

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Benefis Senior Services - Westview		STREET ADDRESS, CITY, STATE, ZIP CODE  500 15th Ave S Great Falls, MT 59405	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>47785</p> <p>Based on interviews and record review, the facility failed to provide residents' choices related to the timing and frequency of showers for 3 (#s 104, 114, and 126) of 16 sampled residents. Findings include:</p> <p>1. During an interview on 6/17/24 at 1:24 p.m., resident #104 stated the facility only allowed her to have one shower a week, and sometimes that shower would also be missed. Resident #104 stated she would like to have two showers a week, but did not think the facility would allow it. Resident #104 stated the staff come, and tell her when she will have her shower with little or no notice. Resident #104 stated she takes the showers when she is told, but she would prefer to be able to plan her day around a scheduled shower time.</p> <p>Review of resident #104's electronic medical record documentation for showers/baths, dated 5/1/24-6/19/24, reflected showers were given on:</p> <ul style="list-style-type: none"> <li>- Friday 5/3/24,</li> <li>- Tuesday 5/21/24: 18 days after previous shower,</li> <li>- Thursday 6/6/24: 16 days after previous shower, and</li> <li>- Thursday 6/13/24, seven days after the prior shower.</li> </ul> <p>No documentation was found to show resident #104 declined a shower or was unavailable for a shower.</p> <p>Review of the facility's document, Westview Showers, no date, reflected resident #104 was to receive showers on Thursdays, in the evening.</p> <p>2. During an interview on 6/18/24 at 7:54 a.m., resident #114 stated she received one shower a week, and residents do not get to decide when the showers are given. Resident #114 stated the staff scheduled the showers and told the residents when they would be showered. Resident #114 stated she would like more showers than once a week.</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:  275158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Benefis Senior Services - Westview		STREET ADDRESS, CITY, STATE, ZIP CODE  500 15th Ave S Great Falls, MT 59405	
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of resident #114's electronic medical record, showers/baths, dated 5/1/24-6/19/24, reflected showers were given on:</p> <ul style="list-style-type: none"> <li>- Friday 5/3/24,</li> <li>- Saturday 5/25/24: 22 days after previous shower,</li> </ul> <p>No documentation was found to show resident #114 declined a shower or was unavailable for a shower.</p> <p>Review of the facility's document, Westview Showers, no date, reflected resident #114 was to receive showers on Saturday mornings.</p> <p>3. During an interview on 6/17/24 at 1:11 p.m., resident #126 stated, . I don't really need much help . I just can't take a shower on my own. I get one on Mondays. I would like two a week. I am lucky if I get one. I have told them I want two.</p> <p>Review of the shower schedule showed resident #126 was scheduled to have a shower one time a week, on Mondays.</p> <p>Review of the monthly charting flow sheet for bathing showed resident #126 received a shower:</p> <ul style="list-style-type: none"> <li>- 4/29/24, and the next shower given was on 5/19/24, 20 days later.</li> <li>- 6/8/24, and the next shower given was on 6/17/24, nine days later.</li> <li>- The flow sheet also showed she showered independently on 5/23/24 and 5/31/24, a task she stated she can not accomplish without help.</li> </ul> <p>No documentation was found to show resident #126 refused or was not available for showers.</p> <p>During an interview on 6/18/24 at 11:42 a.m., staff member D stated the manager made a daily schedule of who should be showered, and the staff would try to get the showers completed. Staff member D stated getting showers completed was often difficult, and some would be passed to the next shift to complete. Staff member D stated the showers were often passed to the next shift because staff would be busy with other tasks, or the resident was not wanting or available to take the shower, as scheduled. Staff member D stated the staff should have charted if the resident did not want to take a shower or refused the shower.</p> <p>During an interview on 6/19/24 at 11:30 a.m., staff member A stated the facility did not have a policy specifically addressing shower or bathing frequency and preferences.