

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 27A052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Montana Mental Health Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 800 Casino Creek Dr Lewistown, MT 59457	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>49554</p> <p>Based on interview and record review, facility staff failed to ensure an allegation of resident-to-resident abuse was reported to the State Survey Agency, within 24 hours after the allegation occurred, for 6 (#s 26, 37, 47, 53, 64, and 70) of 29 sampled residents. Findings include:</p> <ol style="list-style-type: none"> Review of a facility reported incident, dated 7/8/24 at 6:05 a.m., showed an allegation of resident-to-resident abuse for residents #64 and #47. This allegation occurred on 7/6/24, and was not reported to the State Survey Agency, until 7/8/24. Review of a facility reported incident, dated 7/8/24 at 9:05 a.m., showed an allegation of resident-to-resident abuse for residents #64 and #47. This allegation occurred on 7/6/24, and was not reported to the State Survey Agency, until 7/8/24. Review of a facility reported incident, dated 7/24/24, showed an allegation of resident-to-resident abuse for residents #70 and #26. This allegation occurred on 7/22/24, and was not reported to the State Survey Agency, until 7/24/24. Review of a facility reported incident, dated 9/16/24, showed an allegation of resident-to-resident abuse for residents #37 and #53. This allegation occurred on 9/12/24, and was not reported to the State Survey Agency, until 9/16/24. <p>During an interview on 10/23/24 at 8:10 a.m., staff member J stated, Floor staff report any incidents (of abuse/neglect) to the nurse working. They (nurses) are supposed to fill out a report on a behavior sheet.</p> <p>During an interview on 10/24/24 at 10:10 a.m., staff member A stated, We have an abuse team who oversees investigating facility incidents. The nurse on duty would send an alert via Tiger Text, a confidential texting application, to the team. The team would designate an individual to investigate the concern and submit it through BOUNDS (facility on-line reporting system). I review all allegations and ensure they are submitted timely .</p> <p>Review of a facility document titled, Abuse, Misappropriations, and/or Neglect of Residents with a revision date of 6/6/24, showed:</p> <p>. INVESTIGATION OF ABUSE, NEGLECT, OR MISAPPROPRIATION:</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
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility conducts an internal investigation. The process is as follows:</p> <ol style="list-style-type: none"> 1. Administrator and Quality Coordinator initially inputs the alleged abuse report into the Bounds system within 24 hours .