

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275147 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/10/2024 |
| NAME OF PROVIDER OR SUPPLIER Tobacco Root Mountains Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 326 Madison St Sheridan, MT 59749 | |

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>47752</p> <p>Based on observation, interview, and record review, the facility staff failed to revise the care plans for 2 (#s 16 and 73) of 14 sampled residents. This deficient practice negatively affected resident #16 due to a lack of pain control in her legs, and after resident #73 was readmitted from the hospital, the staff did not have adequate directions for the provision of care and services for the resident. Findings include:</p> <p>During an observation on 4/8/24 at 3:23 p.m., resident #16 was sitting in her wheelchair, propelling herself down the hallway. Resident #16's shoes appeared to be tight, and her feet and legs appeared swollen.</p> <p>During an observation and interview on 4/9/24 at 9:24 a.m., resident #16 was sitting in a wheelchair and had propelled herself into her room. Resident #16's shoes appeared to be tight, the tops of her socks had left indentations on both her legs. Resident #16 pointed to her legs and stated, My legs are puffy all the time, and get uncomfortable from time to time.</p> <p>During an observation and interview on 4/10/24 at 8:40 a.m., resident #16 was sitting in her wheelchair, eating breakfast. Resident #16's shoes appeared tight, and both legs appeared swollen. Resident #16 had regular socks on. Staff member L stated the resident had edema to both of her legs but refused to elevate them to help with swelling.</p> <p>During an interview on 4/10/24 at 12:29 p.m., staff member H stated resident #16 did not like to put her feet or legs up to help with the swelling. Staff member H stated there was nothing on the care plan about resident #16's edema. Staff member H stated she had access to resident care plans but if she had questions, she would ask the nurse on duty.</p> <p>A review of resident #16's electronic medical record, dated 2/29/24, showed resident #16's Lasix, a diuretic, had been increased to 20 mg twice daily.</p> <p>A review of resident #16's care plan, with a revision date of 4/4/24, showed:</p> <p>No focus, goals, or interventions addressing resident #16's edema, diuretic use, or refusal to elevate bilateral legs.</p> <p>47785</p> <p>(continued on next page)</p> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| | | |
|---|-------|-----------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275147 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/10/2024 |
| NAME OF PROVIDER OR SUPPLIER Tobacco Root Mountains Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 326 Madison St Sheridan, MT 59749 | |
| 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of resident #73's nursing progress notes showed resident #73 was readmitted to the facility at 12:00 p.m. on 4/4/24. She returned with a newly placed biliary tube the facility would be emptying, monitoring, and changing the dressing for.</p> <p>Review of resident #73's physician's orders dated 4/4/24, showed, .Biliary Tube Dressing Change- use non woven drainage sponge (you will have to cut sides down so that the tagaderm fits over the drainage sponge . Biliary tube - empty bag and record amount drained . [sic]</p> <p>Review of resident #73's most recent care plan, with a revision date of 3/21/24, showed: no mention of a biliary tube being in place and no instruction for monitoring or emptying of the biliary tube.</p> <p>During an interview on 4/9/24, at 3:09 p.m., staff members A and B stated All of us chip in at IDT meetings to talk about cares and changes and the MDS coordinator would put the orders in and update the care plan . Only the nurses have access to the (Physician's) orders.</p> <p>Review of the facility policy titled, Care Plan Policy and Procedure, dated 1/16/2024, showed:</p> <p>Each resident will have an individualized interdisciplinary plan of care in place .</p> <p>- .The Comprehensive Care Plan will be reviewed and revised on a quarterly basis, . on re-admission from inpatient hospital stay .</p> <p>- .Procedure:</p> <p>1. The admitting Nurse will complete baseline care plan on admission within 48 hours to address the following areas:</p> <p>. - Resident/Resident representative's initial Goals</p> <p>. - Skin Prevention</p> <p>. - Specific Care Plan on the main reason for admission to the facility .</p> <p>. 3. Each discipline will be responsible for the initiation and ongoing follow up for care plans as related to their area of expertise. [sic]</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275147 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/10/2024 |