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Benefis Senior Services - Westview		STREET ADDRESS, CITY, STATE, ZIP CODE  500 15th Ave S Great Falls, MT 59405	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>47785</p> <p>Based on observation, interviews, and record review, the facility failed to develop and implement a comprehensive care plan for a resident with concerns related to skin, nutrition, activities of daily living, mobility, and urinary concerns, for 1 (#128) of 16 sampled residents. Findings include:</p> <p>Review of resident #128's admitting paperwork, dated 2/16/24, showed he was admitted with diagnosis' that include: rectal ulceration, deep partial thickness 2nd degree burn of abdomen, incomplete paraplegia, and a suprapubic catheter. Activity of daily living problems listed were eating, toileting/hygiene, mobility, bathing, dressing, and transfers.</p> <p>During an observation and interview on 6/17/24 at 1:40 p.m., resident #128 was observed to be reliant on a wheelchair for mobility. Resident #128 stated he does rely on staff for help with transfers and hygiene.</p> <p>During an interview on 6/18/24 at 11:42 a.m., staff member D stated the manager makes a daily schedule of who should be showered, and the staff try to get the showers completed. Staff member D stated getting showers completed was often difficult and some would be passed to the next shift to complete. Staff member D stated the showers were often passed to the next shift because staff would be busy with other tasks, or the resident was not wanting or available to take the shower as scheduled. Staff member D stated the staff should have charted if the resident did not want to take a shower or refused the shower.</p> <p>During an interview on 6/18/24 at 1:16 p.m., staff member J stated, .There are extra snacks in the kitchen if he wants them and he shows understanding of the healing process and the need for extra nutrition . This was not referred to in the care plan, although the resident had skin concerns, and nutrition would be important for healing.</p> <p>Review of resident #128's care plan, initiated on 5/20/24, showed two problems:</p> <p>-Problem: Dental Care (added)</p> <p>-Goal: I will maintain adequate oral hygiene.</p> <p>-Interventions: Assist with Dentures/partials as needed, provide diet as tolerated, encourage resident to continue to take and active part in ADL care and make decisions as able, assess and monitor resident's ability to swallow, assess oral health, assess for oral pain.</p> <p>-Problem: Nutrition (added)</p> <p>-Goal: I maintain weight.</p> <p>-Interventions: monitor calorie intake, monitor consistency/variety of food, monitor resident's weight.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Benefis Senior Services - Westview		STREET ADDRESS, CITY, STATE, ZIP CODE  500 15th Ave S Great Falls, MT 59405	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There was no documentation of assistance with ADL's such as bathing, dressing, transferring, mobility, catheter care or wound care in the care plan.</p> <p>Review of facility policy titled, BSS-Initial Nursing Assessment and Development of Interdisciplinary Resident Care Plans, last revised 7/1998, showed:</p> <p>-Policy:</p> <p>. The total interdisciplinary team further develops the care plan, including goals and approaches for the resident, by identifying resident problems, objectives, interventions, and staff responsible for the interventions, based upon the MDS and as generated by the Care Area Assessment .The interdisciplinary care plan is completed within 21 days of the resident's admission .</p> <p>-Procedure:</p> <p>. The baseline care plan provided for the resident included:</p> <p>a. The residents' initial goals</p> <p>b. Physician orders</p> <p>c. Dietary orders</p> <p>d. Therapy services</p> <p>e. Social Services</p> <p>f. PASARR recommendations, if applicable.</p> <p>II. The interdisciplinary care team, physicians, licensed nursing staff, Social Services, Activities, Physical Therapy, Occupational Therapy, Speech Pathology, Pharmacy and licensed nutrition staff are responsible for entering additions or changes to the care plan . [sic]</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Benefis Senior Services - Westview		STREET ADDRESS, CITY, STATE, ZIP CODE  500 15th Ave S Great Falls, MT 59405	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>47785</p> <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on interviews and record review, the facility failed to provide residents assistance with bathing, which resulted in dependent residents going extended periods of time without a bath or shower, for 3 (#s 119, 121, and 127) of 16 sampled residents. Findings include:</p> <p>During an interview on 6/17/24 at 1:25 p.m., resident #121 stated, . they don't give me showers very often .