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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275133	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Blackfeet Care Center	728 S Government Sq Browning, MT 59417

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 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. 32998 Based on interview and record review, the facility failed to report the findings of an alleged allegation of abuse to the State Survey Agency, within five days for 1 (#83) of 17 sampled residents. Findings include: A review of a Facility Reported Incident related to resident #83, showed an event which occurred on 5/23/24. The report showed, Security reports that resident states that she was assaulted outside of the facility by her son. Security went to alert charge nurse . Resident is considered an elopement because she did not sign out of the facility . During an interview on 1/29/25 at 2:17 p.m., staff member D stated the facility staff member responsible for incident reporting stated he did not submit his investigation into the incident. Staff member D stated the resident's family member tried to get the resident to come back into the facility. Staff member D stated she did come back one time, but after that she never came back, and the facility documented she left AMA (against medical advice). The facility failed to report the required 5-day investigation findings to the State Survey Agency. Review of the facility policy titled, Abuse Prevention Policy and Procedures, with a revision date of 1/25, showed the findings of an abuse investigation were to be reported within five days of the incident.

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: 275133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Blackfeet Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 728 S Government Sq Browning, MT 59417	

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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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 44769 Based on interview and record review, the facility failed to identify the root causes of falls for 1 (#12) of 17 sampled residents, and the resident continued to fall, and this resulted in the resident sustaining a head injury from a subsequent fall. Findings include: During an interview on 1/29/25 at 9:29 a.m., NF1 stated resident #12 had fallen five times this year. NF1 further stated she had asked why resident #12 kept falling and the facility staff could not tell her why. A review of resident #12's Morse Fall Scale, dated 11/12/24 at 9:59 a.m., showed resident #12's score was 75, and was at high risk of falling. A review of facility documents titled, Post-accident/Follow-up Investigation Form Team Meeting, for falls for resident #12, with dates of 2/2/24, 2/8/24, 3/5/24, 3/21/24, and 9/6/24, showed the Fall Root Cause Analysis portion of the documents were not filled out. A review of a progress note for resident #12, dated 11/13/24 at 2:26 a.m., showed: Note Text: [Staff member M] was sitting nearby while [Resident #12] was in bed. [Resident #12] stood up and fell on the floor hitting her forehead. [Staff member M] stated She was getting up from bed. I didn't get to her in time and she fell , [Resident #12] was saying she was taking her sister to the bathroom, [Resident #12] has a bump from the fall. It's 2X2, egg shaped bump on the left side of forehead, with no LOC. No other injuries noted. V.S B/P 234/116, P 87, R 20, T 98.3, O2 sat 90%. 01:55 [1:55 a.m.] Called [Staff member B], 02:00 [2:00 a.m.] Called [NF3] informed them of [Resident #12's] fall. 02:15 [2:15 a.m.] Called POA [NF2]. 02:20 [2:20 a.m.] Called ER spoke to ER nurse [Intials]. 02:25 [2:25 a.m.] Dispatch called. 02:28 [2:28 a.m.] EMS arrived, 02:30 [2:30 a.m.] [Resident #12] placed on stretcher and transported via ambulance to er. [sic] A review of an Emergency Department Visit Record, for resident @12, dated 11/13/24 at 2:28 a.m., showed: HPI: 82 y/o female from the nursing home who was brought due to fall on her head with concussion with LOC and neck pain. Pt has a hx of DM Type 2 and dementia. On arrival, . [sic] During an interview on 1/29/25 at 11:19 a.m., staff member A stated there was no root cause analysis documentation for resident #12's falls. During an interview on 1/29/25 at 1:14 p.m., staff member B stated falls had not been documented like they should have been. A review of a facility policy titled, Falls and Fall Risk, Managing, with a revised date of March 2018, did not show root cause analysis as a step in the facility's fall prevention process. The policy language did not address how the facility would identify causal factors to attempt to prevent future falls with and without injury.