

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275159	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2025
NAME OF PROVIDER OR SUPPLIER  Beartooth Rehabilitation and Nursing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  350 W Pike Ave Columbus, MT 59019	

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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>Based on observation and interview, the facility failed to post the results of the most recent certification survey in an area readily accessible to residents, family members, and residents' legal representatives. This deficient practice had the potential to affect all residents or resident representatives wishing to view the most recent certification survey results. Findings include: During an observation on 7/28/25 at 4:30 p.m., no binder containing the most recent certification survey results were found within the common areas of the long-term facility. During an interview on 7/28/25 at 4:30 p.m., staff member A stated the survey information was removed when the facility underwent renovations recently. Staff member A stated she had not reposted the survey results after the renovations occurred. During an interview on 7/29/25 at 11:57 a.m., resident #1 stated she was not aware of the location of a binder that contained the most recent certification survey results.</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
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's room was kept clean and hazard-free as needed, and this concerned the resident and family, for 1 (#7) of 8 sampled residents. Findings include: During an interview on 7/29/25 at 1:30 p.m., staff member G stated resident rooms were cleaned daily, which included sweeping, mopping, cleaning bathroom toilets, and surface areas. During an observation and interview on 7/30/25 at 10:00 a.m., upon entering resident #7's room, it was observed the air conditioning unit's front panel had been completely removed, leaving the internal components exposed. A heavy accumulation of brown debris, resembling dust and grime buildup, was present across the surface of the unit, indicating prolonged lack of cleaning or maintenance. Additionally, an electrical wire within the unit was visibly exposed, posing a potential safety hazard to resident #7 and staff. Resident 7's bathroom toilet was soiled with urine and feces on the inside and outside of the toilet bowl. The floor around the area of the resident's recliner was littered with tissue paper, three 30cc clear plastic medication cups, one 4-ounce clear plastic cup, and scraps of paper. Resident #7's waste bin was full, and the floor had medium-sized dried brown spots, reflecting a spill had occurred. Resident #7 stated her room had not been cleaned in two weeks, and she would have to ask housekeeping if she wanted her room to be cleaned. Resident #7 stated she was not happy with the way things were cleaned. During an interview on 7/30/25 at 2:42 p.m., NF2 stated, I'm not happy with some aspects of the facility. The cleanliness of the facility was atrocious, with dirt, grime, and trash. NF2 stated she did not feel it was right she had to ask staff to clean (Resident #7's) room. During an observation and interview on 7/30/25 at 4:15 p.m., resident #7 stated housekeeping had not been in to clean her room. Resident #7's room appeared to be in the same condition as it was on 7/30/25 at 10:00 a.m. During an observation and interview on 7/31/25 at 12:55 p.m., resident #7 stated housekeeping had not been in to clean her room. Resident #7's room appeared to be in the same condition as it was that same morning at 10:00 a.m. During an interview on 7/31/25 at 2:14 p.m., staff member A stated she was aware of the air conditioning unit in resident #7's room and thought maintenance had replaced the unit. Staff member A stated that resident rooms were cleaned daily. Review of a facility document titled Standard admission Agreement, last revised 3/1/19, showed the facility's basic daily rate included daily housekeeping services. Review of a facility policy titled Routine Cleaning and Disinfection, undated, showed: Policy: It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible. Policy Explanation and Compliance Guidelines: 1. Routine cleaning and disinfection of frequently touched or visibly soiled surfaces will be performed in common areas, resident rooms, and at the time of discharge. 12. Horizontal surfaces with infrequent hand contact (window seals and hard surface flooring) in routine resident care areas should be cleaned: a. On a regular basis b. When soiling and spills occur c. When a resident is discharged from the facility .</p>		

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<p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement a facility policy which contained the name and contact information for the grievance official; failed to provide residents with readily available grievance forms; and failed to provide residents with the option to file grievances anonymously for 2 (#s 1 and 7) of 8 sampled residents. This deficient practice affected current residents residing in the facility who wished to know information for, review the information from, or use, the grievance process. Findings include: During an observation on 7/28/25 at 4:00 p.m., a walkthrough of the facility's common areas was conducted. No grievance forms were found to be readily available to residents; No posting of the name and contact information of the grievance official was found; and no secure receptacle was identified to file an anonymous grievance. During an interview on 7/28/25 at 4:30 p.m., staff member A stated grievance forms were in her office. Staff member A stated grievance forms had been in a hanging file on the wall after entering the facility, but a current resident liked to remove items off the wall, and she had not had a chance to post the information again. Staff member A stated residents could file a grievance anonymously in the secure receptacle, located on the wall, next to her office door. Staff member A stated the receptacle used in the past was labeled grievance forms but a resident peeled the sticker off, and she had not replaced it yet. During an interview on 7/29/25 at 11:57 a.m., resident #1 stated she attends resident council monthly. Resident #1 stated she was not aware of how to file a grievance, or where to find a form, if she needed to file a grievance. Resident #1 was not aware of a secure receptacle within the facility to allow an anonymous grievance to be submitted. Resident #1 stated her past concerns were reported to staff member A. During an interview on 7/30/25 at 10:00 a.m., resident #7 stated she did not know how to file a grievance or where to find a grievance form. Resident #7 stated, in the past, when she had a problem, she told a family member, and the family member talked to staff member A. A review of a facility's document titled (Facility Name) Grievance Report Form, not dated, failed to show the name and contact information for the grievance official. A review of the facility's policy titled, Resident and Family Grievances, dated 4/11/25, showed the following: . Policy Explanation and Compliance Guidelines: 1. (Name and Title) has been designated as the Grievance Officer and can be reached at (list contact information). 7. Information on how to file a grievance or complaint will be available to the resident. Information may include, but is not limited to: a. The contact information of the Grievance Officer with whom a grievance can be filed, including their name, business address (mailing and email) and business phone number. b. The contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, State Survey Agency, and State Long-Term Care Ombudsman program. c. The time frame that a resident may reasonably expect completion of the review of the grievance and a written decision regarding his or her grievance. 9. A grievance may be filed anonymously.</p>		