STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275134	A. Building B. Wing	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ivy at Deer Lodge	1100 Texas Ave Deer Lodge, MT 59722

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 0565 Level of Harm - Potential for minimal harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. 48268 Based on interview and record review, the facility failed to provide evidence to show the facility took action to acknowledge and resolve, or attempt to resolve, all concerns brought forth by the resident council. The failure had the potential to affect all residents who attended the resident council or who had interest in the council's activities, and specifically 3 (#s 4, 7, and 21) of 3 sampled residents who attended resident council. Findings include: During an interview on 10/8/24 at 2:24 p.m., resident #4 stated, We have had the same exact menu for over a year and a half. It keeps coming up at resident council, but nothing ever changes. During an interview on 10/9/24 at 12:10 p.m., resident #7 stated going to resident council was like talking to the wind. They don't follow up on anything. During an interview on 10/9/24 at 12:20 p.m., resident #21 stated, hardly anyone goes to resident council anymore because our input doesn't seem to matter. For example, we have had problems with the menus and lost laundry and we tell them (administration) and are told, 'Give me a couple days to look into it.' Nothing ever comes of anything we bring up at the council meetings. Our concerns just don't seem to matter. During an interview on 10/9/24 at 1:45 p.m., staff member A stated the concerns (from Resident Council) were discussed during daily standup meeting, and then forwarded to the appropriate department for resolution. During an interview on 10/9/24 at 2:02 p.m., staff member B stated the former dietary manager had called the person in charge of the menus for the corporation a couple of months ago, but never heard back. Staff member B did not know if there was any follow-up from the initial call. During an interview on 10/9/24 at 2:10 p.m , staff member I stated he had not been in the position long but had been trying to locate alternate menus in the corporate system. Staff member I presented a copy of the current menu for review, and stated the menu had not changed for almost two years. During an interview on 10/9/24 at 2:40 p.m., staff member E stated there was a follow-up form in use for concerns brought up by residents during resident council. The form would be given to the applicable department head, after the resident council meeting, for follow-up and resolution. Staff member E stated she had copies of the forms but was unable to locate any in her resident council files at the time of the interview. (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

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F 0565 Level of Harm - Potential for minimal harm Residents Affected - Some	Review of the facility's resident council minutes for calendar year 2024 showed lost laundry and menu concerns beginning on the February 2024 meeting, and both concerns remained on the agenda as old business through September 2024, noted as not handled. Review of resident council minutes also showed several resident suggestions for lost laundry, missing items, and menu variations. There was no documentation to show any of the suggestions had been implemented or discussed, and the concerns remained unresolved as of the end of the survey period, as noted by resident and staff interviews. A request for tracking documentation for grievances addressed at resident council was made on 10/9/24 and 10/10/24. No documentation was received by the end of the survey period. Review of facility policy titled, Resident Council Meetings, dated 1/1/24, showed, . 7. The facility shall act upon concerns and recommendations of the Council, make attempts to accommodate recommendations to the extent practicable, and communicate its decisions to the Council.

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 51133 Based on interview and record review, the facility failed to provide written notice of the reason for a facility-initiated transfer to a resident or the resident's representative, for 3 (#s 36, 54, and 149) of 3 sampled residents for transfers, and staff were not aware of the process of the transfer notices, who completed them, and a policy and procedure was not provided to show it was operationalized; and the facility failed to notify the Office of the State Long-Term Care Ombudsman, for 1 (#36) of 3 residents sampled for hospitalization s. Findings include: 1. Review of resident #36's medical record showed the resident was transported to the hospital for an acute change in condition on 9/27/24. The medical record failed to show the required written notice of the reason for the transfer was provided to the resident or representative. During an interview on 10/9/24 at 9:12 a.m., staff member G stated social services sends notifications to the Ombudsman for transfers and discharges. Staff member G stated there is no physical form that residents sign or receive before being transferred. During an interview on 10/9/24 at 10:54 a.m., staff member E stated the list of transfers and discharges is sent to the Ombudsman monthly. During an interview on 10/9/24 at 3:42 p.m., NF3 stated there was no transfer discharge information received from facility staff at [Facility Name] for the month of September 2024. 48268 2. a. Review of resident #54's medical record showed the resident was transported to the hospital for acute changes in condition on 7/3/24, 7/5/24, and 7/24/24. The medical record failed to show the required written notice of the reason for the transfers was provided to the resident or representative. b. Review of resident #149's medical record showed the resident was transported to the hospital for acute changes in condition on 7/5/24, 7/14/24, 9/3/24, and 10/9/24. The medical record failed to show the required written notice of the reason for the transfers was provided to the resident or representative. During an interview on 10/8/24 at 1:27 p.m., staff member C stated she only completed the 30-day transfer notification forms, and did not know who was responsible for completing immediate transfer notifications for transfers to the hospital. Staff member C stated, I don't know if nursing does that, but I do not. During an interview on 10/8/24 at 1:48 p.m., staff member G stated she was not aware of any specific form which notified a resident or a resident's representative of the reason for a transfer. A request for resident #54 and #149's written notification of transfer were requested on 10/9/24. None were received prior to the end of the survey. (continued on next page)

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A request for transfer notification policy was requested on 10/9/24. No transfer notification policy was received prior to the end of the survey.

