STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0600 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interview and record review, the facility failed to identify, correct, and protect a resident who voiced neglect of care concerns, including when the neglect resulted in a lack of care by a staff member (NF7), and this failure contributed to psychosocial harm, for 1 (#47); and when grievances were brought forth, staff did not identify neglect included in the grievances, to neglect continued to occur. The system failure for the prevention of neglect of care contributed to the resident's ongoing anxiety, feelings of being unsafe, decline in mobility, lack of ADL care related to bowel and bladder, and ongoing skin concerns with the resident's ears, heels, and coccyx; out of 19 sampled residents. This failure also put other residents at risk of neglect due to the system failures and neglect not being addressed. Findings include:1. During an interview on 3/23/26 at 3:27 p.m., resident #47 stated he had complaints about a specific previous staff member, NF7, who would leave his call light on for hours, would not help resident #47 with ADL cares which resulted in resident #47 soiling his brief (bowel and bladder) from waiting so long. Resident #47 stated NF7 would then want resident #47 to ambulate to the restroom, but resident #47 stated he had already gone in his brief (was incontinent) and would refuse to ambulate to the restroom. Resident #47 stated NF7 would then encourage resident #47 to sign a refusal of care form. The lack of care and assistance was upsetting for the resident. A review of resident #47's admission MDS, submitted 8/22/25, showed the resident had a BIMs of 15; cognitively intact. The resident was dependent on staff for bowel and bladder care and assistance, and he had range of motion limitation on both upper and lower extremities. During an interview on 3/24/26 at 10:48 a.m., NF6 stated they were concerned about resident #47's care at the facility. NF6 stated resident #47 and NF6 had concerns about a specific previous staff member, NF7, who would leave resident #47's call light on for over an hour, which resulted in resident #47 soiling his brief. NF6 stated she overheard NF7 talk to resident #47 on the phone one night, and she said NF7 was very rude and he sounded angry with resident #47. NF6 stated she expressed these concerns in person, through phone calls, and through emails to staff members A and C. NF6 stated resident #47's mobility had declined in the facility, and he now needed two people in order to ambulate and stated, Just because you're a two person (assist), you should not have to wait two hours. NF6 stated resident #47 was ridiculed for not making it to the restroom after waiting for his call light to be answered, and stated I'm sorry, I can't hold my urine that long either.During an interview on 3/24/26 at 3:47 p.m., resident #47 stated, I hate to say this, I usually pee my pants. He stated he had asked for a commode in the past due to his decline in mobility and some additional concerns with his roommate. Resident #47 also stated, So I [expletive] my pants. Resident #47 stated he usually waited over 45 minutes for help, and stated he developed skin issues at the facility from sitting so long and not being cleaned up timely.During an interview on 3/24/26 at 4:12 p.m., staff member O stated that resident #47 used to have behaviors until he was moved to a different unit. Staff member O stated that sometimes he would have anxiety, which was from an accident prior to his admission, but he would also get nervous and display behaviors when staff would forget about him or fail to perform all of the required care.During an interview on 3/25/26 at 11:32 a.m., staff member Q stated NF7 worked at the facility from 3/4/25 until 3/16/26, with no previous disciplinary action.2. Resident #47's Skin Concerns: (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0600 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Please see F686 - Prevention of Pressure Ulcers for detail on skin concerns.During an interview on 3/25/26 at 2:04 p.m., staff member B stated the facility staff members should have been doing weekly skin assessments for resident #47. Staff member B stated she and the wound care staff were unaware of any ear or coccyx skin issues.Review of resident #47's physician orders failed to show wound orders for his left heel.During an interview and observation on 3/25/26 at 4:32 p.m., staff member P stated resident #47's skin was described as: his left heel had eschar, and it looked like it probably should be debrided. The resident's right heel was red and cracked, his coccyx was pink, his right rear ear was red, and his left rear ear was red and blanchable, but had a slightly slower capillary refill time of approximately four seconds. Staff member P stated to prevent skin issues on resident #47's heels, staff should float the heels. Resident #47 was sitting in a recliner with his feet raised a couple of inches off the ground. Staff member P looked in resident #47's cabinet and found Posey boots. Staff member P stated she had never seen the Posey boots on resident #47 before and stated she had no idea they were in his room. Staff member P also stated resident #47 had +2 pitting edema to both of his feet and ankles. Staff member P stated the edema felt like thick fluid, and it had developed while the resident was in the facility. Staff member P stated mobility and elevation would help with the resident's edema.3. Grievance Process: Please see F585 - Grievances for details on grievance concerns and the grievance system.During an interview on 3/25/26 at 11:22 a.m., staff member C stated a grievance should be made if a resident brought up a concern of neglect of care, ADLs not being done, or long call light wait times. Staff member C stated if there were any concerns brought forward by a resident or family member, a grievance would be filed. Staff member C stated they were unaware of any concerns brought forward from resident #47 or NF6, specifically. Review of resident #47's Care Conference, dated 2/24/26, showed, (Resident #47) reports that at night they are making him sign refusal sheets. Reports waiting 20-40 minutes for call light to be answered, and in the mean time he reports having an accident and when they come, they want him to go to bathroom, and he expresses that he is already wet so they can clean him when standing up. This issue is only at night per (resident #47). (Resident #47) reports that when he refuses to go to the bathroom they make him sign a refusal paper and he does not understand why. This document was signed by staff member C. Although staff member C signed the document showing the neglect of care concerns, a grievance was not filed and the neglect was not reported and investigated.During an interview on 3/25/26 at 4:15 p.m., resident #47 stated he told staff member C about the neglect and long call lights, and sitting in a soiled brief for hours and staff member C had brought this issue up to management. Resident #47 stated when NF7 was taking care of him, he had not felt safe as he would go for hours without being checked (12:00 a.m. to 4:00 a.m.), or his call light not answered in that time. Resident #47 stated, Oh boy, yes, that he was irritable and anxious, every time NF7 walked into the room. Resident #47 stated he waited as long as possible to push his call button if he knew NF7 was working that night. Resident #47 stated no staff members had asked him if he felt safe, what had happened those nights with NF7, what happened on nights without NF7, and how his concerns related to neglect of care impacted him physically, mentally, or psychosocially.During an interview on 3/26/26 at 9:19 a.m., staff member B stated no concerns from family or the resident were brought to their attention. Staff member B stated they did not report or investigate the alleged abuse or neglect for resident #47.