

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2024
NAME OF PROVIDER OR SUPPLIER  Whitefish Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1305 E 7th St Whitefish, MT 59937	
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>47752</p> <p>Based on observation, interview, and record review, the facility failed to ensure the residents or resident representatives understood the risks and benefits of psychotropic medication for 2 (#s 6 and 9) of 15 sampled residents. Findings include:</p> <p>During an observation and interview on 11/18/24 at 4:33 p.m., resident #6 was sitting in his room. Resident #6 stated, I know I take a lot of medications, and some are for my mood, but I don't know the names of them. Resident #6 stated he did not know the side effects or any benefits of any of the medications he took. Resident #6 stated, Nobody has ever come and given me any information on my medications.</p> <p>During an observation and interview on 11/19/24 at 10:15 a.m., resident #9 was sitting in an electric wheelchair. Resident #9 stated she was her own person and handles all her medical and financial decisions and she does not have a power of attorney. Resident #9 stated, I take medications for anxiety and depression, but I have no idea what the side effects are. No one has ever come in and talked to me about any of my medications or what side effects they have. I am told I need to take them, so I do.</p> <p>Review of resident #6's psychotropic consent form dated 3/28/24 showed staff member F completed the consent form, but there was no resident or resident representative signature on the form to show the risks and benefits were reviewed and understood. There were no nurse's notes or social service's notes documenting the understanding of the risks or benefits of psychotropic medication use.</p> <p>Review of resident #9's psychotropic consent forms dated 7/16/24, 8/5/24, and 8/8/24, showed staff member F completed the consent form, but there was no resident or resident representative signature on the form to show the risks and benefits were reviewed and understood. There were no nurse's notes or social service's notes documenting the understanding of the risks or benefits of psychotropic medication use.</p> <p>Review of resident #9's electronic medical record from 9/1/24-11/20/24 showed resident #9 was receiving Clonazepam 0.5 milligrams, by mouth. A request was made for all psychotropic consents for resident #9 to include Clonazepam was requested on 11/19/24 and was not received prior to the end of the survey.</p> <p>During an interview on 11/20/24 at 8:53 a.m., NF6 refused to speak with the surveyor about resident #6.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/20/24 at 3:30 p.m., staff member F stated he did the psychotropic consent forms. Staff member F stated, I cannot answer that right now, when he was asked if the risks and benefits were discussed (with resident #'s 6 and 9 or their representatives). Staff member F could not verbalize what any of the risks or benefits were for psychotropic medication use. Staff member F stated he did not have a clinical background.</p> <p>Review of a facility policy titled, Use of Psychotropic Medications, with a revision date of 6/10/24, showed:</p> <p>.5. Residents and/or representatives shall be educated on the risks and benefits of psychotropic drug use, as well as alternative treatments/non-pharmacological interventions.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>50245</p> <p>Based on interview and record review, the facility failed to professionally, properly, and sufficiently document the situation regarding AMA discharges for 2 (#s 4 and 12); provide proper notice before discharge for 2 (#s 4 and 12); and report the AMA discharge to the appropriate entities for 1 (#4) of 15 sampled residents. This deficient practice resulted in 3 residents (#s 3, 4, 12) not trusting staff member F, and 2 (#s 4 and 12) residents requesting to leave AMA from the facility. Findings include:</p> <p>Review of a facility provided document, titled Admission/Discharge To/From Report, dated 11/18/24, showed: 21 discharges (January 2024 to current).</p> <p>1. A summary of resident #4's AMA situation showed no nursing documentation was completed, no statement, wishes, preferences, or requests were included in the documentation of resident #4, and APS was not contacted.</p> <p>Review of resident #4's EHR showed a note, dated 9/18/24 at 3:10 p.m.: [staff member G] and [staff member F] spoke with [resident #4] at 3pm (3:00 p.m.). [Staff member F] spoke with (resident representative) earlier this morning to communicate our concern over [resident #4]'s well-being .</p> <p>Review of resident #4's EHR showed a note, dated 9/18/24 at 4:40 p.m.: [resident representative] stated over the phone .This phone call was witnessed by [staff member F] and reported to [staff member A] for further guidance. [Staff member A] contacted [appropriate entity] for further guidance and came to the determination that with the consent of the POA and BIM score that [resident #4] was free to sign AMA and leave.</p> <p>Review of resident #4's EHR showed a Follow Up Discharge Evaluation by Telephone, completed on 9/19/24, and documented on 9/20/24 that showed: Other/concerns: [resident #4] went AMA, so the only concerns are the AMA but nothing else at this time.</p> <p>During an interview on 11/19/24 at 7:58 a.m., NF1 stated there had been an issue with discharges, follow ups, and communication at [Facility Name]. NF1 stated resident #4 had been residing at [Shelter Name] since leaving AMA from the [Facility Name].