

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/27/2025
NAME OF PROVIDER OR SUPPLIER  Pioneer Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  200 N Oregon St Dillon, MT 59725	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>32998</p> <p>Based on interview and record review, the facility failed to consistently have physician ordered medications available, to ensure residents did not miss a dose of the ordered medications, for 1 (#1) of 14 sampled residents. Findings include:</p> <p>During an interview on 2/24/25 at 1:20 p.m., staff member B stated insurance for resident #1 does not pay for the physician ordered Methadone. Staff member B stated the facility had planned to consult with the provider to try and obtain another medication the insurance company would pay for. Staff member B stated the resident was being tapered off of Requip, for restless leg syndrome, and was switched to Methadone.</p> <p>During an interview on 2/24/25 at 1:48 p.m., resident #1 stated, from December 2024 through February 2025, he went without the physician ordered Methadone, several times.</p> <p>During an interview on 2/26/25 at 3:36 p.m., staff member G stated the facility frequently had medications unavailable.</p> <p>During an interview on 2/27/25 at 5:19 a.m., staff member H stated there were medications unavailable often.</p> <p>During an interview on 2/27/25 at 12:00 p.m., staff member A stated the pharmacy was not much help when medications were unavailable. Staff member A stated there were not many choices in [City] for pharmacy services. Staff member A stated the facility starts with a new pharmacy in April 2025. Staff member A stated the facility completed an investigation for drug diversion (due to missing medications), but found no evidence diversion occurred. Staff member A stated the Methadone was being paid for by the facility, currently.</p> <p>Review of resident #1's Medication Administration Record, dated 1/1/25 through 1/31/25, showed the resident had missed 22 out of 29 scheduled doses of Methadone.</p> <p>Review of resident #1's Medication Administration Record, dated 2/1/25 through 2/28/25, showed the resident had missed 4 out of 19 scheduled doses of Methadone.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of resident #1's care plan failed to show problems, goals, or interventions for restless leg syndrome or the use of the Methadone, or missing medications, to ensure staff offered alternate interventions if needed for the restless leg syndrome.</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32998</p> <p>Based on interview and record review, the facility failed to ensure the administration of services were delivered in a manner which encouraged the residents to report concerns or complaints if they had them, without worries of retaliation for 4 (#s 1, 10, 11, and 12) of 14 sampled residents. The facility's leadership team and oversight of recent changes, and specifically the administrator's actions, resulted in concerns among the residents, and they reported it affected their mood, morale, anxiety, feelings of being kicked out of the facility, and some said they isolated to their room more. Resident #s 1, 11, and 12 reported they no longer participated in activities and had not been eating their meals in the dining room. Findings include:</p> <p>1. During an interview on 2/25/25 at 3:23 p.m. Resident #10 stated things with the new management were not as good as they were prior. Resident #10 stated there had been a high turnover rate of staff, and there was a decline in morale among some of the residents. Resident #10 stated concerns will come up at resident council which were not been resolved by management. Resident #10 stated he had not experienced any mood changes lately but worries about some of the other residents. Resident #10 stated the new administrator had been there since December 2024.</p> <p>2. During an interview on 2/25/25 at 4:11 p.m., resident #12 stated things at the facility were better before the new administrator started in December (2024). Resident #12 stated the facility is short staffed with one LPN and two CNAs at night, most of the time. Resident #12 stated she had concerns of retaliation by the administrator, if she spoke up. During a follow up observation and interview on 2/27/25 at 9:34 a.m., resident #12 displayed a flat affect and stated she felt the residents smiled less now than before. Resident #12 stated she felt sadder and more depressed, and she gets more anxious. Resident #12 stated she spent most of her time in her room and is reluctant to participate in activities.