PRINTED: 10/10/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	(X3) DATE SURVEY COMPLETED		
					С
		275140	B. WING _		08/22/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
ASPEN MI	EADOWS HEALTH AND	REHABILITATION CENTER		3155 AVE C BILLINGS, MT 59102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 000	INITIAL COMMENTS		F 0	00	
		vas completed on 8/22/18. ed for the complaint, with the			
	Glossary				
F 600 SS=G	MG Milligrams PM Evening PRN As Needed Q Every S/S Signs and S TAR Treatment A UA Urinary Anal UTI Urinary Trac Free from Abuse and	ement rses Aide Sensitivity Jursing elease hary Team Release Administration Record ymptoms dministration Record lysis et Infection Neglect	F 6	00	10/3/18
	Exploitation The resident has the neglect, misappropria and exploitation as de includes but is not lim corporal punishment,	m Abuse, Neglect, and right to be free from abuse, ation of resident property, efined in this subpart. This nited to freedom from involuntary seclusion and ical restraint not required to			
LABORATORY	L DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Electronically Signed 09/07/2018

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.

Facility ID: MT275140

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		275140	B. WING _			C 08/22/2018
	ROVIDER OR SUPPLIER EADOWS HEALTH AND	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODI 3155 AVE C BILLINGS, MT 59102		
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F 600	physical abuse, corp involuntary seclusion	ty must- e verbal, mental, sexual, or oral punishment, or	F€	600		
	Based on observation review, the facility fair services and staffing and worsening of present and 3); failed to provide catheter care a UTI for 1 (#1); failed suprapubic catheter ensure necessary states a catheter ensure necessary states and alternation of present and 3; and alternation identified included: p dirty, gross, and unclined.	led to provide the necessary to prevent the development essure ulcers for 3 (#s, 1, 2, ide necessary services to neglect for 1 (#1); failed to to prevent the potential for d to provide routine care to a for 1 (#3); and failed to affing to provide regularly or 4 (#s 1, 2, 3, and 4) of 6 the accumulative effect of a resulted in harm with the sure ulcers for resident #s 1, the negative outcomes ain for #2; resident #4 felt the ear; and resident #3 felt at no one cared about the clude:		This plan of correction is prep submitted as required by law. submitting this plan of correcti Meadows Rehabilitation and Notes not admit that the deficie on this form exist, nor does the admit to any statements, findic conclusions that form the basicalleged deficiency. The center the right to challenge in legal regulatory or administrative proceedings that form the basic conclusions that form the basic deficiency.	By ion, Aspen Wellness ency listed he center hgs, facts, or is for the r reserves and/or roceedings cts, and	
	a.m., resident #3 was head propped up, wa was placed on his ov resident had a strong was oily with flakes of	ation on 8/20/18 at 11:15 Is laying on his back, with his atching his computer, which er the bed table. The musky odor, and his hair of dandruff.		1. A. Resident #3 received a evaluation wounds to sacrum, and penis were immediately a staging, appropriate treatment evaluation for nutritional suppomattress was upgraded to a hof pressure reduction capabilicare orders were also obtaine	, scrotum assessed for t, RD ort. His air aigher level ty. Routine	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
			7 50.25	<u> </u>		c	
		275140	B. WING _		08	3/22/2018	
NAME OF P	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CO			
				3155 AVE C			
ASPEN MI	EADOWS HEALTH AND	REHABILITATION CENTER		BILLINGS, MT 59102			
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		CORRECTION ON SHOULD BE HE APPROPRIATE Y)	(X5) COMPLETION DATE	
F 600	Continued From pag	e 2	F 6	00			
F 600	resident #3 stated he approximately one are electric wheelchair question told it would be fixed check on repairing his stated he owns a manot know where it was staff to find his manunobody had brought had difficulty moving his bed because of hweakness, and his bis amputation. He said most of the day, becand help him repositi impairments when he and they had been in "Sand" mattress. He changed him from the current mattress (air more skin problems. ordered for him to ha and that was not hap did not get regular showered at least two get one once a we was not enough staff. During an interview of member O stated show manage two medicat was expected to mar residents every shift, when she physically	had been in his bed for and half months, since his wit working. He said he was but no one has come by to selectric wheelchair. He nual wheelchair, but he did as. He stated he had asked all wheelchair for him, but it in for him. He stated he and repositioning himself in is upper extremity lateral lower extremity he lays in the same position ause staff did not come in on. He said had many skin a was admitted to the facility, in proving when he had a stated since the facility e "Sand" mattress to his mattress), he had developed He stated his doctor had we wound care once a day, pening. He stated he also nowers, he preferred to be side a week, but he was lucky ek. He stated he felt there to care for everyone. On 8/20/18 at 11:29 a.m., staff e was the only nurse to ion carts. She stated she nage the care for 27 or more She stated there were days could not provide wound	F 6	suprapubic catheter. His ph notified of all wounds, supra needs/evaluation and new or received. He was provided electric wheelchair until his could be fixed. A shower whim on 8/24/18. B. Resident #1 received a evaluation for any skin integore breakdown on 8/21/18. All identified had orders receive treatment with MD notificati appropriate staging determice evaluation for nutritional supcurrent air mattress evaluate and pressure reduction on 8 Catheter care was immedia upon finding and orders revensure catheter care every place. Resident received a 8/23/18. Activities and Sociolirectors evaluated residentindividualized care and supisolation, as well as ordering to allow resident more time room. Education was provide frequent rounding and reposited to the state depart C. Resident #2 received a fevaluation for any skin integore breakdown on 8/21/18. All videntified had orders received in the state depart control of	apubic catheter orders a loaner wheelchair as provided to full skin grity wounds ed for on, ned, RD oport and ed for function 8/22/18. tely provided iewed to shift are in shower on al Services t for port to prevent g a geri chair outside of her ded to staff on sitioning on and 9/6/2018. as also ment of health. ull skin grity wounds ed with MD		
	when she physically care for her assigned felt she needed to pri medications came fir she would provide wo	•			ed with MD ging for nutritional t into place as nion evaluated		