</p> <p>During an interview on 11/19/24 at 8:41 a.m., NF3 stated, I don't see anything in our screening or in our reports, when [appropriate entity] was contacted regarding resident #4 on 9/18/24.</p> <p>During an interview on 11/19/24 at 10:55 a.m., staff member C stated if a resident left AMA staff would document the situation in the EHR.</p> <p>During an interview on 11/19/24 at 11:15 a.m., staff member D stated if a resident wanted to leave AMA, staff member D would notify the on call staff member and document the situation with a nursing note in the EHR. Staff member D stated staff member F would then probably call [appropriate entity].</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/19/24 at 11:23 a.m., staff member E stated if a resident left AMA staff would document the situation in the EHR.</p> <p>During an interview with resident #4 and NF1 on 11/19/24 at 11:40 a.m., resident #4 stated they were unsure why they had left AMA, but stated it was probably because they were upset. Resident #4 stated they were unhappy with things at the facility for some time. When asked why resident #4 was upset with the facility, the resident stated, They kept harping on you and giving you a hard time for no reason. Resident #4 also stated, I'm not sure about [staff member F]. Resident #4 later stated care meetings had been provided but staff members would never do anything about what you told them. Resident #4 stated they eventually told the staff members they did not want to go to the meetings anymore because nothing ever happened. Resident #4 stated an AMA form was not explained to them. Resident #4 stated, I'm just confused and lost. Resident #4 stated the facility never told him his rights nor offered him a ride. Resident #4 stated, They just kicked me out. NF1 stated resident #4 could have been upset on 9/18/24 because he was accused of drinking alcohol and the facility had photo evidence of beer cans. NF1 stated the facility called earlier in the day regarding resident #4 being discharged into my care. NF1 stated she could not care for resident #4 on such short notice. NF1 stated, This is unacceptable.</p> <p>Review of a resident #4's EHR showed a social service's note, dated 9/16/24: Over the weekend I was informed that numerous cans of beer, were found while cleaning, in [resident #4]'s room. This morning as I had just entered my office [resident #4] appeared and began to protest that he was wrongly accused and that he does not drink. I have photo evidence of the cans . [sic]</p> <p>Review of Request Sheet #4 (dated 11/19/24 at 3:55 p.m.) showed a request for the photographic evidence of beer cans.</p> <p>During an interview on 11/20/24 at 7:53 a.m., staff member A stated no types of photographic evidence was kept anywhere at the facility.</p> <p>During an interview on 11/20/24 at 10:42 a.m., staff member C stated resident #4 was very sweet and would at times be irrational when he was upset. Staff member C stated resident #4's anger was typically justified by the situation. Staff member C stated one example of when resident #4 was upset was when they accused him of drinking. Staff member C stated this happened twice. Staff member C stated this was why he left. Staff member C stated they never saw resident #4 drink alcohol.</p> <p>Review of resident #4's social service's note, dated 9/9/24, showed conflicting documentation: Resident is able to communicate needs. Resident is oriented to person. Resident is oriented to place. Resident is oriented to time. Resident has a short-term memory impairment .Resident is anticipated to stay in the facility on a long-term basis. Resident will participate in discharge planning .</p> <p>During an interview on 11/20/24 at 10:26 a.m., resident #3 stated, (staff member F) flat lied to me about a previous situation concerning the dining room. Resident #3 stated, Now, I don't trust him. Resident #3 stated the facility accused resident #4 of being a drinker. Resident #3 stated resident #4 smoked marijuana, but he was sober for many years concerning alcohol. Resident #3 stated they never saw resident #4 drink alcohol.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. A summary of resident #12's AMA situation showed the resident's caregiver was not notified of a discharge in advance; there was no nursing documentation completed; and no statement, wishes, preferences, or requests were included in the documentation of resident #12.</p> <p>During an interview on 11/20/24 at 10:42 a.m., staff member C stated, I keep getting told by [social services], that we have a plan for that person (to discharge), and they are not going through with it. Staff member C stated, I feel like yeah, when asked if the facility had many AMA's. When asked if staff member C could provide an example of the events that occurred with any resident who left AMA, staff member C stated resident #12 was supposed to be discharged today (November 20th) per [social services], but the new plan was that he was going to stay until after the holidays. Staff member C stated resident #12 then wanted to leave AMA as he was frustrated, but then was encouraged to stay. Staff member C was told this morning by other staff members that he could not go home with his medications if he was leaving AMA. Staff member C stated, I feel like he was kind of pressured (to leave).