kitchen employee was cooking food without wearing a beard cover, and the employee had facial hair. During an observation on 1/14/26 at 1:47 p.m., the following items had incomplete, missing, or expired food dates, which also included items not stored properly in the kitchen and dry storage area, and some were present on the prior observation: - One container with a brown dried granular substance and three bread slices inside the container, not labeled or dated,- Three containers of vanilla yogurt, expiration date 1/3/26,- One open container of vanilla yogurt, expiration date 1/3/26, no opened date,- One open and unsealed package of sliced pepperoni, not dated,- One open and unsealed box of cheese tortellini pasta, not dated,- Two open and unsealed bags of frozen patties, not dated,- One open container of mayonnaise, not dated,- One opened 32-ounce container of liquid whole eggs, not dated,- One box of open and unsealed disposable Styrofoam food trays, and- Three plastic lids were on the floor in the dry storage area.During an interview on 1/14/26 at 2:00 p.m., staff member Q stated he instructed an employee on the evening of 1/13/26 to clean out the walk-in refrigerator. Staff member Q stated the employee may have misunderstood the instructions, as outdated and expired food items remained in the refrigerator. Staff member Q stated all employees with facial hair who work in the kitchen should wear beard nets. Staff member Q stated one staff member with facial hair was not wearing a beard net, and he would remind him again (to wear a beard net).A review of a facility policy titled Food Safety Requirements, dated 4/11/25, showed: Policy: . Food will also be stored, prepared, distributed and served in accordance with professional standards for food service safety.Policy Explanation and Compliance Guidelines:. b. Storage of food in a manner that helps prevent deterioration or contamination of the food, including growth from microorganisms.3. Facility staff shall inspect all food, food products, and beverages for safe transport and quality upon delivery/receipt and ensure timely and proper storage.b. Dry food storage- keep foods/beverages in a clean, dry area off the floor. iv. Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable)/discarded; andv. Keeping foods covered or in tight containers.7. Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects.d. Dietary staff must wear hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent hair from contacting food. [sic]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275123	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Ridge Rehabilitation and Nursing LLC	1415 Yellowstone River Rd Billings, MT 59105

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on interview and record review, the facility failed to maintain documentation of staff COVID-19 vaccine status and ensure staff were provided information on obtaining the COVID-19 vaccine. Findings include:During an interview on 1/15/26 at 10:19 a.m., staff member H stated she and staff member B divided up the Infection Preventionist duties. Staff member H stated staff member B was responsible for the COVID-19 vaccination status of staff at the facility.During an interview on 1/15/26 at 12:22 p.m., staff member B stated the facility did not maintain documentation of the staff COVID-19 vaccine status. Staff member B stated when new employees went through the onboarding process they were asked to provide documentation of their COVID-19 vaccine status. New employees were verbally told the facility did not offer the COVID-19 vaccine and if they wanted it, they could go to a pharmacy to get it. Staff member B stated she did not maintain a comprehensive list of the COVID-19 vaccine status of employees or document whether or not the staff member had received it or not. The facility had just begun requiring annual COVID-19 education for staff. The facility's online education portal (Relias) had a COVID-19 module which was new for this year. A verbal request was made for documentation of the COVID-19 vaccine status of staff. No documentation was provided prior to the end of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275123	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Ridge Rehabilitation and Nursing LLC	1415 Yellowstone River Rd Billings, MT 59105

