STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275153	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Awe Kualawaache Care Center	10131 S Heritage Rd Crow Agency, MT 59022

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 14005 Based on interview and record review, the facility failed to revise and update a care plan for 1 resident (#26) of 17 sampled residents. Findings include: Review of resident #26's electronic medical record, dated 12/29/23, showed the resident had a chronic non-pressure ulcer of the right lower extremity. The physican order, dated 1/4/24, showed the right lower leg was to be cleaned with normal saline and patted dry, then staff were to apply Gentamicin ointment on the wound, and ABD pads and wrap with Kerlix, and cover with Tubi grip. Resident #26's care plan failed to show interventions related to any wound care treatment to resident #26's right lower extremity. Review of resident #26's nursing progress note, dated 1/31/24, showed the resident was seen in the emergency room due to excess fluid retention. The emergency room physician instructed the facility to weigh resident #26 daily. The facility failed to update the resident's care plan interventions to include daily weights. During an interview on 4/23/24 at 1:49 p.m., staff member D stated care plan conferences were not completed after the last Director of Nursing resigned and left the facility. The care plan meetings and updates for March and April 2024 were not completed. She stated staff are trying to get caught up with the care plan updates and also with conducting care plan meetings. During an interview on 4/24/24 at 10:58 a.m., staff member A stated care plans are updated by staff in the facility when necessary.

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 14005 Based on interview and record review, the facility failed to ensure the nurse competencies and skills set was sufficient to provide services for resident care, which included wound care services, for 1 (#26) of 2 sampled residents with wounds. Findings include: Review of resident #26's electronic medical record showed an admission diagnoses of diabetes Type 2 with other skin ulcer, and non-pressure chronic ulcer of other part of right lower leg. The physician admission order, dated 12/29/23, included an order for Gentamicin Sulfate ointment to be applied to the affected area once a day. Resident #26's physician order did not show which skin wound was to be treated. Review of resident #26's treatment record for December 2023, showed there were initials showing the wound treatment was not completed on 12/29/23, 12/30/23, and 12/31/23. Resident #26's medical record failed to show why the treatments were not completed. Review of resident #26's medical records from 12/29/23 through 12/31/23, failed to show a medical provider was contacted to obtain or clarify wound care orders. Review of resident #26's late entry nursing progress note, dated 1/1/24, at 10:00 a.m., showed, Clarified orders with charge nurse regarding dates of wound changes, written orders hard to read and understand. Review of resident #26's progress note, dated 1/1/24 at 2:02 p.m., showed, Resident has a prescriber written order for RLE venous stasis ulcer/wound. The wound is be changed every day. The order is to remove previous dressing, apply Gentamicin, collagen powder, apply ABD pad, wrap kerlix guaze to keep dressing in place, then put a tubigrip over entire dressing. Will continue to monitor for excess drainage and infection. [sic] Resident #26's physician orders and treatment record s failed to show the order was transcribed onto the treatment record for the right lower leg wound treatment that was to be started on 1/1/24. Review of resident #26's nursing progress note, dated 1/1/24, showed Gentamicin antibiotic ointment had not been received from the pharmacy and was not available to be administered. During an interview on 4/24/24 at 3:36 p.m., staff member D said resident #26's admission orders did not include the complete wound treatment because the admitting physician was not the doctor that routinely took care of resident #26's wounds. Staff member D said, she was aware prior to admission resident #26 was treated by a wound clinic, and was unable to make contact with the wound clinic on 12/29/23. Staff member D said the wound clinic was closed for the weekend, and the holiday, and could not be reached for order clarification until Monday 1/1/24.

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F 0851 Level of Harm - Potential for minimal harm Residents Affected - Some	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 14005 Based on interview and record review, the facility failed to accurately submit Payroll Based Journal (PBJ) data for RN coverage, eight consecutive hours per day for five days and 24-hour licensed nurse coverage for 25 days in Quarter One of Fiscal Year 2024. The failure to have a RN on duty increased the risk of negative resident outcomes for any resident needing RN services. Findings include: Review of the Quarter One, [NAME] report, for Fiscal Year 2024, dated 4/16/24, showed: No RN Hours for the following dates: 10/07/23, 10/15/23, 10/21/23, 11/11/23 and 12/31/23. Failed to have Licensed Nursing Coverage 24 Hours/Day for the following dates: 10/1/23, 10/7/23, 10/11/23, 10/21/23, 10/22/23, 10/28/23, 10/31/23, 11/3/23, 11/4/23, 11/10/23, 11/11/23, 11/12/23, 11/15/23, 11/17/23, 11/18/23, 11/25/23, 11/26/23, 12/3/23, 12/6/23. 12/7/23, 12/13/23, 12/14/23, 12/21/23, 12/30/23, and 12/31/23. Review of employee timecards showed RN hours for the following dates: 10/07/23, 10/15/23, 10/21/23, 11/11/23, and 12/31/23. Review of employee timecards showed Licensed Nurse coverage for the following dates: 10/1/23, 10/7/23, 10/11/23, 10/21/23, 10/22/23, 10/28/23, 10/31/23, 11/3/23, 11/4/23, 11/10/23, 11/11/23, 11/12/23, 11/15/23, 11/17/23, 11/18/23, 11/25/23, 11/26/23, 12/3/23, 12/6/23. 12/7/23, 12/13/23, 12/14/23, 12/21/23, 12/30/23, and 12/31/23. During an interview on 4/24/24 at 10:32 a.m., staff member H stated the data submitted was from a schedule provided by the ADON to the business office at the beginning of every month. Staff member H stated if changes were made to the schedule during the month, the business office did not receive an updated schedule. Staff member H stated she did not use employee timecards to enter data submitted for the PBJ was not always accurate. During an interview on 4/24/24 at 10:58 a.m., staff member A stated during a QAPI meeting it was identified from the [NAME] report that licensed staff were not submitted correctly to the PBJ. Staff member A stated the facility was working to develop a new process to report actual working hours for licensed staff to submit data to the PBJ.