Facility ID: MT275140

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		275140	B. WING_				C / 22/2018	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00	12212010	
	101.52.1.011.001.1.2.2.1				155 AVE C			
ASPEN MI	EADOWS HEALTH AND	REHABILITATION CENTER			SILLINGS, MT 59102			
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F 600	Continued From pag	e 3	F 6	500				
	she did not feel she he the care for all her as	. The staff member stated nad enough time to manage ssigned residents and was to hurt a resident because orkload.			received a shower on 8/25/18. A new pevaluation was completed on 9/6/18 to ensure his current pain regime is adequate per his interview.			
	member O stated sho resident #3's skin the not be able to comple resident until 11:00 a				2. All residents are identified to be at risk. A 100% skin evaluation audit was conducted by the DNS/designee on 8/30/18 and skin integrity issues were addressed per policy and procedure. A 100% audit was conducted on all show for residents with any discrepancies fo	A vers und		
	resident #3 was lying head supported with his hair was oily with resident was laying of and R removed the firm the brief had a foul of a thick yellow and great the support of the support	n on 8/21/18 at 11:00 a.m., in bed on his back, with his pillows. He smelled of musk, flakes of dandruff. While the in his back, staff members O ront of the resident's brief, odor and was saturated with een drainage. The			fixed by ensuring a shower was received on 8/31/18. A 100% audit was conduct on any resident with a urinary catheter ensure catheter care orders are in place on 8/31/18. Resident interviews conducted by the IDT for their satisfact of care being received and observation their environment weekly starts 9/3/18.	ted to ce tion		
	string which pulled or when the brief was p large amount of thick colored exudate build suprapubic site. The resident's penis appe surgical repair, which open from the tip of u shaft. The interior of			3. An in-service was held with all staff the DDCO and RVP on 8/21/18, 8/22/1 9/5/18 and 9/6/18 regarding ensuring wound treatments are done, catheter completion, weekly skin evaluations ar completed as scheduled, showers are completed, and efforts being made regarding staffing, retention, and recruitment. Additional systematic	18, care			
	surgical opening, the cm by 5 cm oval sha inflamed, macerated had sanguineous and saturated the front of resident was then turbrief was removed en	vas bright red. Below the re was an approximately 12 ped area of bright red, skin which was open and d purulent drainage which the resident's brief. The ned to his left side and his ntirely exposing his buttocks. amount of thick brown,			changes for improvement include the hiring of a dedicated wound certified nurse, designated bath aides for both units, and new structured shower schedule. Peri care and catheter competencies will be completed for all CNA s by the SDC or Designee. Wou treatments and weekly evaluations have been moved from the TAR to the MAR	ınd /e		