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide medically-related social services to help each resident achieve the highest possible quality of life. Based on observation, interview, and record review, the facility failed to ensure effective social services were provided to a resident needing assistance in accessing social security disability benefits for 1 (#79) of 29 sampled residents. The failure resulted in prolonged financial stress for the resident in excess of one year's time, and multiple staff were aware of the resident's need for assistance, but failed to intervene, showing a pattern of not addressing the resident's need for help. Findings include:During an observation and interview on 1/13/26 at 2:12 p.m., resident #79 was observed sitting in a wheelchair in her room. Resident #79's right hand was missing four fingers and was severely contracted at the thumb and wrist. Resident #79's speech was slightly muffled, with a delayed speech pattern. Resident #79 stated she had been at the facility approximately 14 months, and stated she was at the facility due to drug abuse, Parkinson's disease, and was unable to care for herself. Resident #79 stated she had been trying for a long time to obtain access to her social security disability benefit and had spoken with five different staff members over the last six or seven months about getting the disability income without success. Resident #79 stated she could not use her Social Security Direct Express payment card, as Social Security had informed her of the need to verify her identity and address before she could be granted access to the funds in her account. Her previous state-issued identification card was lost. She had been collecting donations from friends within the facility to help her purchase a new identification card. Resident #79 stated she was hoping to obtain just a little money for necessities, and stated the facility was receiving her disability payments. Resident #79 stated, I was hoping the facility could get a little more money from disability since I lost my fingers in August (2025), and maybe there could be a little left over for me to buy a few things.During an interview with staff members A and P on 1/13/25 at 2:30 p.m., staff member A stated resident #79 did not have disability benefits and therefore was not entitled to a monthly stipend. Staff member P stated, It's a cruel system, but there is nothing we can do . She only has Medicaid.During an interview on 1/13/26 at 4:03 p.m., resident #79 stated she had talked to multiple individuals in business services, social services, and the local ombudsman to help her, .try to get just a little money from my disability payment for things like a new pair of sneakers or some toiletries; just a few necessities.During an interview on 1/14/26 at 11:22 a.m., staff member C stated she had been in her position since August of 2025. There were two individuals previously in her role within the past year. Staff member C stated she did not have information or notes from the previous two individuals regarding resident #79. Staff member C stated resident #79 came to her approximately two months earlier and had asked her (staff member C) to help obtain a birth certificate, so she could obtain a new state identification card. Staff member C stated she filed the paperwork, with the understanding the birth certificate could take one to two months to arrive. Staff member C stated she did not know, and did not ask, why resident #79 needed the new identification card. Staff member C stated resident #79 had asked her if the facility could receive more money from Social Security disability benefits due to her recent right hand impairment. Staff member C stated she told resident #79 she did not know anything about her disability income, and referred her to staff member P.During an interview on 1/14/26 at 11:55 a.m., staff member P stated resident #79 came to her to ask if the facility could get more disability funding for her due to her right-hand disability. Staff member P stated she referred her back to staff member C.During a phone interview on 1/15/26 at 9:57 a.m., NF1 stated she was aware of resident #79's desire to obtain a new birth certificate and state-issued identification card. NF1 stated she last heard an update regarding resident #79's situation before Christmas, when the facility had submitted the request for the birth certificate. NF1 stated she also addressed resident #79's disability income concerns to staff member P at the same visit.Review of a document provided by resident #79, titled, Supplemental Security Income Notice of Change in Payment, dated 11/26/23, showed, We plan to increase your monthly Supplemental Security Income (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275123	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Ridge Rehabilitation and Nursing LLC	1415 Yellowstone River Rd Billings, MT 59105

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(SSI) payment from $914.00 to $943.00 beginning January 2024 . Your bank or other financial institution will receive your monthly payment of $943.00 around January 1, 2024, and on the first of each month after that.Review of resident #79's telehealth psychiatric progress note, dated 1/6/25, showed, Telehealth coordinator (NF5) reports: 'she lost or (was) stolen her social security card that her money comes in on.' 'she's also been reapplying for medicaid'. [sic]Review of resident #79's psychiatric provider note, dated 4/2/25 showed, Upon interview today, she reports having stress related to financial problems. She is future oriented in regard to obtain(in)g a birth certificate so she can apply for SSI. [sic]Review of resident #79's social service note, dated 7/21/25, showed, Resident filled out application for vital statistics NV to obtain birth certificate. Next to get funds for copy and mail application. [sic]Review of resident #79's social service quarterly note, dated 11/26/25, showed, Advanced Directives: DNR Cognitive Status: Cognitively intact with a BIMS of 14. [Resident #79] is friendly and interactive. She is able to make all needs known. Mood/Behaviors: No behaviors noted this last quarter. PASRR status: Level 1, Level 2 submitted no response, will check with DEAP Wandering/elopement/LOA: No risk Smoking/Substance Use: Yes Specialty Referrals: None at this time. Discharge Plan: Staying long time. [sic]No additional social service notes were located in resident #79's electronic health record from admission through the end of the survey period. Interviews and record reviews showed resident #79 had reached out to multiple individuals and staff members seeking assistance with her Social Security disability payment for over one year without resolution.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275123	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Ridge Rehabilitation and Nursing LLC	1415 Yellowstone River Rd Billings, MT 59105