| NAME OF PROVIDER OR SUPPLIER Tobacco Root Mountains Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 326 Madison St Sheridan, MT 59749 | |

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50245</p> <p>Based on observation, interview, and record review, the facility staff failed to ensure medications were given within the one-hour time period before or after the prescribed administration time for 1 (#4) of 14 sample residents; and failed to ensure the residents safely swallowed the medications for 2 (#s 2 and 10) of 14 sampled residents. This deficient practice may result in an increased risk for adverse effects and/or complications with choking or aspiration. Findings include:</p> <p>1. During an observation on 4/9/24 at 12:27 p.m., staff member J administered the medications: baclofen, cholecalciferol, TUMS, and desvenlafaxine to resident #2. Shortly after resident #2 had the medications in his mouth, staff member J turned and walked away from the resident without ensuring he had fully swallowed the medications. Resident #2's mouth was still moving and he was still swallowing the medication.</p> <p>During an observation on 4/9/24 at 12:56 p.m., staff member J administered the medications gabapentin and keflex to resident #10. Staff member J walked out of resident #10's room without observing the resident swallowing the medications safely.</p> <p>2. During an interview and observation on 4/9/24 at 11:46 a.m., the EMR showed a late medication administration for resident #4. The EMR showed these medications were to be given during the AM Med Pass. Staff member J stated she did not give these medications to this resident yet as resident #4 likes to sleep in. When asked what the specific indicated hours were for the AM Med Pass, staff member J stated, I'm not sure when that is.</p> <p>During an observation on 4/9/24 at 1:01 p.m., staff member J had the medications: amlodipine, cholecalciferol, senna, levothyroxine, lisinopril, meloxicam, metformin, prenatal vitamin, seroquel and miralax pre-poured, and located in her medication cart for resident #4. Staff member J administered these ten medications to resident #4 at this time.</p> <p>During an interview on 4/9/24 at 1:08 p.m., staff member J stated, We go with her [resident #4's] flow because of [her] behavior. Staff member J stated, We should get it [resident #4's medications] ordered later [in the day], because it was not uncommon that medications were administered late for resident #4.</p> <p>During an interview on 4/9/24 at 3:09 p.m., staff member B stated the AM Med Pass is a two hour window that is from 6 a.m. to 9 a.m. When asked if morning medications could be given later than 9 a.m., staff member B stated, They shouldn't be.</p> <p>Record review of a facility document titled, Medication Admin Audit Report, generated on 4/9/24, showed resident #4's medications were due between 7:00 a.m. to 9:00 a.m. every day, but were given on:</p> <p>-4/1/24 at 9:52 a.m., 52 minutes late</p> <p>-4/2/24 at 11:15 a.m., 2 hours and 15 minutes late</p> <p>(continued on next page)</p> |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275147 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/10/2024 |
| NAME OF PROVIDER OR SUPPLIER Tobacco Root Mountains Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 326 Madison St Sheridan, MT 59749 | |
| 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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>-4/3/24 at 9:36 a.m., 36 minutes late</p> <p>-4/4/24 at 10:41 a.m., 1 hour and 41 minutes late</p> <p>-4/5/24 at 10:52 a.m., 1 hour and 52 mintues late</p> <p>-4/7/24 at 9:36 a.m., 36 minutes late</p> <p>-4/8/24 at 9:33 a.m., 33 minutes late</p> <p>-4/9/24 at 1:06 p.m., 4 hours and 6 minutes late</p> <p>-Some of the medications resident #4 received late were metformin which was prescribed for diabetes mellitus II and scheduled to be given twice a day.1 The resident's lisinopril and amlodipine that were prescribed for hypertension, seroquel that was prescribed for schizoffective disorder, and meloxicam that was prescribed for arthritis pain.</p> <p>Record review of a facility policy titled, Administering Medications, revised 11/28/23, showed, .Medications are administered in accordance with prescriber orders, including any required time frame . Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before or after meal orders) . This policy also showed a medication administration time of8 a.m. with a timeframe of medication administration to be from 7:00 a.m. to 9:00 a.m.