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	05/08/2025

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 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. 49554 Based on interview and record review, the facility failed to notify the State Ombudsman Office when a resident was transferred to the hospital and failed to provide the resident with contact information for the State Ombudsmans Office for 3 (#s 13, 127, and 177) of 20 sampled residents. This deficient practice left the residents without an advocate related to the transfers in the event there were concerns. Findings include: During an interview on 5/5/25 at 2:56 p.m., NF1 stated, I am concerned the facility is not notifying the Ombudsman Office when they transfer someone to the hospital or when a resident is discharged . This is leaving them without an advocate during that time. During an interview on 5/7/25 at 1:25 p.m., staff member G stated we did not let the ombudsman know resident #177 was discharged because the facility was not aware the local hospital sent him to a larger hospital. During an interview on 5/8/25 at 8:07 a.m., NF1 stated, I am not notified when someone is transferred or discharged from the facility. During an interview on 5/8/25 at 8:45 a.m., staff member G stated, The director of nursing or the charge nurse will fill out the transfer/discharge notice when someone leaves for the hospital. The form also includes the bed hold notice. They print it off and send it with the residents when they leave. I was not aware the form had to include contact information for the State Ombudsman Office. I only notify the ombudsman when we do an incident report in Bounds. I was unaware I had to notify the ombudsman when someone transferred or discharged . Review of resident #13's Transfer/Bed Hold Notice showed he was transferred to the hospital on 5/4/25 and on 5/6/25. The transfer notices did not contain contact information for the State Ombudsman Office. Review of resident #127's Transfer/Bed Hold Notice's showed she was transferred to the hospital on 1/10/25, 1/20/25, and 3/2/25. The transfer/discharge notices did not contain contact information for the State Ombudsman Office. (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

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of resident #177's Transfer/Bed Hold Notice showed he was transferred to the hospital on 3/4/25. The transfer/discharge notice did not contain contact information for the State Ombudsman Office. A request was made for documentation of notification of transfer/discharge to the State Ombudsman Office. The facility did not provide any further documentation prior to the end of the survey period. Review of a facility document titled, Transfer or Discharge, Facility Initiated, dated October 2022, showed: . Notice of Transfer or Discharge (Emergent or Therapeutic Leave) . 4. Notice of Transfer is provided to the resident and representative as soon as practicable before the transfer and to the long-term care (LTC) ombudsman when practicable (e.g., in a monthly list of residents that includes all notice content requirements).

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 50245 Based on observation, interview, and record review, the facility failed to ensure the infection preventionist was properly trained; failed to ensure the safety measures were in place to prevent the growth of a waterborne illness (such as Legionella); failed to identify appropriate Transmission-Based Precautions for a resident with Clostridioides difficile (C. diff) for 1 (#178); and staff member D failed to adhere to proper infection control practices related to not performing hand hygiene between doffing and donning gloves, while performing wound care for 1 (#22) of 20 sampled residents. These deficient practices had the potential to affect all residents in the facility increasing the risk for infections overall. Findings include: 1. Infection Prevention During an interview on 5/7/25 at 2:29 p.m., staff member E stated they did not feel they had received the proper education that was required for their position. Staff member E stated hand hygiene audits were completed weekly, but they did not keep record of these audits. Staff member E stated PPE audits were completed weekly as well, but they were not able to show documentation by the end of the survey. Staff member E stated they were unsure how often mandatory education was completed concerning infection control. They stated they were unsure what PPE precautions were needed for a resident with a Coronavirus-19 infection. Staff member E stated they did not have a sheet or a quick system in which they could refer to when trying to figure out which precautions were needed for specific infections. Staff member E stated they relied heavily on the public county health nurse for all of those types of questions. Staff member E stated they were unsure which diseases were reportable to the state, but would communicate with the public health nurse for this information as well. Staff member E stated a gown, gloves, and a mask were the required PPE for a C. diff infection. Staff member E stated alcohol was better than handwashing for a resident who had C. diff. The CDC refers to the C. diff spores as being very difficult to kill (Centers for Disease Control and Prevention, 2024). The CDC website also showed, Washing your hands with soap and water is the best way to prevent the spread of C. diff from person to person (Centers for Disease Control and Prevention, 2024). Review of a facility document titled, Monitoring Compliance with Infection Control, revised 8/2019, showed: . 2. Monitoring includes regular surveillance of adherence to hand hygiene practices and availability of hand hygiene supplies, and the availability of personal protective equipment and its appropriate use. Review of a facility document titled, Reporting Communicable Diseases, revised 7/2014, showed: . 1. All reportable infectious diseases (residents' or employees') must be reported to the Infection Preventionist as soon as a definite diagnosis is made or strongly suspected. 2. Legionella (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 5/7/25 at 10:22 a.m., staff member H stated the [local entity] checked the water. Staff member H stated they did not keep a log of flushing toilets, but stated staff member E would maybe know more information regarding this topic. Staff member H stated they did complete a test for Legionella by swab testing the countertop in the kitchen. During an interview on 5/7/25 at 2:29 p.m., staff member E stated, Are we supposed to do that?, when referring to records and the weekly flushing requirement to prevent the growth of Legionella. Review of a facility policy, titled Legionella Water Management Program, revised 9/2022, showed: Our facility is committed to the prevention, detection and control of water-borne contaminants, including Legionella. .e. Specific measures used to control the introduction and/or spread of Legionella (e.g., temperature, disinfectants); f. The control limits or parameters that are acceptable and that are monitored; . h. A system to monitor control limits and the effectiveness of control measures; . j. Documentation of the program. 49554 3. Transmission Based Precautions During an observation and interview on 5/6/25 at 8:32 a.m., staff member I entered resident #178's room to deliver her breakfast. A biohazard sticker, a sign that showed droplet/contact precautions, and a sign that showed EBP required were observed on the door of resident #178's room. A box of masks were observed on the handrail outside of the room. The door to the room was halfway open. Staff member I was observed with no mask, gown, or gloves and walked up to the sink and began washing her hands before exiting the room. The door to the room was left open when she walked out. Staff member I stated she thought it was ok to leave the door open. Staff member I stated, All of the PPE is in the room on the back of the bathroom door. The resident has C. diff and is on droplet precautions. We (staff) should be wearing gowns, gloves, and masks, which we put on after we enter the room. During an interview on 5/6/25 at 8:41 a.m., staff member D stated, Resident #178 is positive for C. diff and should be on contact precautions. The resident's door should be closed, and the staff should use the PPE on the inside of the room. 41951 4. Hand Hygiene During an observation on 5/5/25 at 3:08 p.m., staff member D removed the soiled bandage from resident #22's left hip. Staff member D removed (doffed) her dirty gloves, donned new gloves, but did not sanitize her hands before donning the new gloves. Staff member D cleansed resident #22's wound, doffed her gloves, donned new gloves, but did not sanitize her hands before donning new gloves. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 5/5/25 at 3:29 p.m., staff member D stated she should have sanitized her hands between glove changes. She stated she was upset with herself and was nervous, as she was the wound care nurse and knew the process. Review of the facility's policy titled, Standard Precautions, last revised 12/07, showed: - . 1. Hand hygiene - a. Hand hygiene refers to handwashing with soap (anti-microbial or non antimicrobial) OR using alcohol-based hand rubs (gels, foams, rinses) that do not require access to water, and - . d. Wash hands after removing gloves. References: Centers for Disease Control and Prevention. (2024, March 5). C. diff: Facts for Clinicians. Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/c-diff/hcp/clinical-overview/index.html