Facility ID: MT275140

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		275140	B. WING _				22/2018
	ROVIDER OR SUPPLIER	REHABILITATION CENTER		31	TREET ADDRESS, CITY, STATE, ZIP CODE 155 AVE C ILLINGS, MT 59102	1 001	22/2010
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F 600	pulled away in thick the brief was remove odor. Two dressings right sacrum and one dated 8/19/18. The riarge football sized athe resident's right sapproximately 1 cm bed was filled with sl On the right sacrum approximately 1 cm with eschar and one were unstageable. Tred, open area approround, on puckered shad an area of bright scrotum, which meast 4 cm, oval shaped. Tredianing a sanguined was covered with a soffered a bath, which resident's right should skin, which had a 2.5 open and actively ble During an interview or resident #3 stated he and would lay for long stated staff did not on him. He stated he fel breakdown since his He stated he had told regarding his mattrest on his concerns for sonew mattress. Review of resident #	arrulent drainage, which strings from his buttocks, as ad. The wound had a strong were present, one on the e on the left sacrum, both esident's buttocks showed a rea of discolored skin. On acrum were 2-3 open areas by 1 cm, round, the wound ough, and was unstageable. Were 2 open wounds, both by 1 cm, round, one covered covered with slough, both he resident also had a bright eximately 1.5 cm by 1 cm, skin on the sacrum. He also a red macerated skin on is sured approximately 5 cm by the area on his scrotum was bus red fluid. The resident eder was a patch of scaled form scratch, which was beeding bright red blood. On 8/21/18 at 11:30 a.m., a could not reposition himself g periods on his back. He effer to come in and reposition at his skin has had substantial mattresses were changed. It is skin has had substantial mattresses were changed. It is skin breakdown related to his	F	600	better adherence and notification as we In addition a 3rd nurse in the form of a unit manager will be hired and available support additional needs/concerns of residents and staff on Timbers. TLC will also include hiring of an additional nurse as a unit manager to support additional needs/concerns of the unit nurses and residents. 4. Audits will be conducted by the DN or designee on wound treatments in place as ordered, weekly skin evaluations, ar showers being completed routinely week X 12 weeks then monthly X 2 months. A audit will be conducted by the social services director or designee on any be ridden patient for isolation concerns an appropriate interventions in place to prevent isolation weekly X 8 weeks the monthly X 2 months. Results of the initic corrections, audits and education were submitted to an AdHoc QAPI meeting of 8/23/18 for review and recommendation Results of the Audits will be taken to QAX 3 months or until resolved. 5. Corrective action will be completed 10/3/18.	e to II se I IS acce nd ekly An ed d n ial on ns.	

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	ROVIDER OR SUPPLIER EADOWS HEALTH AN	D REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3155 AVE C BILLINGS, MT 59102	'	0,12,10
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 600	Breakdown, with a series of resident of 26/18, showed, "New Hydroguard silicone dressing Q-day. No to air when the gaustials to identify the series Q 24 hours a The physician order wounds to the penistial side of his sorthe resident's right resident's MAR/TAF 2018, failed to show checks. Review of resident show checks. Review of resident showed the resident showed the resident showed the resident showed the resident assessment on the following wounds: - 7/19/18: showed: "1. left buttock pressure wound 2. The right buttock over and no drainage x 0.5 by 0, circular wound 3. The pressure ulcomes will be a series with the series of the series would be a series with the series would be a series with the series would be a series with the seri	t was a very high risk for skin score of 9. #3's Physician Orders, dated Wound Treatment: Apply a cream, cover with gauze tape necessary can be open ze falls off." The wound order site for wound care. #3's Physician Orders, dated Meplix dressing on both sacral and PRN." The failed to address the set, the rest of the sacrum, the rotum, and the open area on shoulder. A review of the R's for July and August of an order for weekly skin was a weekly skin following dates, for the sure ulcer to left buttock trainage. Measured 0.7 by 0.3 d. The pressure ulcer is scabbed ge noted, no pain. Measures 1 wound. The failed to address the set of the right buttock scabbed of the point. Measured 1.2 by the scar of the right buttock scabbed of the point. Measured 1.2 by the scar of the right buttock scabbed of the point. Measured 1.2 by the scar of the right buttock scabbed of the point. Measured 1.2 by the scar of the right buttock scabbed of the point. Measured 1.2 by the scar of the right buttock scabbed of the point. Measured 1.2 by the scar of the right buttock scabbed of the point. Measured 1.2 by the scar of the right buttock scabbed of the point. Measured 1.2 by the scar of the right buttock scabbed of the point.	F 6			