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the system for pressure ulcer prevention was meeting the residents needs, and the processes used by staff for pressure ulcers did not effectively identify, assess, treat, monitor, or prevent pressure ulcers, which affected 4 (#s 47, 63, 78, and 82) of 28 sampled and supplemental residents. This failure placed the residents at risk for experiencing ongoing skin concerns or negative outcomes related to pressure ulcer development and treatment, stemming from staff not using protective measures to prevent pressure ulcers, not identifying pressure ulcers that developed (or are developing), not assessing or documenting pressure ulcers accurately, not implementing interventions to prevent pressure ulcers, and not updating resident care plans for pressure ulcer prevention. Findings include:1. Review of resident #78's nurse progress notes, dated 1/5/26, showed the resident was admitted with skin issues on the buttocks, both heels, and the right knee. Review of the nurse progress note, dated 1/6/26 at 1:57 p.m., showed resident #78 had one wound on her sacral area, one on her right knee, and blisters on both heels. Review of resident #78's nurse progress note, dated 1/11/26 at 11:26 p.m., showed the nurse was called to resident #78's room, and the notes showed, The resident had a silicone foam dressing on that was saturated with drainage. It has a very foul odor and is a brown yellow. Removed from coccyx and found a non-stage-able pressure ulcer on her coccyx measuring the following, 10cm x 5.5cm margin with slough noted in varying measurements from 0.5 cm to 1 cm surrounding black eschar measuring 8cm from 9 to 3 on the clock face x 4cm from 12 to 6on the clock face. There is a reddish pink blanch-able border around the entire area measuring 12cm x 8.5 cm respectfully. There is no wound care orders in the chart at this time. [sic] This was the first documented description of the pressure ulcer wound on the resident's coccyx by the facility staff. Review of resident #78's Weekly Skin Evaluation, dated 1/14/26, showed resident #78's coccyx wound. The wound was noted to have a large eschar cap, and the eschar was boggy and detached on one side. The wound was described as having copious amounts of foul-smelling serous drainage. The wound bed below the eschar cap is about 75% slough and 25% granulation tissue. The wound measured 4.9 (cm) centimeters in length, 8.5 centimeters in width and was 5.0 centimeters deep and was irregularly shaped. This assessment went on to describe this as the first date of observation of the pressure ulcer wound, even though it was identified nine days prior, on 1/11/26. The facility documentation failed to include the evaluation of resident #78's wounds on the left heel, the right outer ankle, and the front of the right knee until 1/14/26. The right heel was not evaluated during resident #78's stay at the facility (1/5/26 to 1/15/26). Review of resident #78's Care Conference Meeting form, with an effective date of 1/8/26, showed portions of the plan were signed on 1/8/26, and other sections were not completed until 1/15/26. The care conference failed to identify a concern with nutrition related to a resident being admitted with one pressure wound to the coccyx and bilateral heel blisters. During the care conference, the POA requested resident #78 have an air mattress due to the resident's coccyx pressure ulcers. Review of resident #78's care plan, with a revision date of 1/8/26, showed the care plan did not identify that pressure ulcers were a problem. Resident #78's care plan did not have any interventions related to pressure ulcers or nutritional interventions to address the healing and prevention of a large (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0686 Level of Harm - Actual harm Residents Affected - Few	pressure ulcer, which was draining copious amounts of fluid. Review of resident #78's January 2026 treatment administration record showed no wound treatments were ordered until 1/13/26, when resident #78 had the following physician orders: - Clean and dress coccyx wound daily and as needed. The wound care was not documented as being done on 1/14/26 or on 1/15/26. - left heel DTI (deep tissue injury) cleanse wound and apply a protective foam dressing. Change the dressing daily and as needed. The treatment record did not have documentation to prove the wound care was completed after 1/13/26. - right lateral ankle wound care. Cleanse area apply treatments and place foam heel dressing secured with Tube grip. Change daily and as needed when soiled or nonintact. The January treatment record showed the treatment was not performed on 1/14/26 and 1/15/26. - Right shin wound care. Cleanse and apply treatment and dressings. Change daily and as needed for soiling or not intact. The treatment record showed this treatment was never completed. Resident #78's progress notes dated 1/15/26 at 7:00 p.m., showed the resident was sent to the emergency room per family request. During an interview on 3/24/26 at 11:14 a.m., NF4 said she spent a significant amount of time with the resident. NF4 said the facility staff did not change the dressings on the wound on resident #78. NF4 said the wound on the resident's coccyx got worse. NF4 said she took a picture of the wound because it was so disgusting and smelled gross. NF4 said she felt she needed to show resident #78's primary care provider the picture of the wounds so someone would do something to get resident #78 treatment. NF4 said the resident's primary doctor told her to have the facility call the ambulance and send resident #78 to the hospital for evaluation. NF4 said resident #78 was seen in the emergency room, and resident #78 had an operation to clean the wound the next day. 2. Review of resident #82's nurse progress note dated 3/9/26 at 7:11 p.m., showed the resident had an incision to the lower back. The progress notes showed a skin concern that the resident's coccyx was open, and possibly caused by pressure, and noted when the resident was admitted . A late entry note dated 3/9/26 at 9:40 p.m. showed resident #82 had a Stage 3 pressure ulcer to the coccyx from admission. Review of resident #82's Nutrition Evaluation Form dated 3/16/26 showed: - no to the question was there a pressure injury present - Other skin condition- coccyx wound care ordered, area opened. Surgical Spine incision. Review of resident #82's Weekly Skin Evaluation showed resident #82 was admitted to the facility on [DATE]. The form showed the date of the first observation of the wound was 3/9/26. The first documented measurements and description of the coccyx wound was made 14 days after admission, and it was on the weekly skin evaluation form. The coccyx wound measured 3.6 cm in length, 1.5 cm in width, and 0.2 cm deep. The form identified that the dietitian was not notified until 3/18/26. