

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER The Living Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<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>44769</p> <p>Based on interview and record review, the facility failed to report an alleged incident of verbal abuse to the State Survey Agency timely, as required, for 1 (#1) of 5 sampled residents. Findings include:</p> <p>A review of a facility reported investigation showed an incident with resident #1 occurred on 11/30/24 at 2:53 p.m. The date and time the facility reported the allegation to the State Survey Agency reporting portal, was on 12/2/24, and showed:</p> <p>[Resident #1] was not wanting to go to dining room. When asked why, resident stated that someone 'yelled' at her on Thanksgiving and just does not want to be around people. [sic]</p> <p>A review of a progress note for resident #1, dated 11/30/24 at 3:00 p.m., authored by staff member F, showed:</p> <p>. [Resident #1] has had behaviors today. she is refusing to go to dining room for meals. states that someone yelled at her on Thanksgiving and just does not want to be around people. when asked further resident can not articulate exactly what was said and who said it. she just states her feelings were hurt . [sic]</p> <p>During an interview on 1/8/25 at 2:34 p.m., staff member B stated when a resident made an allegation of verbal abuse to the nurse, the nurse would call the on-call nurse, and then report to her.</p> <p>During an interview on 1/8/25 at 2:44 p.m., staff member C stated she was one of the on-call nurses, and when she was notified by staff of the alleged abuse, she and the administrator would usually go to the facility. Staff member C further stated there was a time limit for reporting an abuse allegation.</p> <p>During an interview on 1/8/25 at 3:00 p.m., Staff member A stated the nurse working at the facility, when this allegation of verbal abuse was made by resident #1, should have called either the on-call nurse or herself. [Staff member F] didn't think anything of it. Staff member A further stated when she came in on Monday and noticed the allegation, she knew it needed to be reported, and reported it late.</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER The Living Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a facility policy titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, with a revised date of April 2021, showed:</p> <p>Policy Statement</p> <p>All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) .</p> <p>3. Immediately is defined as:</p> <p>a. within two hours of an allegation involving abuse or result in serious bodily injury; or,</p> <p>b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury .</p>		