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and record review, the facility failed to complete the written transfer notice for a resident sent to the hospital showing the need for the transfer, for 1 (#44) of 29 sampled residents. Findings include:During an interview on 1/13/26 at 11:35 a.m., resident #44 stated he remembered being hospitalized a couple of times in 2025. Resident #44 stated he did not remember getting any paperwork prior to being transferred to the hospital.Review of resident #44's Notice of Discharge/Transfer, dated 7/22/25, failed to show the reason for the transfer. The form showed the resident's name at the top, with his signature and date on the bottom. The line for Need that cannot be met: was blank.During an interview on 1/15/26 at 10:45 a.m., staff member E stated she was working on the day resident #44 was transferred to the hospital (7/22/25) for care. Staff member E stated she signed and dated the form but could not explain why the reason for the transfer was not completed.Review of the facility policy titled Transfer and Discharge (including AMA), dated 4/11/25, showed the facility's transfer/discharge notice was to be provided to the resident and the resident's representative. The policy also showed, The notice will include all of the following at the time it is provided: a. The specific reason and basis for transfer or discharge.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275123	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Ridge Rehabilitation and Nursing LLC	1415 Yellowstone River Rd Billings, MT 59105

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on observation, interview, and record review, the facility failed to accurately complete the MDS assessments for 2 (#s 6 and 67) of 29 sampled residents. Findings include:1. During an observation on 1/13/26 at 8:45 a.m., resident #6 was wheeled into the dining room for breakfast. Resident #6 was assisted with set up of her breakfast items and was able to feed herself independently. Review of resident #6's weight measurement, dated 11/17/25, showed she weighed 235 pounds at the time she was admitted to the facility. Review of resident #6's weight measurement, dated 12/1/25, showed the resident weighed 222 pounds. The 13-pound decrease calculated to 5.5% of her total weight. Review of resident #6's 5-day MDS Assessment, with an ARD of 12/1/25, failed to trigger unplanned weight loss. During an interview on 1/15/26 at 12:28 p.m., staff member D stated she completed the 5-day MDS Assessment (ARD 12/1/25) for resident #6. Staff member D stated she calculated the resident's percentage of weight loss incorrectly and therefore failed to trigger unplanned weight loss. Staff member D stated she would submit an MDS correction. 2. During an observation and interview on 1/14/26 at 10:24 a.m., resident #67 was lying in his bed, awake. Resident #67 was noted to have no natural teeth and no dentures in place during the interview. Resident #67 stated, I have some dentures there in the drawer, but I don't wear them . the bottom teeth are supposed to snap in place, but they don't fit right . they are loose and uncomfortable, so I don't wear them . I have a full set; upper and lower. During an interview on 1/14/26 at 11:55 a.m., staff member C stated resident #67 did not usually wear his dentures, and lost them for a brief time, but they were located and returned during the survey. Staff member C stated resident #67 described his lower denture as having one missing tooth and told her they did not fit correctly. During an interview on 1/15/26 at 9:45 a.m., staff member D was unable to recall if resident #67 had dentures. During the interview, staff member D reviewed resident #67's MDS admission assessment and stated she believed it was correctly coded to show he does not have loose fitting or broken dentures. Staff member D stated the MDS assessments were completed using record review, resident interview, and physical assessment. Review of resident #67's Nutrition/Dietary note, dated 6/17/25, showed, [Resident #67] also says he is edentulous, he has dentures but doesn't wear them. Review of resident #67's admission MDS Assessment, with an ARD of 6/16/25, showed the following information in Section L Oral/Dental Status: L0200. Dental . A. Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose). Facility response showed No, to show resident #67 did not have broken or loose fitting full or partial denture (chipped, cracked, uncleanable, or loose). As the resident stated he had dentures which did not fit, the answer should have been Yes.L0200. Dental . B. No natural teeth or tooth fragment(s) (edentulous). Facility response showed No, to show resident #67 did not have natural (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275123	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Ridge Rehabilitation and Nursing LLC	1415 Yellowstone River Rd Billings, MT 59105

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	teeth or tooth fragment(s) (edentulous). As the resident stated he did not have any natural teeth, the answer should have been Yes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275123	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Ridge Rehabilitation and Nursing LLC	1415 Yellowstone River Rd Billings, MT 59105

