STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275147	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tobacco Root Mountains Care Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure safe labeling of food storage in accordance with professional standards for food service safety, placing all residents at risk for consumption of expired or contaminated food and for food-borne illness. This deficient practice increased the risk of negative outcomes for all residents receiving food services from the facility. Findings include:During an observation on 5/18/26 at 1:59 p.m., of the walk-in coolers, the following items were not labeled:- Two sandwich bags with fruit,- One gallon jug of salad dressing,- An opened bag of grapes with no opened-on date.During an interview on 5/20/26 at 2:34 p.m., staff member E stated the procedure of labeling opened containers and repackaged containers included marking containers with the name of what is in the container and the date to be used by.A review of the facility's policy titled, Food Receiving and Storage, with an origination date of 6/11/20, showed, 8. All foods stored in the refrigerator or freezer will be covered, labeled and dated (?use by' date) .

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

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review, the facility failed to indicate a specific duration for the extended use of an as needed psychotropic medication past 14 days for 1 (#15) of 11 sampled residents. This deficient practice increased the risk of negative outcomes for residents on as needed psychotropic medications. Findings include:Review of resident #15's MAR, for May 2026, showed, lorazepam oral concentrate 2 MG/ML, give 0.25 ml by mouth every 2 hours as needed for prophylaxis related to unspecified psychosis not due to a substance or known psychological condition with a start date of 10/3/25. The order did not indicate the duration for the as needed order.Review of resident #15's GDR for lorazepam, dated 2/18/26, showed, [Status Post] major [cardiovascular accident]. [Previous] on hospice. Now palliative plan in place, decline potentially at any time. [sic]Review of resident of #15's GDR for lorazepam, dated 3/19/26, showed, Palliative care plan in place. Expected decline. Need to maintain available. [sic]Review of resident of #15's GDR for lorazepam, dated 4/16/26, showed, Needs available [as needed]. Reduction not indicated. [sic]Review of resident #15's GDRs from 10/22/25 to 4/16/26, failed to indicate a specific duration for as needed lorazepam.During an interview on 5/21/26 at 8:24 a.m., staff member B stated as needed psychotropic medications, such as lorazepam, that will be used beyond 14 days should have documentation in residents' records that would include the rationale for the extended use and indicate the duration. Staff member B stated resident #15's order for lorazepam did not indicate a duration.During an interview on 5/21/26 at 8:24 a.m., staff member D stated the facility completed a monthly medication review (MMR) on every resident with the input of the facility's IDT members, including staff member C. Staff member D stated they would review any as needed psychotropic medications, such as lorazepam, for extended use beyond 14-days every month. Staff member D stated they would not always indicate the duration of a mediation or assign a stop date to certain psychotropic medications so the medication would not be arbitrarily discontinued should the resident need it in an emergent situation. Staff member D stated resident #15 had transitioned from hospice to palliative care but still needed the lorazepam for anxiety related to the dying process. During an interview on 5/21/26 at 8:24 a.m., staff member C stated resident #15 had transitioned off hospice and started palliative care in October of 2025. Staff member C stated they had determined the as needed lorazepam for resident #15 was necessary related anxiety associated with his imminent decline and death. Staff member C stated they had not indicated a specific duration for resident #15's lorazepam as they had been reviewing the medication in the monthly MMR meetings. A review of the facility's policy and procedure titled, Psychotropic Medication Use, with an origination date of 8/20/25, showed:- 12. Psychotropic medications are not prescribed or given on a PRN basis unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record.- a. PRN orders for psychotropic medications are limited to 14 days.- 1. For psychotropic medications that are NOT antipsychotics: If the prescriber or attending physician believes it is appropriate to extend the PRN order beyond 14 days, he or she will document the rationale for extending the use and include the duration for the PRN order.