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0686 Level of Harm - Actual harm Residents Affected - Few	Review of resident #82's treatment record for March 2026 showed the wound care for the pressure ulcer and the surgical incision on the spine were ordered on 1/9/26. Wound care for neither the surgical incision nor the pressure ulcer was completed on 3/19/26 and 3/20/26, even when the physician ordered daily wound cleansing and dressing changes. Review of resident #82's care plan showed nutritional interventions were not added to the care plan for wound healing/prevention until 3/24/26. On 3/24/26, Proheal, a protein supplement, was added to the care plan to support wound healing fifteen days after the wound was identified. During an interview on 3/24/26 at 2:39 p.m., staff member N said she is physically at the facility about six hours a day, two days a week, usually Monday and Wednesday. Staff member N said her priority is vetting through the newly admitted residents and reviewing weights. Staff member N said the facility had skin and weight meetings. Staff member N said that the meeting was when the facility reviews all the resident wounds again and re-checks their weights. Staff member N said if a resident admits on a Thursday with dietary needs, the resident may not be assessed until next Monday. Staff member N said there was a delay at times, but she had fourteen days to do her assessments and update any nutritional plans. Staff member N said the fourteen-day delay would not be the best practice for any resident with a wound. During an interview of 3/25/26 at 8:56 a.m., staff member B said it may not be in the facility policy, but the facility practice is to do skin checks every seven days. During an interview on 3/25/26 at 1:45 p.m., staff member B said she is not sure why the nurses are not coding skin tears on the heels and coccyx correctly. Staff member B said the problem regarding wounds not being documented every seven days and on admission is because the computer system went through a change. Upon the resident's admission, the nurses must do an admission assessment. If a wound is identified, there is an admission skin evaluation that needs to be opened and completed as well. Staff member B said the admission skin evaluations are not always getting done. During an interview on 3/25/26 at 2:15 p.m., staff member B said the residents with wounds and weight loss are reviewed weekly. Staff member B said it is her and the dietitian at this time at the meetings, but the meetings will be more robust going forward. During an observation and interview on 3/26/26 at 10:30 a.m., staff member H was completing a wound treatment on resident #82's coccyx area. Staff member H said she had no formal wound training but worked for over a year in a wound care clinic. Staff member H said resident #82's wound was staged as a Stage III pressure ulcer. Staff member H said 100 percent of the wound bed was covered with a thick layer of yellow, tan colored slough. Staff member H said the wound edges are starting to have some epithelialization. Staff member H said the facility's practice is for the facility to handle the wounds for a few weeks, and if there is no change or the wound gets worse, the local clinic's wound nurse practitioner starts to follow the resident for assistance. When a wound is covered with a yellowish tan slough and according to the National Pressure Ulcer Advisory Panel the surveyor was unable to stage the wound due to the slough. 3. During an interview and observation on 3/24/26 at 10:06 a.m., resident #47 stated the back of his ears hurt. The oxygen tubing protectors had slid down and were no longer protecting his ears from the tubing. Resident #47's rear right ear was red where the tubing sits, while the rear left ear was very red and had a whitish substance in the crease. Resident #47 stated both of the backs of his ears hurt. Resident #47 stated the left ear hurt the most. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0686 Level of Harm - Actual harm Residents Affected - Few	During an interview on 3/25/26 at 2:04 p.m., staff member B stated the facility nursing staff should have been doing weekly skin assessments for resident #47. Staff member B stated she and the wound staff team had been aware of resident #47's heel concerns but were unaware of any ear or coccyx skin issues. Staff member B also stated resident #47 had a scab on his left heel. During an interview on 3/25/26 at 4:32 p.m., staff member P stated resident #47's skin looked like the following: his left heel had eschar and it looked like it probably should be debrided, his right heel was red and cracked, his coccyx was pink, his rear right ear was red, his rear left ear was red and blanchable, but had a slightly slower capillary refill time of four seconds. Staff member P stated staff member B knew about the skin issues of resident #47's heels, but stated I don't know if they ever told them about the (coccyx redness) or his heels. Review of resident #47's physician orders failed to show wound orders for his left heel. Review of resident #47's EHR failed to show any skin assessments were completed since his most recent re-admission on [DATE]. Review of resident #47's admission Nursing Evaluation, dated 2/18/26, showed, . skin appearance: warm, dry, and intact ., and . Does the resident present with a wound (s)? no [sic] was marked. 4. During an observation on 3/24/26 at 8:42 a.m., NF10 changed the dressing to the pressure ulcer on resident #63's coccyx. Review of resident #63's wound assessments, dated 1/7/26, 1/14/26, 2/11/26, and 3/11/26, showed the pressure ulcer on the resident's coccyx was gradually decreasing in size and was present on admission. Review of resident #63's Comprehensive MDS assessment, with an ARD of 11/30/25, showed the resident had no unhealed pressure ulcers present on admission to the facility. Review of resident #63's PPS Part A Discharge MDS assessment, with an ARD of 1/12/26, showed the resident had one unhealed pressure ulcer which was documented as a Stage IV and present on admission. Review of resident #63's Quarterly MDS assessment, with an ARD of 3/2/26, showed the resident had a Stage III pressure ulcer which was not present on admission. Review of resident #63's TAR, dated November 2025, failed to show any treatment for the resident's pressure ulcer on her coccyx. Review of resident #63's TAR, dated December of 2025, showed daily wound care to the pressure ulcer on the coccyx starting on 12/23/25. Wound care scheduled for 12/25/25 was not documented as completed. Review of resident #63's TAR, dated January of 2026, showed daily wound care from 1/1/26 through 1/22/26. Of the 22 days wound care was scheduled, 12 of the days failed to have documentation showing wound care was completed. Review of resident #63's TAR, dated February of 2026, failed to show any wound care was performed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0686 Level of Harm - Actual harm Residents Affected - Few	on the resident's coccyx pressure ulcer. Discrepancies in the documentation of the appearance (size and stage) and treatment was found with the wound assessment forms, the MDS documentation, and provision of daily wound care treatment. Review of a facility policy titled Skin Integrity updated January 2026 showed: .a resident having pressure ulcer/injury receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. 