</p> <p>During an interview on 11/20/24 at 1:24 p.m., NF5 stated, From what I understood, he (resident #12) was getting discharged . NF5 stated resident #12 was told to stay because of his condition. NF5 stated, They never talked about why he was appropriate for discharge. NF5 stated he then wanted to leave because he was upset. NF5 stated, I was confused too. NF5 stated, Yesterday was the first day that I had talked to anyone about his discharge and about his condition. I did not get to talk to them as long as I had hoped. NF5 stated they did not get as many questions answered either. When asked if a phone call or voicemail had been made to NF5 prior to November 19th, NF5 stated, No. NF5 stated the facility had never told NF5 any part of the discharge plan prior to November 19th.</p> <p>During an interview on 11/20/24 at 1:36 p.m., resident #12 stated they required multiple cares including daily wound cares, antibiotics, and the removal of a central line catheter. Resident #12 stated NF5 would take care of his wounds when he was discharged home. Resident #12 stated staff member F had visited with resident #12 on November 5th regarding his discharge. Resident #12 stated staff member F asked me if they wanted to go home. Resident #12 stated we decided November 20th was an appropriate day. Resident #12 then explained that yesterday (November 19th) staff member F visited and stated they could no longer be discharged on the 20th. Resident #12 stated they got upset with staff member F and stated they wanted to leave AMA. Resident #12 stated, Why didn't [staff member F] do anything from the 5th to the 20th?</p> <p>3. During an interview on 11/20/24 at 3:30 p.m., staff member F stated if a resident left AMA, the process can either be smooth or ugly. Staff member F stated they try to find out the concern and would generally document these reasons. When asked why resident #4 had left AMA, staff member F stated, I believe it's because he was not allowed to drink. Staff member F stated a picture of beer cans had been sent to them from a previous staff member. When asked to see the photographic evidence of the beer cans, staff member F stated, I gave it to [staff member A] already. When asked about resident #12's potential discharge and AMA, staff member F stated, [Resident #12] wanted to be discharged today, but he was not ready to be discharged . Staff member F stated the facility called [NF5] regarding the discharge process. When asked when the discharge process started, staff member F stated a discharge was started when the resident entered the door. When asked why staff member F did not contact the ombudsman regarding resident #4's AMA, they stated, No, just didn't. When both staff members were asked if there were a lot of AMAs in the facility, they both nodded their heads and staff member G stated, It does seem like there have been a lot of AMA's.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of staff member F's job duties, showed:</p> <ul style="list-style-type: none"> <li>- Interpret social, psychological, and emotional needs of the resident/family to the medical staff, attending physician, and other resident care team members .</li> <li>- Ensure that all charted progress notes are informative and descriptive of the services provided and of the resident's response to the service .</li> </ul> <p>Review of the State Operations Manual (SOM) Appendix PP: .Additionally, the facility must send a copy of the notice of transfer to discharge to the representative of the Office of the State Long-Term Care (LTC) Ombudsman. The intent of sending copies of the notice to a representative of the Office of the State LTC Ombudsman is to provide added protection to residents from being inappropriately transferred or discharged .</p> <p>Review of the facility policy titled Transfer and Discharge (including AMA), last revised 8/26/24, showed:</p> <p>12. Discharge Against Medical Advice (AMA).</p> <ul style="list-style-type: none"> <li>a. The resident and family/legal representative should be informed of the risks involved, the benefits of staying at the facility, and the alternatives to both. Under no circumstances will the facility force, pressure, or intimidate a resident into leaving AMA,</li> <li>b. The social service designee should document any discussions held with the resident/family in the social service progress notes, if present,</li> <li>c. Notify Adult Protective Services, or other entity, as appropriate if self-neglect is suspected. Document accordingly.</li> </ul>

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>47752</p> <p>Based on interview and record review, the facility failed to complete Quarterly MDS (Minimum Data Set) Assessments for 4 (#s 2, 4, 6, and 7), failed to complete an Annual MDS Assessment for 1 (# 5), and failed to complete a Discharge MDS for 1 (#4) of 15 sampled residents. Findings include:</p> <p>During an interview on 11/19/24 at 2:24 p.m., staff members H and I stated they were the MDS coordinators. Staff member H stated she started working as an MDS coordinator in June 2024 and staff member I stated she started working as an MDS coordinator in September 2024. Staff member H stated they were currently behind on completing MDS's. Staff member I stated, We are playing catch up. Staff members H and I stated they follow the guidelines in the RAI (Resident Assessment Instrument) manual. Staff members H and I stated they were not sure how many days they had to complete an MDS.</p> <p>1. Review of resident #2's Quarterly MDS, with an ARD (Assessment Reference Date) of 9/22/24, was not completed. The Quarterly MDS was 44 days overdue.