</p> <p>During an interview on 6/17/24 at 1:40 p.m., resident #127 stated, . sometimes it is a while between showers .</p> <p>During an interview on 6/17/24 at 3:32 p.m., NF1 stated, He (#128) gets a little flakiness if they don't use the right shampoo . They try to keep up giving showers.</p> <p>Review of resident #119's monthly charting flow sheet for bathing showed showers given on 4/28/24, 5/9/24 (11-day period with no shower), 5/15/24, and 5/28/24 (13-day period with no shower). The shower schedule shows resident #119 is scheduled for a shower on Wednesday and Sunday of each week.</p> <p>Review of resident #121's monthly charting flow sheet for bathing showed showers given on 5/1/24, 5/11/24 (10-day period with no shower), 5/22/24 (11-day period with no shower) and 6/3/24 (12-day period with no shower). The shower schedule shows resident #121 is scheduled for a shower each Saturday.</p> <p>Review of resident #127's monthly charting flow sheet for bathing showed showers given on 4/27/24, 5/11/24 (14-day period with no shower), 5/19/24 (8-day period with no shower), and a shower given on 6/8/24 with none charted after that date (10-day period at the time reviewed with no shower). The shower schedule shows that resident #127 is scheduled for a shower each Saturday.</p> <p>There was no documentation found to show that residents #119, 121 or 127 refused or were not available to take their scheduled showers.</p> <p>Review of facility policy and procedure titled: BS'S-Activities of Daily Living, last revised on 12/2000, showed:</p> <p>Policy: [facility name] provides residents assistance with activities of daily living when required.</p> <p>Procedure/Responsibilities:</p> <p>. A. ADSL include the following</p> <p>. 8. Personal hygiene ability</p> <p>9. Bathing .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Benefis Senior Services - Westview		STREET ADDRESS, CITY, STATE, ZIP CODE  500 15th Ave S Great Falls, MT 59405	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>III. Nursing ensures assistance with ADSL is provided as directed in the care plan or as needed.</p> <p>A. Provision of assistance with ADSL is regularly documented in the medical record.</p> <p>B. Any refusal of assistance with ADSL is documented in the medical record . [sic]</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Benefis Senior Services - Westview		STREET ADDRESS, CITY, STATE, ZIP CODE  500 15th Ave S Great Falls, MT 59405	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>47785</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observations, interviews, and record review, the facility failed to provide residents with food at a safe and appetizing temperature for 4 (#s 101, 104, 117, and 121) of 16 sampled residents, this this could affect more residents who received food from the kitchen. Findings include:</p> <ol style="list-style-type: none"> <li>1. During an interview on 6/17/24 at 1:00 p.m., resident #101 stated the food was, . mostly all cold and you don't get what you ask for .</li> <li>2. During an interview on 6/17/24 at 1:25 p.m., resident #104 stated, The food is horrible, always cold .</li> <li>3. During an observation and interview on 6/17/24 at 1:25 p.m., resident #121 stated, I got a peanut butter and jelly sandwich today . the bread is wet, I won't eat it . the food is crap and it is cold . The surveyor observed the bread on the plate for resident #121 was wet and soggy.</li> <li>4. During an interview on 6/18/24 at 8:48 a.m., NF2 stated, . the food is, well, the residents complain about the food all the time. There were times I would have to have it warmed up for her (resident #117), typically when she was having meals in her room .</li> </ol> <p>During an observation on 6/18/24 at 8:12 a.m., staff member E was in the kitchen microwaving each plate before serving without checking the temperature of the food before or after microwaving the food. Staff member E stated the food was cold to the touch when she was cutting up the pancakes, so she microwaved the plates for 30 seconds each before serving the residents. Staff member E stated the food trays arrived to the fourth-floor kitchen at 7:45 a.m. Staff member E instructed staff member C to start the room tray cart pass and told staff member C to microwave each plate in the microwave at the end of the hall for 30 seconds each. When asked by surveyor, Staff member E checked the temperature of the following items:</p> <ul style="list-style-type: none"> <li>- The sausage temperature was checked at 8:40 a.m. was 84.8 degrees Fahrenheit before microwaved and after microwaving the food the temperature was 165 degrees Fahrenheit.