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F 0625 Level of Harm - Potential for minimal harm Residents Affected - Some	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. 48268 Based on interview and record review, the facility failed to provide the required bed hold notice to the resident or the resident's representatives prior to, or timely after, a transfer, for 2 (#s 54 and 149) of 3 residents sampled for hospitalization s. Findings include: a. Review of resident #54's medical record showed the resident was transported to the hospital for acute changes in condition on 7/3/24, 7/5/24, and 7/24/24. The medical record showed bed hold notifications signed by staff member H, but not signed by a resident or resident representative. There was no documentation in the medical record to show the resident or his representative was provided or notified of the required written bed hold notice. b. Review of resident #149's medical record showed the resident was transported to the hospital for acute changes in condition on 7/5/24, 7/14/24, 9/3/24, and 10/9/24. The medical record showed bed hold notifications signed by staff member H, but not signed by a resident or resident representative. There was no documentation in the medical record to show the resident or his representative was provided or notified of the bed hold notice. During an interview on 10/8/24 at 1:27 p.m., staff member C stated her office was not responsible for completing bed hold notifications. Staff member C stated bed hold notifications were the responsibility of the medical records staff. During an interview on 10/8/24 at 1:55 p.m., staff member H stated she was responsible for completing the bed hold notifications. Staff member H reported that she . usually completes them whenever someone has been sent to the hospital. They are completed on the next business day, or whenever I become aware that a resident went to the hospital. Staff member H stated she was never told that the notification should be provided to the resident or their representative, and was taught that the form was for billing or medical record use only. During an interview on 10/8/24 at 1:48 p.m., staff member G stated she was not aware of any specific form associated with the bed hold when a resident was being transferred and had never completed one prior to transferring a resident. Review of a facility document titled, Bed Hold Notice upon Transfer, dated 1/1/24, showed the following: - Policy: At the time of transfer for hospitalization or therapeutic leave, the facility will provide to the resident and/or the resident representative written notice which specifies the durations of the bed-hold policy and addresses information explaining the return of the resident to the next available bed . - . 2. In the event of an emergency transfers of a resident, the facility will provide within 24 hours written notice of the facility's bed-hold policies, as stipulated in the State's plan. [sic]

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 47785 Based on observation and interview, the facility failed to remove and dispose of expired medical supplies in the medication room. These failures increased the risk of expired medical supplies being used for any resident at the facility. Findings include: During an observation on 10/10/24 at 9:55 a.m., the following items were observed in the medication room: - 2 needles, 25-gauge x 1 labeled with an expiration date of 9/30/24 - 38 dark blue topped vacutainers labeled with an expiration date of 8/31/24 - 4 light blue vacutainers labeled with an expiration date of 8/31/24 - 7 light blue vacutainers labeled with an expiration date of 9/30/24 - 54 orange topped vacutainers labeled with an expiration date of 11/30/23 - 1 Luer Loc 30ml syringe labeled with an expiration date of 9/20/24 - 1 ml syringe labeled with an expiration date of 8/16/24 - 1 collection swab labeled with an expiration date of 4/7/24 During an interview on 10/10/24 at 10:55 a.m., staff member F stated she is the one responsible for checking for expired medications and supplies. Staff member F stated she had just gone through the room that week and couldn't believe she missed the expired supplies. On 10/10/24 at 9:15 a.m. the Medication and Medical Supply Storage policy, and the Medication and Medical Supply Destruction policy, were requested from the facility. These policies were not provided before the end of the survey.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 51133 Based on observation, interview, and record review, the facility failed to ensure food items in the refrigerator and freezer were labeled and dated, failed to maintain a clean and sanitary environment in the kitchen, and the facility failed to ensure kitchen staff wore beard coverings while serving food. This deficient practice had the potential to affect all residents receiving food from the facility's kitchen. Findings include: 1. During the initial tour of the kitchen on 10/7/24 at 12:20 p.m., the following was observed: Refrigerator: - An undated and unlabeled clear container with a green lid containing sliced cheese - Two undated and unlabeled gray plastic cups containing an unknown liquid - An undated and unlabeled container with mixed vegetables in the refrigerator. Freezer: - Four undated and unlabeled plastic storage bags of diced rhubarb - An undated and unlabeled plastic storage bag containing pepperoni - An open and undated bag containing blueberries During an interview on 10/8/24 at 3:17 p.m., staff member J stated all food stored in the refrigerator and freezer, to include if it was opened, was to be labeled and dated. Review of the facility's policy, Food Safety Requirements, dated 9/1/24, showed: . 3. Facility staff shall inspect all food, food products, and beverages for safe transport and quality upon delivery/receipt and ensure timely and proper storage. . c. Refrigerated storage - foods that require refrigeration shall be refrigerated immediately upon receipt or placed in freezer, whichever is applicable. Practices to maintain safe refrigerated storage include: . iv. Labeling, dating and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable)/discarded . [sic] 2. During an observation on 10/8/24 at 3:03 p.m., there was dirt, grease, grime, trash and food particles on the floor in the corners and along the wall throughout the kitchen. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 10/8/24 at 3:18 p.m., staff member I stated there were no cleaning logs in place for cleaning and sanitizing in the kitchen. During an interview on 10/9/24 at 11:29 a.m., staff member I stated housekeeping is too busy to clean in the kitchen, and cleaning in the kitchen is the dietary department's responsibility. During an observation on 10/9/24 at 11:35 a.m., dirt, grease, grime, dirty dishes and food particles remained on the floor in the corners and along the walls throughout the kitchen. Review of the facility's policy, Sanitation Inspection, dated 1/1/24, showed: . 1. All food service areas shall be kept clean, sanitary, free from litter, rubbish . 3. During an observation on 10/9/24 at 12:01 p.m., staff member I was not wearing a beard net over his facial hair while serving food. During an interview on 10/9/24 at 1:24 p.m., staff member I stated, I don't know if we are supposed to wear beard nets. I haven't seen anything that we are supposed to. Staff member I further stated the facility did not have beard nets for use. A review of the facility's policy, Food Safety Requirements, dated 9/1/24, showed: . 7. Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects. . d. Dietary staff must wear hair restraints (e.g. hairnet, hat, and/or beard restraint) to prevent hair from contacting food .