</p> <p>Review of resident #4's Quarterly MDS, with an ARD of 9/10/24, was not completed. The Quarterly MDS was 56 days overdue.</p> <p>Review of resident #6's Quarterly MDS, with an ARD of 9/5/24, was not completed. The Quarterly MDS was 61 days overdue.</p> <p>Review of resident #7's Quarterly MDS, with an ARD of 9/22/24, was not completed. The Quarterly MDS was 44 days overdue.</p> <p>2. Review of resident #5's Annual MDS, with an ARD of 10/26/24, was not completed. The Annual MDS was 10 days overdue.</p> <p>3. Review of resident #4's Discharge MDS, with an ARD of 9/18/24, was not completed. The Discharge MDS was 48 days overdue.</p> <p>During an interview on 11/19/24 at 3:34 p.m., staff member J stated she was aware of the late MDS's. Staff member J stated her, and staff member A have discussed all the late MDS Assessments. Staff member J stated there was no MDS oversight in the building due to not having consistent nursing administration. Staff member J stated, Part of the problem is both the MDS coordinators now are new to the MDS process and have not done any MDS assessment prior to now. I have done a lot of education with staff members H and I. An MDS should take about five hours from start to finish, and right now that is just not happening.</p> <p>During an interview on 11/20/24 at 9:45 a.m., staff member A stated, Ultimately I am supposed to make sure everything is being done correctly and on time, the responsibility falls to me.</p> <p>Review of a facility policy titled, MDS 3.0 Completion, with a revision date of 9/22/24, showed:</p> <p>(continued on next page)</p>		

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F 0638  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>.c. Annual Assessment-a comprehensive assessment completed using an ARD no &gt;366 days from the most recent prior comprehensive assessment and no &gt;92 days from the most recent Quarterly assessment (counting ARD to ARD).</p> <p>.e. Quarterly Assessment-completed using an ARD no &gt;92 days from the most recent prior quarterly or comprehensive assessment (counting ARD to ARD).</p> <p>f. Discharge Assessment-completed using the discharge date as the ARD. Must be completed within 14 days of the discharge date /ARD .</p>		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>47752</p> <p>Based on interview and record review, the facility failed to submit MDS information within 14 days of completion for 5 (#s 2, 4, 5, 6, and 7) of 15 sampled residents. Findings include:</p> <p>During an interview on 9/19/24 at 3:34 p.m., staff member J stated she was aware the MDS assessments were late. Staff member J stated the two MDS coordinators were new to the MDS process and had no prior MDS experience.</p> <p>During an interview on 9/20/24 at 9:45 a.m., staff member A stated she was aware the MDS assessments were late. Staff member A stated there had not been consistent oversight in the building, but it was her responsibility to make sure things were done and accurate.</p> <p>Review of resident #2's Quarterly MDS, with an ARD (Assessment Reference Date) of 9/22/24, was not completed. The Quarterly MDS was 44 days overdue.</p> <p>Review of resident #4's Quarterly MDS, with an ARD of 9/10/24, was not completed. The Quarterly MDS was 56 days overdue.</p> <p>Review of resident #6's Quarterly MDS, with an ARD of 9/5/24, was not completed. The Quarterly MDS was 61 days overdue.</p> <p>Review of resident #7's Quarterly MDS, with an ARD of 9/22/24, was not completed. The Quarterly MDS was 44 days overdue.</p> <p>Review of resident #5's Annual MDS, with an ARD of 10/26/24, was not completed. The Annual MDS was 10 days overdue.</p> <p>Review of resident #4's Discharge MDS, with an ARD of 9/18/24, was not completed. The Discharge MDS was 48 days overdue.</p> <p>Review of a facility policy titled, MDS 3.0 Completion, with a revision date of 9/22/24, showed:</p> <p>.7. Transmission Requirements:</p> <p>a. All assessments shall be transmitted to the designated CMS system (iQIES) within 14 days of completion .</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>47752</p> <p>Ensure each resident receives an accurate assessment.</p> <p>Based on interview and record review, the facility failed to ensure MDS assessments were coded correctly for resident diagnoses and psychotropic medications used, for 2 (#s 9 and 10) of 15 sampled residents. Findings include:</p> <p>1. A review of a physician's progress note, dated 8/6/24, showed resident #9 had a diagnosis of Anxiety and Depression.</p> <p>Review of resident #9's Quarterly MDS, with an ARD of 8/18/24, showed:</p> <p>Section I, Active Diagnosis, Psychiatric/Mood Disorders- questions I5700 anxiety, I5800 depression, were not completed.</p> <p>Section N, Medications-</p> <p>N0415. High-Risk Drug Classes, showed antipsychotic, antianxiety, and antidepressant medication was taken during the look back period.</p> <p>N0450. Antipsychotic Medication Review, was not completed. The area was left blank and did not show antipsychotic medication had been given.</p> <p>2. Review of resident #10's MDS, with an ARD of 8/24/24, showed:</p> <p>Section I, Active Diagnosis, Psychiatric/Mood Disorders, was not completed. No psychiatric or mood diagnosis was marked.</p> <p>Section N, Medications-</p> <p>N0415. High-Risk Drug Classes, showed antipsychotic and antidepressant medications were taken during the look back period.</p> <p>N0450. Antipsychotic Medication Review,</p> <p>No was marked for the question on if any antipsychotic medication was given.</p> <p>During an interview on 11/19/24 at 3:34 p.m., staff member J stated she was not aware of any inaccuracies in the MDS.</p> <p>During an interview on 11/20/24 at 9:45 a.m., staff member A stated she was not aware there were MDS's that were inaccurate.</p> <p>Review of a facility policy titled, MDS 3.0 Completion, with a revision date of 9/22/24, showed:</p> <p>. 4. Care Plan Team Responsibility for Assessment Completion:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2024