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to recognize a documented weight severe weight loss and address the weight change, for 1 (#6) of 29 sampled residents, which placed the resident at risk for adverse health consequences. The MDS was not correctly completed to reflect the weight, and the weight loss was suspected to be due to an error, not an actual loss of weight, as reflected in the medical record. Findings include:During an observation on 1/13/26 at 8:45 a.m., resident #6 was wheeled into the dining room for breakfast. Resident #6 was assisted with the set-up of her breakfast items and was able to feed herself independently.Review of resident #6's weights since admission showed the following:- 11/17/25, weight 235 pounds,- 12/1/25, weight 222 pounds, and- 12/16/25, weight 211.5 pounds.The weight loss of 13 pounds from 11/17/25 to 12/1/25 calculated to a 5.5% severe weight loss in 14 days. The total weight lost between 11/17/25 and 12/16/25 calculated to a 10% severe weight loss in one month. During an interview on 1/15/26 at 10:00 a.m., staff member G was asked if he had been notified of resident #6's severe weight loss since admission. Staff member G stated he could not say for sure he was notified of the resident's weight loss. He stated he received a lot of resident notifications and would have to look at the resident's chart to refresh his knowledge of the resident's care. During an interview on 1/15/26 at 12:28 p.m., staff member D stated she completed the 5-day MDS Assessment (ARD 12/1/25) for resident #6. Staff member D stated she calculated the resident's percentage of weight loss incorrectly and therefore failed to trigger the unplanned severe weight loss.During a follow-up interview on 1/15/26 at 1:00 p.m., staff member G stated he reviewed resident #6's chart and believed the weight loss issue was with the accuracy of the resident's admission weight. Staff member G stated it was not realistic to lose the amount of weight documented from 11/17/25 to 12/16/25. Staff member G could not explain why the change in weight was not identified by facility staff or addressed. Staff member G stated the resident's weight had been fairly stable since the middle of December and was not a problem.Review of resident #6's EHR since admission on [DATE] failed to show any nursing or dietician notes which identified a significant change in resident #6's weight since her admission on [DATE]. A written request for dietician notes for resident #6 was made on 1/14/26. None were received prior to the end of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275123	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Ridge Rehabilitation and Nursing LLC	1415 Yellowstone River Rd Billings, MT 59105

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, the staff member administering medications failed to follow proper processes, and this contributed to the facility's failure to prevent a total medication error rate of five percent or less during medication administration observations for 2 (#s 25 and 74) of 4 sampled residents for medications. This deficient practice increased the risk of residents #25 and #74 experiencing negative physical and psychosocial outcomes related to medication errors. Findings include:The facility's medication error rate was 7.69%, with three errors observed in 39 opportunities.1. During an observation and interview on 1/14/26 at 8:28 a.m., staff member J administered resident #74's ordered morning medications. Staff member J administered resident #74 his oral medications and then administered an eye drop into each eye. Staff member J was asked what the label read on the white eye drop bottle she used to administer the eye drops. The eye drop bottle had a different resident's name on the label, with the medication labeled Artificial Tears. The drops were not meant for resident #74. Review of resident #74's Medication Administration Record (MAR), dated January 2026, showed resident #74 had an order dated 1/2/26 for, .Carboxymethylcellulose Sodium Ophthalmic Solution 0.5 % . Instill 1 drop in both eyes three times a day for dry eyes . The eye drops given to resident #74 were considered to be a medication error. 2. During an observation and interview on 1/14/26 at 9:16 a.m., staff member K was observed taking resident #25's blood pressure. Resident #25's blood pressure reading on the electronic monitor displayed 100/72. Staff member K was observed administering resident #25's scheduled morning medications, which included Amlodipine and Lisinopril (antihypertensives). When asked about holding Amlodipine and Lisinopril if the systolic blood pressure was less than 110, staff member K stated she did not always hold the medications.Review of resident #25's Medication Administration Record, dated January 2026, showed resident #25 had a pertinent diagnosis of essential (primary) hypertension and had orders for two antihypertensives to be administered once a day. The orders showed:- Amlodipine besylate 10 mg was ordered on 12/1/25 for, .1 tablet by mouth one time a day for HTN. Hold for SBP <110 .- Lisinopril oral tablet was ordered on 12/15/25 for, .Give 20 mg by mouth one time a day for HTN Hold for SBP <110 .During an interview on 1/15/26 at 11:56 a.m., staff member I stated that a nurse administering medications should follow the resident's written order found in the MAR. Staff member I stated morning medications sometimes have to be held for vital sign readings, depending on pulse or blood pressure. Staff member I stated that when a resident's ordered blood pressure medication had hold information, the nurse administering the scheduled medication should hold it. Staff member I stated if a resident was taking two blood pressure medications, it would be important to hold the medications if a resident's vital signs were outside of the identified parameters. Review of a facility policy titled, Medication Errors, dated 4/11/25, showed: . 'Medication error rate' is determined by calculating the percentage of errors observed during a medication administration observation. The numerator is the total number of errors that is observed. The denominator consists of the total number of observations or 'opportunities of error' and includes all the doses observed being administered. The facility must ensure that it is free of medication error rates of 5% or greater.7. To prevent medication errors and ensure safe medication administration, nurses should verify the following information:a. Right medication, dose, route, and time of administration;b. Right resident and right documentation.Review of a facility policy titled, Medication Administration, dated 4/11/25, showed: . Policy Explanation and Compliance Guidelines:. 10. Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters . 14. Compare medication source (bubble pack, vial, etc.) with MAR to verify resident name, medication name, form, dose, route, and time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275123	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Ridge Rehabilitation and Nursing LLC	1415 Yellowstone River Rd Billings, MT 59105

