

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275135	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Discovery Care Centre Ltd		STREET ADDRESS, CITY, STATE, ZIP CODE 601 N 10th St Hamilton, MT 59840	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>44769</p> <p>51111</p> <p>Based on interview and record review, the facility failed to ensure a POLST form was completed to include a resident or decision-maker signature, and that the form was readily accessible in the electronic medical record, for 1 (#1) of 19 sampled residents. Findings include:</p> <p>During an interview on 12/5/24 at 10:35 a.m., staff member C stated a resident or the resident's representative would be asked on admission about their advanced directive. The advance directive would be reviewed in the initial care conference about two days later, with the resident in attendance. If the resident's representative was not at the initial care conference, they would be contacted via telephone. Each resident's POLST was reviewed quarterly.</p> <p>Review of resident #1's electronic medical record showed one POLST attached with no documented patient or decision-maker signature or printed name. The form showed DNR, comfort measures only, no artificial nutrition by tube, and discussed with patient and patient's health care agent or decision maker were selected. The form stated, By signing below, the decision-maker acknowledges that these orders are consistent with the known desires of the patient. Signature of Patient or Decision-Maker (required) . The POLST showed the name of the person preparing the form and the signature of provider dated 9/18/18.</p> <p>Review of resident #1's Care Plan, revision date 6/12/23, showed:</p> <p>[Resident #1] has the following Advance Directives on record: DNR, comfort measures only . Advance Directives will be discussed and reviewed with [Resident #1] and/or appointed health care representative upon admission, quarterly and prn . DNR: see POLST . Ensure that a copy Advance Directive is in [Resident #1's] medical record and accessible. Staff aware of where to find designation of Advance Directive status . Has a POLST scanned into documents .</p> <p>Review of a facility policy titled, Advance Directive and POLST Policy and Procedure, reviewed date 4/22/24, showed:</p> <ul style="list-style-type: none"> - . at the time of admission the Facility shall: - . ask for a copy of the most recent advance directive or POLST . <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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - document in a prominent part of the resident's medical record whether or not the individual has executed an advance directive or POLST and place document in medical record . - shall periodically review and document as part of the comprehensive care planning process, the existing care instructions and whether the resident wishes to change or continue these instructions . - review resident's POLST . - shall train staff concerning the advance directive and POLST policies and procedures. This training includes where to send questions about advance directives . - the legal department or other internal resources in order to appropriately implement advance directives . <p>Review of a document provided by the facility, Directions for Health Care Professionals, revised date September 2019, showed:</p> <p>Completing POLST . Patient (or legal decision-maker, if patient unable to make medical decisions) must sign to be valid .</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>41952</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident at risk for nutritional deficits was monitored to prevent the resident from having severe weight loss, for 1 (#30) of 19 sampled residents. Findings include:</p> <p>During an interview on 12/4/24 at 4:15 p.m., staff member E stated the CNAs would check the EHR to see what residents needed to be weighed that day. Staff member E stated the residents had different frequencies to be weighed. Some were monthly, weekly, or daily. Staff member E stated the nurse would check the weight entered by the CNA and let them know if they needed a reweight for a drastic change.</p> <p>During an observation and interview, on 12/4/24 at 4:18 p.m., resident #30 was in his wheelchair. He was thin and was missing front teeth on the top and bottom of his mouth. Resident #30 stated he had lost a lot of weight while at the facility, and his weight went down to 160 pounds, and he was currently under what he weighed in high school at 172 pounds. Resident #30 stated he also took a medication that caused him to urinate a lot and was just now getting daily weights completed in the last two weeks to see if he needed to remain on the medication. Resident #30 stated he was now eating more meals as he was getting the requested fresh fruit and vegetables for lunch.