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F 600	- 7/25/18: showed: "1. Left buttock, sma buttock now resolved 2. Left buttock, press decreasing in size, s drainage noted, no of Measured 0.9 by 0.8 3. Right buttock, press decreasing in size, s noted, no complaints 0.5 by 0, circular shadeled and sha	Il pressure ulcer to left d. Sure ulcer to left buttock cabbed over, minimal serous dor, no complaint of pain. by 0, circular shaped wound. Sure ulcer to right buttock cabbed over, no drainage of pain. Measured 1.2 by sped wound." The end of pain. Measured 1.0 by and shape. The end of pain. Measured 1.0 by and shape. The end of pain in color, minimal and. Measured 1.0 by 1.0 by 0, ape. The end of pain in color, minimal and. Measured 1.0 by 1.0 by 0, ape. The end of pain in color, minimal and in Measured 1.0 by 1.0 by 0, ape. The end of pain in color, minimal and in Measured 1.0 by 1.0 by 0, ape. The end of pain in color, minimal and in the end of pain in color, minimal and in the end of pain in color, minimal and in the end of pain in the end	F 60		

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F 600	The Skin Evaluation Hydration Skin Common to identify any skin by penis and scrotum. Review of resident # MAR/TAR, IDT Notes Progress Notes, failed management and associated by the season of the se	Notes and Nutrition nittee Review Forms, failed reakdown on the resident's B's Skin Evaluation Notes, so, Nutrition Notes, and do to show continued sessments for skin 18. On 8/21/18, the resident resident resident resident resident resident resident resident #3, which resulted for sacral and coccyx pressure resident #3, which resulted for sacral and coccyx pressure resident #3, which resulted for sacral and coccyx pressure resident #3, which resulted for sacral and coccyx pressure resident #1's reside	F	600			
	and BM.	had a strong odor of urine on 8/20/18 at 2:20 p.m., staff					

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F 600	to check on resident She stated it was the resident #1 every to she was completely death. She stated is small wound on her sure if it was suppose because sometimes covering it, so she that it is hall, and she had break or lunch since morning at 6:00 a.m felt the facility was a without help on many she was afraid of he residents, because challenging transfer member K stated shand go in and check the resident's wearing a hospital gasheet was saturated her thighs up her bararound her brief and skin blanket which we resident's feet. Whe resident's brief, the	the "honestly had not had time at #1 since around 9:00 a.m." be expectation to check on to hours or more, because bed ridden, and was close to the thought the resident had a back. She said she was not seed to be covered or not, at it did not have a dressing the lieved it was to be open to was the only CNA on resident and not even had time for a see she came into work that at the she shad to make many is without assistance. Staff the would get another CNA,	F	600		
	back and up past he catheter tube was s catheter hubs. After majority of the BM f	er sacrum. The resident's aturated in BM up to the the staff had cleaned off the rom the resident, there was a er, which was open to the air,				

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F 600	and it measured app it was open and the vand was impacted wipressure ulcer was not the wound was wiped there remained a broaround the wound. During an interview of member Q stated the on at least every two and change her posititimes there was not ethe required cares for did not get time for board sure if the residence covered with a dress one most of the time. During an interview at 2:40 p.m., staff mem aware of resident #1' reviewed the MAR/To there was no wound complete on the residence was to be She stated she would #1's sacrum and place wound. She stated she would #1's sacrum and place wound. She stated she would wound. She stated she would wound cares was to be she stated she would wound to provide treatmonly been two nurses she wants to quit, be her license at risk.	roximately 1.5 cm by 1.5 cm, wound bed was cavernous, ith BM and slough. The ot able to be staged. When d clean of the majority of BM, wm/yellow dried circle of BM on 8/20/18 at 2:45 p.m., staff e resident should be checked hours to change her brief tioning. She stated many enough staff to complete all r residents. She stated she reaks. She stated she was not so wound should be ing, because it doesn't have and observation on 8/20/18 at ber J stated she was not so sacrum wound. She AR for resident #1 and stated care orders for her to dent during her shift. She wither and determined the e provided by the night shift. It do in and assess resident to a dressing over the he felt overwhelmed many genough staff to complete all stated they used to have unit, two to pass meds, and nents. She stated there has so for about four months, and cause she can no longer put	F	600			
	resident cares. She set three nurses on the cone to provide treatments only been two nurses she wants to quit, be	stated they used to have unit, two to pass meds, and nents. She stated there has s for about four months, and cause she can no longer put					