</p> <p>Review of resident #12's MDS, with an ARD of 1/15/25, showed, under mood:</p> <ul style="list-style-type: none"> <li>- several days for little interest or pleasure in doing things</li> <li>- half or more of the days feeling down and depressed or hopeless</li> <li>- every day for trouble falling or staying asleep or sleeping too much</li> <li>- every day for feeling tired or having little energy</li> <li>- every day for poor appetite or overeating</li> <li>- every day for feeling bad about yourself</li> <li>- several days for trouble concentrating</li> <li>- several days moving or speaking slow</li> </ul> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- sometimes isolates in room</p> <p>Compared to resident #12's MDS, with an ARD of 10/15/24, there were not any changes, however the score is at the upper level at 17 out of 27.</p> <p>3. During an interview on 2/26/25 at 10:23 a.m., resident #11 stated she had some increased depression due to concerns that speaking up for herself would result in retaliation. Resident #11 stated she came to the facility for rehabilitation. Resident #11 stated the mood of the residents was good when she was admitted to the facility on [DATE] but now there was tension and worries among some of the residents. Resident #11 stated there is a high turnover rate because there are new CNAs quite often. Resident #11 stated she only had 4 showers since she was admitted and that was on 12/23/24.</p> <p>Review of resident #11's MDS, with an ARD of 1/5/25, showed, under mood:</p> <ul style="list-style-type: none"> <li>- nearly every day for little interest or pleasure in doing things</li> <li>- several days feeling down and depressed or hopeless</li> <li>- never or one day for trouble falling or staying asleep or sleeping too much</li> <li>- several days for feeling tired or having little energy</li> <li>- never or one day for poor appetite or overeating</li> <li>- never or one day for feeling bad about yourself</li> <li>- several days for trouble concentrating</li> <li>- never or one day moving or speaking slow</li> </ul> <p>Due to resident #11's admitted , there was not another assessment to compare the resident's current mood to.</p> <p>During an interview on 2/26/25 at 11:20 a.m., NF2 stated resident #11 went to the facility for rehabilitation. NF2 stated resident #11 has had three UTIs since admission, and she was concerned about retaliation to the resident if she was to speak up with her concerns. NF2 stated there were concerns when the resident was moved to what the staff called the complainers wing.</p> <p>4. During an interview on 2/27/25 at 9:30 a.m., resident #1 stated he felt more down and more depressed. Resident #1 stated he does not think the administrator likes him.</p> <p>Review of resident #1's MDS, with an ARD of 1/15/25, showed under mood:</p> <ul style="list-style-type: none"> <li>- never or one day for little interest or pleasure in doing things</li> <li>- several days feeling down and depressed or hopeless</li> </ul> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Compared to the previous MDS, with an ARD of 11/7/24, there were no changes in resident #1's mood, however the resident stated he felt his depression had increased.</p> <p>During an interview on 2/26/25 at 3:36 p.m., staff member G stated she knew some of the residents of the facility were unhappy and had gotten worse since the new administrator started. Staff member G stated the new administrator's interactions with the residents was not positive.</p> <p>During an interview on 2/27/25 at 5:19 a.m., staff member H stated she knew the residents were not happy. Staff member H stated she was not sure when the new administrator started.</p> <p>During an interview on 2/27/25 at 6:25 a.m., staff member C stated some of the residents would not come out of their rooms as frequently as in the past. Staff member C stated she had noticed an increase in depression, as seen by isolating in their rooms, and not participating in activities. Staff member C stated there had been an increase in resident behaviors after the new administrator started. Staff member C stated she has heard management staff tell resident #13 she will get kicked out due to her behavior.</p> <p>During an interview on 2/27/25 at 12:00 p.m., staff member A stated she had never said anything to any residents which could be cause for concern. Staff member A stated she does not really know a lot of the residents. Staff member A stated she tries to talk to them in the halls, but she had raised her voice. Staff member A stated she was very careful when talking to people. Staff member A stated she cannot always give the residents what they want, and not all residents are going to be happy with decisions. Staff member A stated, If the residents do not like me, it is because I told them no, and she did not believe she had done anything to make people afraid of her.</p> <p>During an interview on 2/27/25 at 2:36 p.m., staff member F stated the residents have been unhappy and resistant to change. There had been some adjustments for residents, but they were not bad changes. Some residents had a hard time adjusting to new ways of doing things.</p>		