</p> <p>During an interview on 12/5/24 at 10:21 a.m., staff member D stated she reviewed resident #30 on admission, and he was at risk for weight loss due to a recent large weight loss, inadequate intakes of food, and current comorbidities including wounds. Staff member D stated she had added supplements for him to try and was likely the one asking for more frequent weights in the beginning. The weight frequency could have been ordered by the doctor through nursing and should be taken by facility policy. Staff member D stated she would run the weight report weekly and address any resident noted with a change. Staff member D stated she checked in on resident #30 in November to see how the food changes he requested were working out and update his nutrition assessment. She realized he had not had a recent weight. Staff member D requested to get accurate weights on resident #30 and the regular weights had continued now. Staff member D stated resident #30 did lose a lot of weight but never looked underweight and his wounds had not worsened during that time.</p> <p>Review of resident #30's weights showed on 9/9/24 he weighed 190.0 pounds, slowly lost weight to 185.0 on 9/23/24. No weights were done for resident #30 from 9/24/24 to 11/5/24. The weight on 11/6/24 was 159.5 pounds, a 25.5 pound severe weight loss from his last September weight.</p> <p>Review of the facility policy, Weight Monitoring, last reviewed 10/14/24, showed:</p> <p>Based on the comprehensive assessment, the facility will ensure the resident maintains acceptable parameters of nutritional status, such as body weight . resident weights should be taken:</p> <ul style="list-style-type: none"> a. Newly admitted residents - weekly for 4 weeks b. Residents with weight loss - weekly c. If clinically indicated - daily <p>(continued on next page)</p>		

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F 0692 Level of Harm - Actual harm Residents Affected - Few	d. All others - monthly		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>44769</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and record review, the facility failed to maintain safe and palatable temperatures for food served to residents in their rooms for 3 (#s 3, 13, and 18) of 19 sampled residents. Findings include:</p> <p>During an interview on 12/3/24 at 8:28 a.m., resident #18 stated, My food is cold when it gets to my room.</p> <p>During an interview on 12/3/24 at 1:49 p.m., resident #3 stated she ate all meals in her room, and when the food arrived it was not good and always cold. Resident #3 stated she previously saw staff carry trays down the hall uncovered and into her room, and that there were no hot trays of food. Resident #3 stated she had a taco within a week or so ago for a meal and it was cold, as if it just came out of the refrigerator, and, for paying \$345 a day we are given lousy food. Resident #3 stated she would attend resident council meetings if she could, but she missed attending them, and she heard there were a lot of complaints about food.</p> <p>During an interview on 12/3/24 at 2:15 p.m., resident #13 stated she ate meals in her room and the dining room, and usually ate breakfast in her room. Resident #13 stated the food was okay, but the meal trays were served too cold. Resident #13 stated the meals were not warm enough and were not a good temperature (food warm enough) when they arrived in her room.</p> <p>During an observation and interview on 12/4/24 at 8:36 a.m., staff member F opened the door of the meal tray delivery cart and checked the temperature of resident #18's breakfast with a thermometer and stated, It's not gonna be where it needs to be. The temperature of resident #18's pancake was 100.7 degrees Fahrenheit.</p> <p>During an interview on 12/4/24 at 8:46 a.m., staff member F stated food is cooked and held in the steam table at 135 degrees Fahrenheit until its brought into the dining room. The meals that are served to the residents in their rooms continued to stay in the steam table until the dining room meals were served. After the meals were served in the dining room, the meals going to resident rooms were taken out of the steam table, and put in the meal tray delivery cart to go down the hall to resident rooms.</p> <p>A review of a facility policy titled, Food Temperatures, with a review date of 8/26/24, showed:</p> <p>Policy: The temperatures of all food items will be taken and properly recorded prior to service of each meal.</p> <p>Procedure:</p> <p>1. All hot food items must be cooked to appropriate internal temperatures, held and served at a temperature of at least 135 degrees F.</p> <p>b. Hot food items may not fall below 135 degrees F after cooking .</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Temperatures should be taken periodically to assure hot foods stay above 135 degrees F .</p> <p>6. Foods sent to the units for distribution (such as meals, snacks, nourishments, oral supplements) will be transported and delivered to unit storage areas to maintain temperatures at or below 41 degrees F for cold foods and at or above 135 degrees F for hot foods .</p> <p>51111</p>		