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F 600	Continued From pag	ge 10 dicting Pressure Sore Risk,	F 6	500		
		was a very high risk for skin				
	Orders, dated 8/1/18	t1's Physician Recapitulation 3 to 8/31/18, stated, rn every 2 hours to prevent				
	Orders, dated 8/1/18 skin audit one time a Care: Turn every 2 h Sacral Breakdown, v Review of the reside	t1's Physician Recapitulation 3 to 8/31/18, stated, "Weekly a day every Thursday. Wound hours from side to side (4) wach [sic] daily, opti foam." ent's MAR, dated August esident did not receive a the following date:				
	- 8/16/18					
	stated, "Santyl Ointr (Collagenase). Apply a day related to pres unspecified stage." I administration the re	y to Sacrum topically one time ssure ulcer of sacral region, Review of the dates of esident did not receive the the following dates for the				
	- 8/6/18, 8/17/18, an	d 8/21/18.				
	showed the resident	t1's Weekly Skin Evaluations received a skin assessment just on the following dates:				
	sacrum, wound bed maceration noted to	tage 3 pressure ulcer to covered in slough, edges. Skin surrounding r and blanches easily. The				

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	ROVIDER OR SUPPLIER	D REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3155 AVE C BILLINGS, MT 59102		00/22/2010
(X4) ID PREFIX TAG			ID PREFI) TAG	PROVIDER'S PLAN OF CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 600	circular in shape." - 8/9/18, showed, "sulcer to sacrum covedges, maceration in noted, decreasing in by 0.8 by 0.4, and vertically failed to assessments, daily position changes for in a worsening of a unstageable. C. During an observation observation observation observation changes for in a worse station. He to "backside" hurt and member O stated the now" but would be to long. During an observation observation observation observation. During an observation observation observation. During an observation observation observation.	ge 11 .0 by 1.5 by 0.6, and was sacrum stage three pressure ered in slough with red wound noted, minimal SS drainage in size. Wound measured 0.9 vas circular in shape." kly Skin Evaluation for the provide weekly skin wound care, and regular r resident #1, which resulted Stage 3 pressure ulcer to vation on 8/20/18 at 2:00 p.m., ing in his wheelchair by the old staff member O that he his he wanted to lay down. Staff ne CNA's were "busy right here to lay him down before on on 8/20/18 at 2:56 p.m., eep in his wheelchair at the on on 8/20/18 at 5:46 p.m., ut that he wanted to lay down on 8/21/18 at 9:28 a.m., staff	F6	,		
	member L stated sh pressure ulcer on re stated the resident of	on 8/21/18 at 9:28 a.m., staff the had not yet seen the the sesident #2's sacrum. She did complain of a lot of bottom to bottom starts to hurt from				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		275140	B. WING				22/2018
	ROVIDER OR SUPPLIER	REHABILITATION CENTER		3	TREET ADDRESS, CITY, STATE, ZIP CODE 155 AVE C BILLINGS, MT 59102	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 600	resident #2 had a new non-bleachable, on his dressing covering a which was dated, 8/1 sacrum had an area or by 5 cm, and it was red and raised in 25% slough covering. During an interview or resident stated his bowheelchair for too lon. During an interview or member L stated she ulcer on his right sact the one on his left. SI SBAR, measure the order of the stated she ulcer on his right sact the one on his left. SI SBAR, measure the order of the stated she ulcer on his right sact the one on his left. SI SBAR, measure the order on the stated she ulcer on his right sacrated in the one on his left. SI SBAR, measure the order on the stated she wound treatment until notified. The staff meable to get to all the order of the stated when she had carts, she did not have wound care. She stated should be stated third nurse on this will months. She stated should be provided to the reside gets a break during his Review of resident #2 Assessment for Predictions.	air for too long. In on 8/21/18 at 9:35 a.m., In reddened area, which was is left sacrum. He had a wound on his right sacrum 9/18. The wound to his right which was approximately 3 as open. The wound bed in appearance and had about the surface. In 8/21/18 at 9:35 a.m., the ottom hurt if he sat in his ing. In 8/21/18 at 9:35 a.m., staff was aware of the pressure rum, but was not aware of the stated she would start an wound, and document the she would also notify the Staff member L stated she cility had a standing order for I the physician can be mber stated she was not wound care on her hall. She to work two medication we time to complete all the ted the facility used to have a ng, but not for the last four the tried to prioritize her care ent's. She said she rarely the 12 hour shift.	F	600			