NAME OF PROVIDER OR SUPPLIER  Whitefish Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1305 E 7th St Whitefish, MT 59937	

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F 0641  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	. ii. Persons completing part of the assessment must attest to the accuracy of the section they completed .

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<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>50245</p> <p>Based on interview and record review, the facility failed to provide an appropriate discharge plan consisting of sufficient and thorough documentation throughout the discharge planning process for 1 (#12) of 15 sampled residents. Findings include:</p> <p>During an interview on 11/20/24 at 10:42 a.m., staff member C stated, I keep getting told by (social services), that we have a plan for that person (to discharge), and they are not going through with it. Staff member C stated resident #12 was supposed to be discharged today (November 20th). Staff member C stated, I feel like he was kind of pressured.</p> <p>During an interview on 11/20/24 at 1:24 p.m., NF5 stated, From what I understood, he (resident #12) was getting discharged . NF5 stated, They (the facility) never talked about why he was appropriate for discharge (due to medical aquity). NF5 stated he then wanted to leave because he was upset. NF5 stated, I was confused too. NF5 stated, Yesterday was the first day I had talked to anyone about his discharge and about his condition. I did not get to talk to them as long as I had hoped. NF5 stated they did not get as many questions answered either. NF5 stated the facility had never told NF5 any part of the discharge plan prior to November 19th.</p> <p>Review of resident #12's EHR, dated 11/18/24 - 11/20/24, showed no documentation the resident's caregiver was notified of the discharge in advance; no nursing documentation of a discharge; and no statements, wishes, requests, preferences, or treatment goals were included in the documentation for resident #12 or the discharge.</p> <p>During an interview on 11/20/24 at 1:36 p.m., resident #12 discussed needing multiple cares, including daily wound cares, antibiotics, and the removal of a central line catheter. Resident #12 stated staff member F had visited with resident #12 on November 5th regarding his discharge. Resident #12 stated staff member F asked me if I wanted to go home. Resident #12 stated we decided November 20th was an appropriate day. Resident #12 then explained that yesterday (November 19th) staff member F visited and stated he could no longer be discharged on the 20th. Resident #12 stated he got upset with staff member F, and stated he wanted to potentially leave AMA. Resident #12 stated, Why didn't [staff member F] do anything from the 5th to the 20th?</p> <p>During an interivew on 11/20/24 at 5:15 p.m., staff member A stated the discharge process did need a lot of work.</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>50245</p> <p>Based on interview and record review, the facility failed to identify any DSM diagnoses on the Resident Matrix; or consistently document behaviors and offer behavioral health services to residents with a DSM diagnosis, for 1 (#4) of 15 sampled residents. Findings include:</p> <p>Review of a facility document, titled Resident Matrix, dated 11/18/24, showed no residents residing in the facility had a mental disability, intellectual disability, or required a PASARR Level 2.</p> <p>Review of resident #4's EHR showed a diagnosis of anxiety disorder and major depressive disorder.</p> <p>Review of resident #4's EHR showed the last psychological evaluation was 3/3/21.</p> <p>Review of resident #4's EHR showed an assessment, titled Social Services - Trauma Informed Care Evaluation, dated 6/10/24, which included:</p> <ul style="list-style-type: none"> <li>. 1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past? . A little bit .</li> <li>. 4. Feeling irritable or having angry outbursts? . Moderately .</li> </ul> <p>During an interview on 11/19/24 at 7:58 a.m., NF1 stated no behavioral health services were offered to resident #4 while the resident was at the facility. NF1 stated resident #4 had anxiety and instances of agitation, and would have benefited from seeing a psychiatrist or psychologist.</p> <p>During an interview on 11/19/24 at 10:55 a.m., staff member C stated if there were any behavioral health issues, staff would make a note in PCC. Staff member C stated there were many instances where they did not document a behavior because they did not physically see the behavior. Staff member C stated there were frequent behaviors at the facility such as residents leaving frequently to buy cigarettes, marijuana, and alcohol. Staff member C stated these substances can mix with medications and have an enhanced effect. Staff member C stated this concern had been expressed to staff member F, staff member G, staff member A, and all of the old DON's. Staff member C stated these staff members have been told repeatedly. Staff member C stated, I feel like we just talk to a wall sometimes.