</p> <p>References:</p> <p>1When concerning diabetic medications (metformin), [NAME] and [NAME] states, Physicians recommend taking metformin consistently at the same time every day ([NAME] & [NAME], 2023). Resident #4 received the medication metformin twice daily. Resident #4 may be more at risk of medication side effects, gastrointestinal upset if the medication is not administered after food, hyperglycemia before the medication is given, and hypoglycemia if the medication is not administered at the proper time. Poorly managed blood sugar can result in blindness, kidney disease, heart disease and nerve damage ([NAME], 2012).</p> <p>-[NAME], C., & [NAME], T. F. (2023, August 17). Metformin. Retrieved from National Library of Medicine: https://www.ncbi.nlm.nih.gov/books/NBK518983/</p> <p>-[NAME], H. D. (2012, June 30). Diabetic Complications: Current Challenges and Opportunities. Journal of Cardiovascular Translational Research, 375-379.</p> <p>https://link.[NAME].com/article/10.1007/s12265-012-9388-1#citeas</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275147 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/10/2024 |
| NAME OF PROVIDER OR SUPPLIER Tobacco Root Mountains Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 326 Madison St Sheridan, MT 59749 | |
| 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>47752</p> <p>Based on observation, interview, and record review, the facility failed maintain a system to ensure cloth recliners in the resident dayroom were monitored for necessary cleaning for infection control prevention. This deficient practice had the potential to affect all residents who utilized the dayroom, and used the recliners, as it increased the risk for the spread of infectious agents. Findings include:</p> <p>During an observation on 4/8/24 at 3:43 p.m., a strong urine smell was noted in the resident dayroom. In the dayroom eight recliners were cloth like material with a brown, cloth chair like cover placed over the original cloth recliners. Six of the recliners had residents sitting in them.</p> <p>During an interview on 4/8/24 at 3:44 p.m., staff member K stated she did not know when the recliners were cleaned or what the cleaning schedule was for the recliners.</p> <p>During an interview on 4/8/24 at 4:11 p.m., staff member O stated the chair covers are taken off and washed weekly, on night shift. Staff member O stated if the chair cover is soiled, it was taken off right away and sent to laundry, and housekeeping or maintenance will try and clean the recliner.</p> <p>During an interview on 4/10/24 at 9:00 a.m., staff member B stated the chair covers on the recliner were washed weekly on night shift, unless they are soiled. If the chair covers are soiled, they are washed right away. Staff member B stated, Maintenance or housekeeping will steam clean the recliners if they are soiled. Staff member B stated there was not really a cleaning schedule for the recliners, just if they were soiled. Staff member B stated, I know the recliners are considered uncleanable surfaces, and the cloth fabric is a magnet for bacteria, infections, and germs. If there was something like a virus or some type of infection present on the chairs, it could never be tracked or traced. We need to get rid of the cloth recliners.</p> <p>A review of a facility document titled, Non-Critical Cleaning of Surfaces (NOC Shift) dated, May 9, 2023, showed:</p> <p>.PURPOSE: Infection Control related to use of Equipment and non-critical items.</p> <p>. Saturday Night-Chair covers in dayroom,</p> <p>-remove and put to laundry every Saturday NOC shift,</p> <p>-Spray with Lysol . [sic]</p> <p>A review of a facility document titled, Infection Prevention and Control Program Policy, with a revision date of 11/29/23, showed:</p> <p>To establish and maintain an infection prevention and control program (IFCP) designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275147 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/10/2024 |
| NAME OF PROVIDER OR SUPPLIER Tobacco Root Mountains Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 326 Madison St Sheridan, MT 59749 | |

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>. h. environmental cleaning and disinfection .</p> <p>The Centers for Disease Control infection control standard for cleaning non-critical equipment shows, . Strategies for decontaminating blood or body fluids . In patient care areas . cleaning and than disinfecting using an intermediate-level germicide or EPA registered germicide.</p> <p>.Barrier protection of surfaces and equipment is useful, especially if these surfaces are:</p> <ul style="list-style-type: none"> - touched frequently by gloved hands during the delivery of patient care, - likely to become contaminated with body substances, or - difficult to clean. Impervious-backed paper, aluminum foil, and plastic or fluid-resistant covers are suitable for use as barrier protection. <p>https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/services.html</p> |