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. Based on observation, interview, and record review, the facility failed to initiate and provide rehabilitation therapy ordered by a physician for 1 (#34) of 29 sampled residents, which increased the risk of a decline for the resident related to the areas therapy should have been treating. Findings include:During an observation and interview on 1/12/26 at 2:12 p.m., resident #34 was sitting up in a motorized wheelchair in his room. When asked how things were going, resident #34 said they would be a lot better if he was getting therapy. Resident #34 said he was not sure why he had not been getting therapy, but he thought maybe it had something to do with his Medicaid application (which was pending).During an interview on 1/14/26 at 10:18 a.m., staff member F stated she did not know anything about resident #34's therapy until she received a request to evaluate him on 1/13/26. Staff member F stated she did the therapy evaluation at 8:00 p.m. on 1/13/26. Staff member F stated she did not know why the evaluation was not completed sooner. Staff member F stated a therapy evaluation could be done, even when Medicaid was pending. Staff member F stated that when Medicaid was pending, one option would be to evaluate the resident and provide up to five therapy visits. The purpose of this would be to determine the resident's level of commitment and participation in the program. If there was still no payer source after five therapy visits, the resident could be placed on a restorative services program until the financial matters were settled. Staff member F stated the usual procedure for new therapy orders would include a confirmation by the nurse of the physician order, followed by printing two copies of the physician order: one for the DON and one for the therapy department. Staff member F stated she did not receive any paperwork for resident #34 until 1/13/26.During an interview on 1/14/26 at 3:44 p.m., staff member M stated she was responsible for inputting some of the admission orders into the electronic health record when a resident was initially admitted to the facility. Staff member M stated she entered the diet order and all medication orders. When questioned on who put in all the other physician orders, she stated that staff member D or the floor nurse would put in the rest of the physician orders.During an interview on 1/15/26 at 7:35 a.m., staff member D said that she received the admission orders from the hospital discharge note. When questioned why there was no therapy order entered when the resident was initially admitted , she stated she did not know why the therapy order was not entered into the facility's EHR system. Staff member D stated that when resident #34 was initially admitted , he was supposed to be a long-term resident. Staff member D stated that when there was a question about what services were to be provided, she would follow up with staff member A. Staff member D did not remember discussing resident #34's therapy with staff member A.During an interview on 1/15/26 at 7:46 a.m., staff member A stated that new admissions were discussed by the IDT in the daily morning meetings. Staff member A produced the notes generated on 11/7/25 when resident #34 was supposed to be admitted . The notes did not include any information about therapy for resident #34. Staff member A was not able to explain why the therapy evaluation, ordered on 12/4/25, was not completed until 1/13/26.Review of resident #34's admission orders from the hospital discharge note, dated 11/7/25, showed the order, Ambulation per PT/OT recommendations. Review of resident #34's admission orders entered by facility staff, dated 11/7/25, failed to show any therapy orders.During an interview on 1/15/26 at 10:00 a.m., staff member G stated he entered a therapy order for resident #34 on 12/4/25 based on a communication with the consulting rehabilitation physician. Staff member G was not aware resident #34 had not been receiving therapy per the physician order dated 12/4/25.During an interview on 1/15/26 at 10:55 a.m., resident #34 stated he spoke with staff member A at least twice regarding therapy services. Review of resident #34's therapy order, dated 12/4/25, showed an order for therapy for neck pain to be done. Although the order was entered into the facility's EHR system on 12/5/25, the therapy department was not notified of the need to do an evaluation for resident #34 until 1/13/26.Review of resident #34's EHR failed to show any therapy involvement until 1/13/26. There was no documentation of therapy services being provided between 11/7/25 and 1/12/26.