</p> <p>Review of a facility document, titled Behavioral Health Services, last revised 7/5/24, showed: It is the policy of this facility to ensure all residents receive necessary behavioral health services to assist them in reaching and maintaining their highest level of mental and psychosocial functioning .</p> <p>During an interview on 11/19/24 at 11:23 a.m., staff member E stated if a resident needed a psychotropic medication due to a behavior, they would refer this to staff member F. When asked if staff member E was able to assess a patient based on their scope of practice, staff member E stated, Yes, but with staff member F practicing within the designated scope of practice by assessing a patient and recommending psychotropic medications, staff member E showed this by gesturing No with head shaking side to side.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/19/24 at 11:40 a.m., resident #4 stated mental health services were not offered during the resident's stay.</p> <p>No additional documentation was provided by the end of the survey for resident #4's mental health referrals, although requested by this surveyor.</p> <p>During an interview and record review on 11/20/24 at 7:53 a.m., staff member A stated the facility did not keep track of behavioral health appointments. The document provided showed a screenshot of a text conversation with staff member M. Staff member M's text showed: Ah, documenting Mental Health referrals might be an area for improvement. Other than the emails and facesheets sent to [Facility Name] for consults. The facility did not provide any additional documentation of behavioral health consults from [Facility Name].</p> <p>During an interview on 11/20/24 at 10:42 a.m., staff member C stated there were multiple residents with mental health diagnoses or behaviors that would benefit from a psychiatry or psychology appointment. Staff member C stated staff had been given behavioral health training two months ago, but stated this was not very helpful, as it was very basic and a preliminary training. Staff member C stated there was supposed to be more follow up sessions, but those never happened.</p> <p>During an interview on 11/20/24 at 3:30 p.m., staff member F stated if a resident had behavioral health concerns, staff member F would try to find antecedent (the cause), refer to the history and physical, try to figure out why the behaviors were occurring, and review the drugs. Staff member F verbalized not having any clinical background, and stated, I don't diagnose. I only assess if they are having a behavior.</p> <p>Review of resident #4's EHR showed a social service note, dated 6/5/24, which included: We met with [resident #4] after being alerted that he has been, in frustration, stopped taking his meds. After a discovery discussion he agreed to resume his meds . I will also recommend that antidepressants and anxiety meds for him. I will ask [staff member M] by text today for a visit in clinic tomorrow.</p> <p>Review of staff member F's job duties, showed:</p> <ul style="list-style-type: none"> <li>. Interpret social, psychological, and emotional needs of the resident/family to the medical staff, attending physician, and other resident care team members,</li> <li>. Ensure that all charted progress notes are informative and descriptive of the services provided and of the resident's response to the service .</li> </ul> <p>Review of a facility document, titled Facility Assessment, last updated on 11/1/24, showed:</p> <ul style="list-style-type: none"> <li>. Mental health and behavior: Behavior management . Behavior modification, collaboration with psychiatrist and psychologist . intellectual or developmental disabilities, the IDT will develop and implement interventions with issues dealing with anxiety, cognitive impairment, diagnosis of depression and other psychiatric diagnoses .</li> </ul> <p>Provide person-centered/directed care: Psycho/social/spiritual support: . Provide psychological, emotional support, learn about resident preferences and practices, dealing with situations using coping mechanisms .</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>50245</p> <p>Based on interview and record review, the facility failed: to ensure a staff member's job duties were current and accurate; to ensure a staff member was practicing within their scope of practice/job description shown in a social services note in 1 (#12)'s chart; and to follow up for 1 (#15) and attempt to prevent or improve for the 21 AMA discharges in the facility from January 2024 to current; and to provide behavioral health services for 1 (#4) of 15 sampled residents. Findings include:</p> <p>1. Review of resident #12's EHR showed a social service's note written by staff member F, dated 11/20/24: . has agreed to stay till this coming Wednesday, Dr. has been alerted and consulted. [Staff Name] and [Staff Name] will act as the primary nursing with [Staff Name] to dispense meds . is aware and has agreed to this plan of care for him.</p> <p>During an interview on 11/20/24 at 3:30 p.m., staff member F stated they were not able to hire nor fire staff, orient new staff, or provide leadership training.</p> <p>Review of staff member F's job duties, showed:</p> <ul style="list-style-type: none"> <li>. Terminate employees when necessary, documenting and coordinating such actions with the HR Director and/or Administrator,</li> <li>. Develop, implement, and maintain an effective orientation program that orients the new employee to the department, its policies and procedures, and to his/her job position and duties .