STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275125	A. Building B. Wing	06/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Living Centre	57 Main St Stevensville, MT 59870

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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 44770 Based on interview and record review, the facility failed to protect one (#1) of 1 sampled resident from verbal and physical abuse by a caregiver. This deficiency caused the resident to cry out in pain and had the potential to affect the resident's mental health. Findings include: During an interview on 6/3/24 at 11:38 a.m., NF1 said she and her partner arrived at the facility, to take a resident to the Emergency Department, after the resident fell and was complaining of leg pain. NF1 said the resident was well known to the ambulance service. NF1 said when she and her partner arrived at the resident's room, staff member C met them at the door. Staff member D handed them the transfer paperwork and told them to wait outside the room. The resident had a soiled brief and needed to be cleaned up before they could transport her to the hospital. NF1 said as they were waiting outside the room, they overheard the resident screaming out in pain. NF1 said [Resident #1] can be dramatic at times but this screaming was way different than anything they had heard from her before. NF1 said they also overheard staff member C yelling at the resident to shut up and telling the resident she was not allowed to scream because she might scare the other residents. The nurse opened the door to allow the EMTs into the room. NF1 said she began to ask the resident questions about where she was hurting. Staff member C interrupted her and showed NF1 the resident's leg which appeared to have a dent in it. NF1 said staff member C pushed down hard on the dented part of resident #1's leg and said, This is where it hurts her. Resident #1 screamed out in pain again as staff member C pushed down on her leg. NF1 said staff member C then told resident #1 they were going to be throwing her around and told the resident she was not allowed to scream. NF1 said the nurse's behavior and rough manner with resident #1 made her uncomfortable. NF1 said when she and her partner were preparing to transfer the resident to their gurney, she positioned herself in such a way as to block the nurse from assisting because she did not want the nurse to hurt the resident any more than she already had. NF1 said she found out later the resident had fractured both of her femurs during the fall that caused the EMTs to be called to take the resident to the hospital. During an interview on 5/29/24 at 1:57 p.m., staff member C said she was in the room with resident #1 when they were changing her brief before going to the hospital. Staff member C said resident #1 was screaming at the top of her lungs. She said she told resident #1 to calm down a few times and told her she needed to be quiet because she was going to scare the other residents. Staff member C denied calling resident #1 a baby and denied telling her to shut up. (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
	275125	A. Building B. Wing	06/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Living Centre	57 Main St Stevensville, MT 59870

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	During an interview on 5/30/24 at 12:07 p.m., staff member D said she was in another room assisting another resident when the ambulance arrived to pick up resident #1. Staff member D said she remembers hearing resident #1 screaming when the EMTs were waiting outside the room, in the hall. Staff member D said she was across the hall in another resident's room when she overheard Resident #1 screaming. Review of resident #1's ambulance report, dated 5/7/24 at 10:49 a.m., authored by NF2. showed, . EMS reentered patient room to find patient laying in bed yelling that her legs hurt. [Staff member C] inside of room was witnessed on multiple occasions yelling at patient to be quiet as her yelling and crying would scare the other patients. [Staff member C] also physically pushed on patients injured right leg and stated that's where it hurt, as this was done patient yelled out in pain that it hurt. Multiple instances of aggressive verbal abuse were noted from [staff member C] directed at the patient . Review of a facility document titled, Subject: Termination of Employment, effective 5/30/24, showed staff member C was terminated from her employment at the facility. Review of a facility document titled, Employee Write Up, dated, 12/26/23, showed staff member C had unsatisfactory job performance. The document showed staff member C had multiple informal warnings about her usage of profanity in the facility and her continued use of profanity had the potential to create a hostile living/working environment for residents and staff. Review of a facility Policy titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, not dated, showed: . Abuse of any kind against residents is strictly prohibited .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 44770 Based on interview and record review the facility failed to report suspected abuse to the State Survey Agency, for one (#1) of one sampled resident. Findings include: During an interview on 6/3/24 at 8:45 a.m., staff member A stated she was not aware of the allegations of abuse for resident #1 until Adult Protective Services came to investigate the allegations. Staff member A said once the facility was aware of the allegation, she did an internal investigation and felt it was a he said, she said situation. Staff member A said she did not report the allegation to the State Survey Agency, as she thought the State Agency would already be aware of it, because Adult Protective Services investigated the allegation. Review of a facility document titled, [Resident #1] EMS Statement Investigation, showed the facility was aware of the allegation of abuse made by EMS personnel on 5/13/24. Review of the State Survey Agency reporting system failed to show a facility reported incident regarding the allegation of abuse for resident #1, made by the EMTs, for the 5/7/24 incident. Review of a facility policy titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, showed, . a facility wide commitment to . investigate and report any allegations within timeframes required by federal requirements .