2. Upon admission, the licensed nurse (LN) establishes a plan of care based on risk factors or presence of wounds. 3. Ongoing evaluation continues weekly with the LN completing a full body skin audit. 4. For new skin impairments identified, the LN completes the following: a. Documents the skin impairment that includes measurements of location, size, color, presence of odor, exudate and presence of pain associated with the skin impairment. b. Surgical wounds, pressure injury, burns venous stasis ulcer, arterial ulcer, diabetic ulcers, blanchable redness on a bony prominence, and Moisture-Associated Skin Damage (MASD) is documented on the Weekly Skin Evaluation. are documented on the weekly skin evaluation form. d. Notifies the medical provider, and if needed, obtains a treatment order and documents on the TAR after order is implemented. e. Notifies the resident/representative of skin condition and treatment plan. f. Notifies the facility Registered Dietitian. g. Implements interventions and documents on the resident's care plan as appropriate. References 1. National Pressure Ulcer Advisory Panel, Prevention and Treatment of Pressure Ulcers: Clinical Guideline. [NAME], DC: National Pressure Ulcer Advisory Panel; 2009.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0760 Level of Harm - Actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based in interview and record review, the facility failed to ensure residents were free from significant medication errors for 1 (#4) of 3 sampled residents with insulin orders. The medication error of omission resulted in a deterioration of condition and an unplanned hospitalization for resident #4. Findings include:Review of resident #4's hospitalization, dated between 1/29/26 and 3/23/26 showed the following:- 1/29/26 - 2/20/26, hospitalized ,- 2/20/26 - 2/23/26, in facility, and- 2/23/26 - 2/26/26 hospitalized .Review of resident #4's insulin orders showed the following:- 1/23/26 - 1/29/26, Lantus insulin 10 units every evening, at bedtime,- 2/20/26 - 2/23/26, no order for Lantus insulin,- 2/26/26 - 3/10/26, Lantus insulin 10 units every morning.Review of resident #4's SNF admission orders from the hospital, dated 2/20/26, showed an order for Lantus insulin 10 units daily.Review of resident #4's admission orders in the EHR, dated 2/20/26, failed to show any Lantus insulin was ordered or given to the resident from 2/20/26 to 2/23/26.Review of resident #4's emergency department note, dated 2/23/26, showed, Patient is a [AGE] year-old male just recently discharged for (from) facility for encephalopathy as well as diabetic ketoacidosis. Patient was discharged several days ago apparently in good condition. He was found to be unresponsive today at the nursing facility. Brought in here obtunded.During an interview on 3/25/26 at 4:10 p.m., staff member B stated resident #4 should have been receiving Lantus insulin daily (2/20/26 to 2/26/26) as ordered at discharge from the hospital. Staff member B stated the Lantus order was missed and not entered into the EHR. The omission resulted in hyperglycemia and a change in mental status necessitating an unplanned hospitalization. Staff member B stated when a resident was discharged from an acute hospital setting, the medical provider from the hospital generally wrote the admission orders and any discrepancies were clarified with the nursing home provider.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Respond appropriately to all alleged violations. Based on interview and record review, the facility failed to fully investigate allegations of abuse and neglect for 3 (#s 26, 47, and 77) of 28 sampled and supplemental residents. The deficient practice failed to ensure the facility identified all residents who may have been abused or neglected, in an attempt to prevent ongoing or future abuse or neglect. Finding include: 1. During an interview on 3/24/26 at 10:08 a.m., resident #26 stated NF8 had been nasty and pushy with her while helping her brush her teeth one night. Resident #26 stated she only had partial dentures and NF8 had told her she should not take so long brushing her teeth because she only had eight teeth. Resident #26 stated NF8 made me hurry up and did not give her the time she needed. Resident #26 stated, We all need help, and I don't even need a ton of help. During an interview on 3/24/26 at 4:40 p.m., staff member A stated they were looking for the staff interviews for resident #26's incident with NF8. Staff member A stated when NF8 was questioned about the incident with resident #26, he instead resigned from his position. Review of the Facility Reported Incident investigation failed to show staff interviews were completed. The importance of staff interviews for an incident in a long-term care facility ensures a more accurate and complete understanding to identify the root causes, improve care practices, and prevent reoccurrences. 2. During an interview on 3/23/26 at 3:27 p.m., resident #47 stated he had complaints about inadequate ADL care with NF7 due to long call light times and being left in a soiled brief for hours. Resident #47 stated he reported the concern to facility staff. During an interview on 3/26/26 at 9:19 a.m., staff member B stated they were unaware of any concerns from family or resident #47 regarding NF7. Staff member B stated they did not report the alleged abuse or neglect or investigate it. A request was made for resident #47's interdisciplinary team notes, root cause, reporting, and investigation for any concerns with staff member NF7 and resident #47. No documentation was provided by the end of the survey. 3. Review of a Facility-Reported Incident submitted to the State Survey Agency on 11/10/25, showed resident #77 alleged a certified nurse assistant came to the room, turned off the call light, and refused to provide requested personal care for resident #77. The facility interviewed the staff involved the night of the incident. The facility investigation did not include interviews from any other residents who may have been affected by staff not responding to care needs when call lights were turned off, and care was not provided. During an interview on 3/26/26 at 7:34 a.m., NF5 said it was the facility's MO (modus operandi) to turn off call lights and not provide the help while the staff was right there. NF5 said during the time she visited resident #77 she never saw the staff provide help when the call light was answered. NF5 said the staff told resident #77 they would be back to provide help but may not always return. NF5 said if the staff returned it may have been a few minutes to 30 minutes before resident #77 received the help she needed. NF5 said it was not just one certified nurse assistant, but many staff would turn off the call light and not provide help. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	On 3/25/26 at 11:00 a.m., the facility was requested to provide interviews from other residents regarding the allegation of neglect because of staff turning off call lights without providing care. By the end of survey on 3/26/26 at 1:15 p.m., the facility had not provided any further interviews or information.