</li> <li>- The first room tray served was reheated, and the temperature of the sausage was 158 degrees Fahrenheit. The oatmeal was 126 degrees Fahrenheit.</li> <li>- As of 9:00 a.m. ten additional trays were served with no temperature checks completed by staff. Staff member E stated temperature checks are not done once the food arrives to the fourth-floor kitchen. Staff member E stated the main kitchen downstairs checked the temperature before the food was sent to the fourth floor.</li> </ul> <p>During an observation on 6/18/24 at 9:03 a.m., staff member C checked the temperature of a room tray, per request, and the sausage was at a temperature of 77.5 degrees Fahrenheit before it was reheated. The tray was microwaved by staff member C. The temperature was not checked after reheating in the microwave.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Benefis Senior Services - Westview		STREET ADDRESS, CITY, STATE, ZIP CODE  500 15th Ave S Great Falls, MT 59405	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation and interview on 6/18/24 at 9:26 a.m., staff member C stated, We have to microwave a lot of times, if residents ask or if we see it's cold. We know it's over 140 degrees when it comes out of the microwave if we can see it steaming, so we don't usually temp anything. Staff member C was asked to check the temperature of the tray being passed by the surveyor. The temperatures were as follows:</p> <ul style="list-style-type: none"> <li>- eggs 84 degrees Fahrenheit before microwaved,</li> <li>- eggs were 152 degrees Fahrenheit after microwaved 40 seconds.</li> </ul> <p>Staff member C stated the temperature should be 140 degrees Fahrenheit, and then served the resident tray.</p> <p>During an observation on 9/18/24 at 9:36 a.m., the last tray for the breakfast service was served in dining room. The surveyor requested a temperature check the meal, and staff member E obtained the following:</p> <ul style="list-style-type: none"> <li>- sausage was at 77.7 degrees Fahrenheit prior to microwaving,</li> <li>- sausage was at 141.7 degrees Fahrenheit after microwaving, and then the meal was served.</li> </ul> <p>During an interview on 6/19/24 at 9:29 a.m., staff member E stated trays arrived from the main kitchen to the fourth floor at 8:05 a.m. Staff member E stated the first tray was at a temperature of 110 degrees Fahrenheit when she checked. Staff member E stated she decided all trays would be microwaved for the breakfast. The last tray was being served at 9:17 a.m. on the room tray pass.</p> <p>During an interview on 6/19/24 at 9:30 a.m., resident #101 stated the staff do not usually reheat our food in the microwave, and the staff were only microwaving it on this day because surveyors were in the facility.</p> <p>During an interview on 6/16/24 at 11:30 a.m., staff member A stated he had not seen microwaves used to reheat food, and it was likely the staff were reheating the food because surveyors were asking about the temperature of the food. Staff member A stated he did not think food should be reheated in the microwave because it would degrade the taste and texture of the food. Staff member A stated, We were aware we had complaints of cold food and thought we had the issue fixed. The staff should be all hands-on deck for food tray pass. We had the pass down to 15 minutes for a while when everyone was helping, but then it went back downhill, apparently. Staff member A stated the facility did not have a policy or procedure for using the microwave to reheat food because food should not be reheated in the microwave.</p> <p>Review of a facility policy, BSS-Monitoring of Food Temperatures, last revised 2/2019, showed:</p> <ol style="list-style-type: none"> <li>1. After food arrives from food service, a staff member measures the temperature of each hot item.</li> <li>2. The measure is recorded on the temperature form provided.</li> <li>4. If all food is within appropriate range as noted on the provided form, then meal service may begin.</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Benefis Senior Services - Westview		STREET ADDRESS, CITY, STATE, ZIP CODE  500 15th Ave S Great Falls, MT 59405	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>5. If a food item is found to be below the temperature of 140 degrees, it must be reheated in an oven to an internal temperature of 165 degrees before serving. Temperature of that item must be retaken before service.</p>