</li> </ul> <p>Review of the request sheet #2 showed: Job Description for Social Services, was requested during the survey, and the form titled, Social Worker, showed staff member F's signature on 1/4/24, but there was no completed evaluation of performance.</p> <p>A request was made for the Job Description for Social Services Assistant. The form, titled Social Services Director/Designee Competency, was provided, and dated 1/4/24, which showed completed competencies, but with areas left blank or areas labeled as NA. One area labeled NA was Effective Communication. This form was dated, 1/4/24, and signed by staff member F.</p> <p>During an interview with staff member G, the employee stated, I have never seen that form, when shown their own job position and duties.</p> <p>2. During an interview on 11/19/24 at 11:23 a.m., staff member E stated if a resident needed a psychotropic medication, staff member E would refer this to staff member F. When asked if staff member E was able to assess a patient based on their scope of practice, staff member E stated, Yes, and showed nonverbally, by shaking the head side to side in a no motion, for not practicing within their scope of practice by assessing a patient and recommending psychotropic medications.</p> <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 - Many</p>	<p>During an interview on 11/20/24 at 3:30 p.m., staff member F stated if a resident had behavioral health concerns, staff member F would try to find antecedent (the cause), refer to the history and physical, try to figure out why the behaviors were occurring, and review the drugs. Staff member F stated, I don't diagnose. I only assess if they are having a behavior. Staff member F discussed not personally having any clinical background.</p> <p>Review of resident #4's EHR showed a social service's note written by staff member F, dated 6/5/24: We met with [resident #4] after being alerted that he has been, in frustration, stopped taking his meds. After a discovery discussion he agreed to resume his meds . I will also recommend that antidepressants and anxiety meds for him. I will ask [staff member M] by text today for a visit in clinic tomorrow.This request was a recommendation for a medication, which staff member E stated was not working within the employee's own scope of practice.</p> <p>Review of staff member F's job duties, showed:</p> <p>. Interpret social, psychological, and emotional needs of the resident/family to the medical staff, attending physician, and other resident care team members .</p> <p>3. Review of a facility provided document, titled Admission/Discharge To/From Report, dated 11/18/24, showed: 21 AMA discharges (from January 2024 to current).</p> <p>During an interview on 11/20/24 at 12:42 p.m., resident #15 stated from the moment they entered the bus for transportation they had a bad feeling about [Facility Name]. Resident #15 proceeded to provide examples of the stay at the facility, which was for less than 24 hours, and then the resident left AMA. Resident #15 stated feeling unsafe, stated staff were rude, the resident felt like a burden when the nurse scoffed at the resident for asking what pills the resident was encouraged to take, and felt the food was horrible. Resident #15 stated expressing concerns when leaving the [Facility Name], but resident #15 stated no one had ever followed up with the AMA discharge. Resident #15 stated the facility was not doing their duty of care. Resident #15 stated, If you've got dementia in there (the facility), you're stuck. It really needs a lot of help.</p> <p>Review of resident #15's nurse's notes showed resident #15 left AMA 5/8/24 at 8:57 a.m.</p> <p>Review of resident #15's physician orders showed a discontinue date and time of 5/9/24 at 5:42 p.m.</p> <p>4. During an interview on 11/19/24 at 10:55 a.m., staff member C stated if there were any behavioral health issues, staff would document a note in PCC. Staff member C stated there were many instances when staff did not document a behavior because they did not physically see it. Staff member C stated there were frequent behaviors at the facility, such as residents leaving frequently to buy cigarettes, marijuana, and alcohol. Staff member C stated these substances can mix with medications and have an enhanced effect. Staff member C stated the facility had policies against these substances, but the facility was not enforcing them. Staff member C stated, They're (staff ) so lax about it. Staff member C stated this concern had been expressed to staff member F, staff member G, staff member A, and all of the old DON's. Staff member C stated F, G and A have been told repeatedly. Staff member C stated, I feel like we just talk to a wall sometimes.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Whitefish Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1305 E 7th St Whitefish, MT 59937	

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F 0835  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	During an interview on 11/20/24 at 10:42 a.m., staff member C stated the education or in services provided were not hands on, but rather a signature on a piece of paper was completed, after a power point presentation. Staff member C stated, We have no communication here, and many of the staff are afraid to speak up.