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete a baseline care plan that provided instructions needed to provide resident centered care for 3 (#s 11, 78 and 82) of 28 sampled and supplemental residents. The failure to have a baseline care plan placed the residents at risk of not being provided care to meet their basic needs. Findings include: 1. Baseline Care Plan Concernsa. Review of resident #11's electronic health records showed an admission date of 2/19/26. Resident #11 was admitted with diagnoses which included acute kidney failure, anemia, atrial fibrillation, chronic respiratory failure, hypertension, right femur fracture, morbid obesity and muscle weakness. Review of the nurse progress note dated 2/19/26 at 8:14 p.m., showed resident #11 had wound to coccyx reported stage I open. [sic]Review of resident #11's baseline care plan showed no care plan had been started to direct staff in caring for resident #11's wounds, pain management or caring for chronic medical conditions. A care plan was not initiated until 2/24/26 when advanced directives, oral dental health problems, loneliness, and discharge planning were added to the care plan. b. Review of resident #78's care plan showed she was admitted on [DATE] with diagnoses which included dysphagia, dementia, behaviors, history of falls and a urinary tract infection.A review of resident #78's nurse progress note dated 1/5/26 at 5:53 p.m., showed the resident had skin issues on the buttocks, both heels, and the right knee. The baseline care plan initiated on 1/5/29 did not identify pressure wounds or treatment for the wounds. c. Review of resident #82's physician Office/Clinic Notes showed the resident was admitted to the local hospital on 3/1/26 with a lumbar 4 compression fracture. The hospital surgically repaired the lumbar fracture.Review of resident #82's admission Nursing Evaluation initiated on 3/9/26 showed resident #82 had a Stage 3 pressure ulcer and the incision on the lower back had intact staples.Review of resident #82's baseline care plan, dated 3/9/26, did not identify wound management interventions. Resident #82's baseline care plan did not include pain management to control post operative pain.During an interview on 3/24/26 at 4:49 p.m., staff member B said the baseline care plan was triggered when the admitting nurse completed the admission nursing assessment. The baseline care plan was not completed until the nursing assessment was locked. When the nursing assessments were not locked the baseline care plan was not done. Staff member B said the baseline care plans are not always completed on time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on interview and record review, the facility failed to provide education and information to the residents or responsible party on the risks and benefits of psychotropic medication, so they were able to make an informed decision, and the facility did not have documentation to show the resident/responsible party consented to the use of the medications, for 2 (#s 2 and 83) of 19 sampled residents. Findings include:1. Review of resident #83's Hospitalist History and Physical, dated 3/1/26, showed resident #83 had diagnoses which included mixed anxiety and depressive disorder. Review of resident #83's Medication Administration Record, dated March of 2026, showed Ativan, an antianxiety medication, was ordered on 3/11/26. The Ativan could have been given every eight hours as needed for anxiety. Review of resident #83's electronic health record, accessed on 3/26/26, failed to show a consent was provided to resident #83 educating him on the risks verses benefits of using a psychotropic medication. During an interview on 3/26/26 at 7:48 a.m., staff member B said resident #83 had not been provided with a consent for the Ativan. Resident #83 was not educated on the potential side effects and did not have the opportunity to sign a consent for the use of psychotropic medication. 2. During an interview on 3/26/26 at 10:17 a.m., staff member F stated the nurse was responsible for obtaining a psychotropic medication consent form from the resident or the resident's representative prior to a new medication being started. Staff member F stated she did not know why the psychotropic medication consent form for resident #2 was not obtained prior to the resident starting medications. Review of resident #2's medical provider note, dated 1/26/26, showed an order for sertraline 50 mg daily with a start date of 1/24/26, related to depression and anxiety disorder. Review of resident #2's medical provider note, dated 2/3/26, showed an ordered for mirtazapine 7.5 mg every evening related to a decreased appetite. Review of resident #2's medical record failed to show the resident or the resident's representative was provided education related to the use, risks, and benefits of the psychotropic medications in order to make an informed decision on the use of the medications. Review of a facility document titled, Psychoactive Medications, dated June 2025, showed: Policy Statement: It is the policy of this facility that the resident's medication regimen is free from unnecessary drugs and helps to promote or maintain the resident's highest practicable mental, physical, and psychosocial well-being. PROCEDURE: 1. Psychoactive drugs are drugs that affect the brain activity associated with mental processes and behavior. These drugs include: . b. Antidepressant (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	c. Antianxiety . . 4. The risks/benefits of the drug use and informed consent is obtained from resident/resident representative prior to administration of any psychoactive medication initiation or dose increase.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0563 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing. Based on interview and record review, the facility failed to ensure the resident's right to have visitors of their choice for 1 (#53) of 28 sampled and supplemental residents. Specifically, the facility failed to allow resident #53's friend to visit her in the facility. Findings include:During an interview on 3/24/26 at 3:55 p.m., NF1 stated she had been a friend of resident #53 for many years prior to the resident being admitted to the facility. NF1 stated the first time she tried to visit, staff member B escorted her out of the building and was told if she tried to return, law enforcement would be called. NF1 stated she had been an employee of the facility approximately four years ago and was terminated due to an allegation of abuse towards a resident.During an interview on 3/26/26 at 8:48 a.m., NF2 stated he knew the facility was not allowing NF1 to visit resident #53. NF2 stated he was aware of the abuse allegation and was not worried about NF1 abusing resident #53. NF2 stated he wanted NF1 to be allowed to visit resident #53. NF2 stated the facility did not offer supervised visits or visits in a common area of the facility. NF2 was hesitant to bring up the visitation issue because he was concerned it might change the way resident #53 was treated by the facility.During an interview on 3/26/26 at 12:05 p.m., staff member B stated when an employee was terminated due to an abuse allegation, the employee was not allowed to return to the building for any reason. Staff member B stated the restriction was to protect all residents from abuse. Staff member B stated the facility did not consider the resident's history with the visitor when deciding to deny visitation.Review of the facility's policy titled, Visitation, dated March of 2025, showed residents have the right to receive visitors of their choice and at a time of their choosing. The policy also showed, The CENTER PROVIDES REASONABLE ACCOMMODATION FOR VISITATION . LIMITATIONS MAY INCLUDE BUT ARE NOT LIMITED TO: . 4. Denying access or providing limited and supervised access to an individual if that individual is suspected of abusing, exploiting, or coercing a resident until an investigation into the allegation has been completed or has been found to be abusing, exploiting, or coercing a resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on interview and record review, the facility failed to provide written notice of charges not covered when the resident was no longer receiving Medicare skilled services for 1 (#89) of 3 residents sampled for coverage notifications. Findings include: Review of the SNF ABN for resident #84, failed to show this notification was provided to the resident as required. During an interview on 3/24/26 at 2:45 p.m., staff member D stated she was responsible for completing the required notifications when a resident was no longer receiving Medicare A skilled services. Staff member D stated she should have completed the SNF ABN for resident #89. Staff member D stated she did not know why the form was not completed on 1/9/26 when the resident was discharged from skilled care. Staff member D stated the resident stayed for several more days while waiting for approval of his admission to a facility which contracted with the Veterans Administration. Staff member D stated the resident was charged the daily per diem rate until his discharge from the facility on 1/13/26. During an interview on 3/24/26 at 3:55 p.m., NF3 stated he believed resident #89 signed the paperwork associated with the end of skilled care services and the beginning of private pay services. NF3 stated he did not remember seeing anything in writing which explained the services charged after the end of Medicare skilled services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interview and record review, the facility failed to ensure a grievance was completed for an abuse and neglect allegation for 1 (#47); and failed to thoroughly investigate and document the findings for 1 (#53) of 28 sampled and supplemental residents. This deficient practice resulted in resident #47 reported feeling afraid and more anxious when NF7 would care for resident #47. Resident #47 also felt neglected in his care at the facility and feared retaliation for speaking up about NF7's care at the facility. The deficient practice affecting resident #53 increased the risk of discomfort from not repositioning the resident for comfort. Findings include:1. During an interview on 3/23/26 at 3:27 p.m., resident #47 stated he had complaints about a specific previous staff member, NF7, who would leave his call light on for hours and would not help with ADL cares which resulted in resident #47 experiencing bowel and bladder incontinence while waiting for his call light to be answered. Then once NF7 would respond to the needs of resident #47, resident #47 stated NF7 would force resident #47 to ambulate to the restroom instead of being cleaned up near his bed in the middle of the night. Resident #47 stated when he refused to ambulate to the restroom, NF7 would tell resident #47 to sign a refusal of care form. Resident #47 stated he reported the concern to staff member C. During an interview on 3/25/26 at 11:22 a.m., staff member C stated she was the grievance official and if there were any concerns a grievance would always be made to document the concern. Staff member C stated there were no concerns brought forth from family or resident #47 regarding a male CNA or NF7. Staff member C stated a grievance should be made if a resident brought up a concern of neglect of care, ADLs not being done, or long call light times. Review of [external] email from NF6 to staff member C, dated 2/15/26 at 6:49 p.m., showed: . Iam not happy at all with the care (resident #47) has received from the rest home side . (Resident #47) is afraid of him (NF7) due to how he acts I've been on (the) phone when he's flat told (resident #47) 'standing you up or moving you isn't in my job description' . BUT WE DO WANT TO FILE (a) GRIEVANCE . I would also like (NF7) away from (resident #47) . [sic] Review of resident #47's Care Conference, dated 2/24/26, showed, (Resident #47) reports that at night they are making him sign refusal sheets at night. Reports waiting 20-40 minutes for call light to be answered . This document was signed by staff member C. 2. During an observation and interview on 3/23/26 at 3:02 p.m., resident #22 was lying in bed wearing a hospital gown with his legs elevated on pillows. Resident #22 stated there was a night CNA who was rough and refused to reposition his legs. Resident #22 stated he had complained to the facility about the CNA's refusal to lift his legs; however, it was still happening. Review of a grievance submitted by resident #22, dated 10/31/25, showed the nature of the grievance was, male CNA will not readjust my legs to make me more comfortable. [sic] The investigative findings, dated 11/4/25, failed to show any investigation of the portion of the grievance involving a specific night CNA. The findings failed to show there was any attempt to identify the staff member involved or clarify what care was being refused. During an interview on 3/26/26 at 8:10 a.m., staff member E stated she was responsible for investigating the grievance submitted by resident #22 on 10/31/25. Staff member E was not able to recall any of the details associated with the investigation. When asked why she did not attempt to identify the accused CNA, she stated it was a recurrent complaint made by resident #22. Staff (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	member E stated she believed the refusal to reposition the resident's legs for comfort was the result of a miscommunication between the resident and the CNA. Staff member E stated resident #22 requested to have his legs straightened which was not possible due to contractures of both legs. Staff member E stated she encouraged resident #22 to be more specific about what repositioning he was requesting. When asked why this explanation was not documented on the grievance form, staff member E was not able to provide an answer. Review of resident #22's Annual MDS Assessment, with an ARD of 10/14/25, showed the resident had impaired mobility to both upper and lower extremities. The assessment also showed the resident was dependent for all ADLs except eating. The resident required partial or moderate assistance with eating. Review of a facility policy, titled Grievance Procedure Policy, dated 11/16, showed, . 6. Grievances are resolved immediately, when possible, by the individual receiving the grievance. The individual receiving the grievance fills out a Grievance Form. 8. If the grievance involves abuse, neglect, exploitation, or misappropriation . an investigation begins .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 Note: The nursing home is disputing this citation.	