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>50245</p> <p>Based on interview and record review, the facility quality assurance and performance improvement committee failed to identify and act on concerns for why a high number of residents discharged against medical advice during the last year, which included 1 (#15), and there was a total of 21 residents who discharged AMA during this time period. All 21 residents were at risk for a negative outcome due to each one leaving without a physician's discharge approval or a completed plan of care. Findings include:</p> <p>During an interview on 11/20/24 at 12:42 p.m., resident #15 stated they had a bad feeling about [Facility Name]. Resident #15 proceeded to provide examples of the stay at the facility, which was for less than 24 hours, and then the resident left AMA. Resident #15 stated feeling unsafe, stated staff were rude, the resident felt like a burden when the nurse scoffed at the resident for asking what pills the resident was encouraged to take, and felt the food was horrible. Resident #15 stated expressing concerns when leaving the [Facility Name], but resident #15 stated no one had ever followed up with the AMA discharge. Resident #15 stated the facility was not doing their duty of care. Resident #15 stated, If you've got dementia in there (the facility), you're stuck. It really needs a lot of help.</p> <p>Review of resident #15's nurse's notes showed resident #15 left AMA 5/8/24 at 8:57 a.m.</p> <p>Review of a facility provided document, titled Admission/Discharge To/From Report, dated 11/18/24, showed: 21 AMA discharges (from January 2024 to current).</p>		

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<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have policies on smoking.</p> <p>50245</p> <p>Based on observation, interview, and record review, the facility failed: to ensure residents were smoking at a minimum of 25 feet away from the facility doors for 1 (#14); to ensure residents with a low BIMS score were not independently smoking for 2 (#s 6 and 13); and ensure all smoking materials were stored in the appropriate place for 1 (#5) of 15 sampled residents. Findings include:</p> <p>During an interview on 11/19/24 at 10:55 a.m., staff member C stated smoking assessments were completed upon admission and as needed if there was a change in condition. Staff member C stated the smoking supplies were locked up and only nurses and the social services department had the keys.</p> <p>During an interview on 11/20/24 at 10:16 a.m., staff member O stated residents were allowed to smoke in a designated smoking area, located outside the door, from the activities room.</p> <p>During an interview on 11/20/24 at 10:26 a.m., resident #5 showed personal tobacco, which was located in the resident's room, and the resident would smoke the tobacco.</p> <p>During an observation on 11/20/24 at 10:46 a.m., resident #14 was outside of the activities room door by only a few feet, smoking a cigarette, while being observed by another staff member. The facility door was open into the activities room, and the cigarette smoke visibly moved into the facility.</p> <p>Review of a facility provided document, titled Smokers List (Both supervised and unsupervised), not dated, showed: [Resident #6] and [Resident #13] did not need to be supervised while smoking.</p> <p>Review of resident #6's EHR showed a BIMS score of 99. The first question of the MDS showed, Should Brief Interview for Mental Status be conducted?, with the answer, No (resident is rarely/never understood).</p> <p>Review of resident #13's EHR showed a BIMS score of 5. A BIMS score of 0-7 suggests severe cognitive impairment.</p> <p>Review of a facility policy titled, Resident Smoking [Facility Name], last revised 1/1/24, showed:</p> <p>. 2. Safety measures for the designated smoking area will include, but not limited to:</p> <p>. f. Located _25_ feet from exits and common space utilized by other residents in order to protect non-smoking residents from second-hand smoke .</p> <p>6. Residents who smoke will be further assessed, using the Resident Safe Smoking Assessment, to determine whether or not supervision is required for smoking, or if resident is safe to smoke at all . [sic]</p>		