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility failed to timely report an abuse and neglect allegation to the State Survey Agency for 1 (#47) of 19 sampled residents. Findings include:During an interview on 3/23/26 at 3:27 p.m., resident #47 stated he had complaints of about a specific previous staff member, NF7, who would leave his call light on for hours, would not help with ADL cares which resulted in resident #47 soiling his brief (bowel and bladder) from waiting so long, and NF7 would encourage resident #47 to sign refusal of care form. Resident #47 stated NF7 would then want resident #47 to ambulate to the restroom, but resident #47 stated he had already gone in his brief. During an interview on 3/26/26 at 9:19 a.m., staff member B stated no care concerns from family or the resident were brought to their attention. Staff member B stated they did not report the alleged abuse or neglect of care. Refer to F600 - Abuse and Neglect on the lack of identification of neglect for the resident. A request was made for documentation for resident #47's interdisciplinary team notes, any root causes identified, reporting, and investigation for any concerns with staff member NF7 and resident #47. No documentation was provided by the end of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interviews and record reviews the facility failed to provide written documentation to the resident and/or the resident's representative upon transfer. The resident or representative was not provided with documentation showing the reason for transfer and the opportunity to enact a bed hold for 1 (#78); and the facility failed to send a copy of the notice of hospital transfer to the local facility Ombudsman for 2 (#s 47 and 78) of 28 sampled and supplemental residents. This deficient practice affected the resident's ability to ensure the transfer was appropriate and did not allow the resident or representative to request the facility to hold their bed. The deficient practice prevented the Ombudsman from tracking transfers. Findings include:1. During an interview on 3/25/26 at 2:21 p.m., NF9 stated she was not notified for resident #47's hospitalization on 2/11/26. During a follow-up interview on 3/25/26 at 3:58 p.m., NF9 stated she did not have any hospitalization notifications for January, February, or March 2026 (until the current date of 3/25/26). Review of resident #47's electronic medical record showed the facility failed to include the discharge transfer notification. A request was made for resident #47 and 78's hospitalization transfer notice to the Ombudsman. No documentation was provided by the end of the survey. 2. During an interview on 3/24/26 at 11:14 a.m., NF4 said resident #78 was transferred to the local hospital emergency room. NF4 said resident #78 was sent for evaluation and treatment due to deterioration of the resident's wounds. NF4 said the facility did not inform her about a bed hold and no paperwork was given to her regarding resident #78's transfer. During an interview on 3/25/26 at 4:13 p.m., staff member B said the transfer notice and bed holds were typically done by the nurses caring for the resident, or by the nurse managers. The delivery of the notice depended upon what staff was available. Staff member B said the social worker completed a report and sent the information about discharges to the facility's Ombudsman. Staff member B said the report was sent to the Ombudsman monthly. Staff member B said the social service designee was not sending the transfer notices to the local Ombudsman. During an interview on 3/26/26 at 8:15 a.m., staff member C said she did not submit information to the facility Ombudsman for resident #78. Staff member C said she submitted information regarding discharged residents to the Ombudsman but was not aware she was to submit information regarding hospitalized residents. Review of the facility policy titled Transfer and Discharge, updated May 2025, showed, - 5. When the transfer or discharge is initiated, the resident received written notice using the Resident Notice of Transfer or Discharge which includes the following items. - 6. The facility sends a copy of the notice to the State Long-Term Care Ombudsman.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on observation, interview, and record review, the facility failed to ensure a resident assessment was completed accurately for 2 (#s 2 and 24) of 19 sampled residents. Findings include:1. During an observation and interview on 3/24/26 at 11:34 a.m., resident #24 was oriented to her surroundings, able to converse, and answer questions appropriately. Review of resident #24's Comprehensive MDS, with an ARD of 2/7/26, showed the resident interview should have been completed. The MDS failed to show a BIMS had been completed during the look-back period. All of the questions in the section were answered as not assessed or no information. Review of resident #24's Quarterly MDS, with an ARD of 12/18/25, showed a BIMS of 15, which correlated with intact cognition. During an interview on 3/26/26 at 8:24 a.m., staff member F stated she was responsible for completing all MDS assessments. When asked why resident #24 did not have a BIMS completed on her Comprehensive MDS assessment, staff member F stated, I just missed it. 2. During an interview on 3/24/26 at 3:59 p.m., staff member C stated that resident #2's PASRR level one was completed on 8/15/25, which showed that a level two was not indicated. A verbal request was made to staff member C for the level one assessment for resident #2 as it was not in the resident's electronic medical record. During an interview on 3/26/26 at 8:50 a.m., staff member C stated that resident #2's PASRR level one was completed on 8/15/25, and she misread the document. Staff member C stated that a PASRR level two was completed on 8/22/25, but she had not received the recommendation, but had since learned she would need to check a secure web portal to get the information. During an interview on 3/26/26 at 10:17 a.m., staff member F stated resident #2's Comprehensive MDS assessment did not reflect that the resident's PASRR level one was completed on 8/15/25 and level two was completed on 8/22/25. Staff member F stated she reviewed resident #2's electronic medical record at the time of the comprehensive assessment and the documentation in which a PASRR had been completed, and it was not in the resident's medical record, and she would not have known one was done. Review of resident #2's electronic medical record did not show documentation of a PASRR level one or two was completed for the resident on 8/15/25 or 8/22/25. Review of resident #2's PASRR's documents, dated 8/15/25 and 8/22/25, requested from the facility showed a level one PASRR had been completed on 8/15/25 and the resident qualified for a level two screening which was completed on 8/22/25 with recommended services for the resident posted to a secure web portal on 8/25/25. Review of resident #2's Comprehensive MDS assessment, with an ARD of 12/30/25, section A, showed the facility indicated the resident was not considered by the state level two PASRR process to have serious mental illness and or intellectual disability or a related condition by answering no.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive care plan for 1 (#63) of 19 sampled residents. Findings include: During an observation on 3/25/26 at 10:15 a.m., resident #63's dressing to the pressure ulcer on the resident's coccyx was changed by NF10. The wound was almost healed with no drainage or odor. NF10 placed a small hydrocolloid dressing to the wound. Review of resident #63's PPS Part A Discharge MDS assessment, with an ARD of 1/12/26, showed the resident had a Stage IV pressure ulcer which had been present on admission [DATE]). Review of resident #63's care plan, dated 3/5/26, showed a problem statement of, The resident has risk for impaired skin integrity r/t (related to) fragile skin d/t (due to) limited mobility . She has a coccyx wound stage III since admission. with an initiation date of 3/5/26 and a revision date of 3/23/26. There was nothing related to a pressure ulcer on the care plan until 3/5/25, approximately three months after admission to the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to accurately document the ADL services offered for 2 (#s 47 and 51), failed to offer a washcloth in the morning for 2 (#s 47 and 51), failed to offer mouthwash for 1 (#47), and failed to provide ADL assistance for a dependent resident for 1 (#22) of 19 sampled residents. Findings include: 1. During an observation and interview on 3/23/26 at 3:24 p.m., resident #22 was lying in bed wearing a hospital gown. Resident #22 also had several days growth of facial hair. Resident #22 stated he did not always get help with meals, has only had sponge baths the past several weeks (no showers) and needs a shave. Resident #22 stated his hand function varied from day-to-day, and the amount of assistance needed changed. Review of resident #22's Comprehensive MDS assessment, with an ARD of 10/14/25, showed the resident was dependent for all ADLs, except eating. The resident only required partial to moderate assistance with eating. Review of the facility's grievance log showed resident #22 had submitted a grievance on 10/31/25. The grievance submitted on 10/31/25 showed, She (unidentified night nurse) will not assist me with the urinal. I cannot do this myself. and male CNA will not readjust my legs to make me more comfortable. [sic] 2. During an observation and interview on 3/24/26 at 3:47 p.m., resident #47 stated he did not receive the care he deserved. Resident #47 stated he had not been offered mouthwash or a warm washcloth to wash his face for that morning or day yet. No mouthwash was in resident #47's room. Resident #47 had previously voiced concerns related to oral care and being offered a washcloth 3/23/26 at 3:27 p.m. Review of resident #47's Comprehensive MDS, with an ARD of 2/24/26, showed dependent for oral hygiene and upper and lower body dressing. Review of resident #47's PPS Part A Discharge MDS, with an ARD of 3/11/26, showed a BIMS of 13, cognitively intact. Review of resident #47's EHR showed the task oral hygiene: clean teeth/dentures and put dentures in/out of mouth. On 3/23/26 at 10:03 a.m., the resident was shown to need most help from staff to complete this task. During an interview on 3/24/26 at 4:12 p.m., staff member O stated resident #47 did not have teeth but that he would usually refuse to use a brush or a sponge (his mouth with a toothette sponge) if she offered. Staff member O stated she had never offered resident #47 mouthwash. Review of resident #47's EHR showed the task personal hygiene: comb hair, shave, apply makeup, wash face/hands. On 3/23/26, the documentation showed personal hygiene was offered at 10:03 a.m. to do most of the activity by staff. On 3/24/26, the documentation showed personal hygiene was offered at 3:37 p.m. During an interview on 3/26/26 at 10:25 a.m., staff member B stated that morning cares should be completed in a timely manner in the morning. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. During an interview on 3/23/26 at 3:41 p.m., resident #51 stated she was able to wash her face, brush her teeth, and comb her hair, mostly all by herself. Resident #51 stated there were never any washcloths available for her to use unless she specifically asked staff to get her some. Review of resident #51's EHR showed the task personal hygiene: comb hair, shave, apply makeup, wash face/hands. On 3/23/26 at 10:05 a.m., the documentation showed staff did most of the activity for resident #51. During an observation and interview on 3/24/26 at 3:40 p.m., resident #51 stated there were no washcloths available for her to use for the day, yet. No washcloths were observed in resident #51's room. During an interview on 3/24/26 at 4:12 p.m., staff member O stated resident #51 was able to wash her face, brush her teeth, and comb her hair independently. Staff member O stated she had never given resident #51 a wash cloth daily as she was generally independent with cares.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an antibiotic medication order had an adequate indication for 1 (#19) of 19 sampled residents. Findings include:Review of resident #19's medication list, accessed on 3/24/26 at 9:11 a.m., showed the resident had an order for Macrobid capsule 100 mg, dated 1/7/26, give one capsule daily for prophylactic. The original order did not contain an appropriate indication for use.Review of resident #19's provider progress notes, since admission on [DATE], failed to show any history of chronic infections or any bladder disorders. A request for documentation of the medical necessity for Macrobid was made on 3/24/26 at 2:05 p.m. Review of resident #19's provider orders, dated 3/24/26 at 3:34 p.m., showed an order for Macrobid 100 mg, give one capsule every other day for a history of urinary tract infections. During an interview on 3/25/26 at 11:10 a.m., staff member B stated she had received a pharmacy recommendation regarding the use of Macrobid, which was dated 3/12/26. Staff member B stated she had forgotten to forward the recommendation to the Medical Director. Staff member B could not explain why the original order (dated 1/7/26) did not contain an appropriate indication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Meadows Health and Rehabilitation Center	3155 Ave C Billings, MT 59102

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on interview and record review, the facility failed to ensure pneumonia and Covid-19 (coronavirus-19) vaccines were offered per CDC recommendations for 3 (#s 23, 51, and 55) of 28 sampled and supplemental residents. Findings include:During an interview on 3/25/26 at 3:49 p.m., resident #23 stated he did not want the Covid-19 vaccine, but stated no one had ever offered him one or had him sign a declination form.During an interview on 3/25/26 at 1:13 p.m., resident #51 stated she would like a Covid-19 vaccine and stated no staff members had asked her if she wanted one.Review of request sheet #6 showed a request for the following vaccines (or declinations):-resident #51's Covid-19 vaccination-resident #55's Covid-19 and pneumonia vaccine-resident #23's Covid-19 vaccinationNo documentation was provided by the end of survey.During an interview 3/26/26 at 9:03 a.m., staff member B stated there were some vaccines which had been missed due to staff member B prioritizing numerous tasks and responsibilities. Staff member B stated another staff member had left in the past leaving staff member B with the task.