		was a high risk for skin					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		275140	B. WING		0.5	C 3/ 22/2018
	ROVIDER OR SUPPLIER	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3155 AVE C BILLINGS, MT 59102		512212010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 600		2's Physician Orders, started	F 60	00		
	shift, every Sunday."	"Weekly skin audit every day 2's TAR's for July 2018, and				
Review of resident #2's TAR's for August 2018, showed the residen a weekly skin check for the follow 7/1/18, 7/15/18, 7/22/18, 7/29/18, and 8/19/18.	d the resident did not receive for the following dates:					
	Review of Nursing Progress Notes, dated 8/19/18, stated, "Direct care staff reported skin breakdown on [resident #2]. He has a red area on his right buttock approximately 1 x 2 inches stage II. The center of this area is open with no drainage. This is likely caused from direct pressure as he usually lays on his back related to					
		cleaned and foam dressing to try to lay on his side ck."				
	2018, and August, 20 wound care for the w	2's MAR's and TAR's for July 118, failed to identify ordered ound on the resident's right lentified by staff on 8/19/18.				
	when the resident wis the pressure on his b resulted in a new dev	round care, and provide aid shed to lay down and relieve ottom. These factors relopment of a Stage I resident's left sacrum, and pressure ulcer which				
	showed, "In an effort	y's policy, titled Skin Integrity, to maintain the resident's ntegrity and promote healing				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	FIPLE CONSTRUCTION NG		DATE SURVEY COMPLETED
		275140	B. WING _			C 08/22/2018
	ROVIDER OR SUPPLIER EADOWS HEALTH AN	D REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 3155 AVE C BILLINGS, MT 59102	DDE	0.1
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 600	has a systematic approcess for evaluation integrity. In the ever with or develops a sulcer/wound, care is prevent, if possible, ulcer/pressure ulcer skin is inspected da (unless resident is i completion). Chang reported to the Lice evaluation continue completing a full bothe skin audit is doctor and either a '-' or '+ impairment present impairment present reviewed by the Nu Committee meeting admission. 7. For sladmissiona. docu includes measurem of odor, exudates, a associated with the Notes and on the W Notifies the physicial Order if needed, do implemented10. We During an observation strong odor of urine the hallway, outside the room, the room	ure ulcer/wounds, the Center oproach and monitoring and documenting skin at that a resident is admitted skin ulcer/pressure is provided to treat, heal, and further development of skin res/wounds4. The resident's sily with completion of ADL's andependent in ADL is a new and see in the resident's skin are ansed Nurse (LN). Ongoing is weekly with the LN is dy skin audit. Completion of sumented on the Treatment ford (TAR) with their initials, it. a. '-' indicates no skin in b. '+' indicates skin in the skin impairment identified with ment skin impairment that ents of size, color, presence and presence of pain skin impairment in Nurse's reekly Wound Evaluation. b. In and obtain a Treatment cument on the TAR after wounds are evaluated weekly"	F	600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION IG		(X3) DATE SUR COMPLETE	
	275140	B. WING _			C 08/22/ 2	2018
NAME OF PROVIDER OR SUPPLIER ASPEN MEADOWS HEALTH AND RE	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 3155 AVE C BILLINGS, MT 59102	E		
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	-	(X5) DMPLETION DATE
pump which was contined the tube feeding was considered a catheter bag which wounder her bed. When a resident could blink once no, but was not consisted the properties of the	e resident's hair was pillow behind her head which had a ring of oil esident's head. The pen and the TV was on, was inaudible. Resident in the room, but the and the volume was heard on resident #1's esident had a tube feeding enally beeping, indicating complete. The resident had as laying on the floor sked questions, the per for yes, and twice for ent in responses. On 8/20/18 at 12:37 p.m., on the same position in her larm was still beeping. The entry was on without in TV was on and the The room had a strong On 8/20/18 at 2:15 p.m., on the same position, on her as dark and the blinds ent's TV was on with the module of the roommates TV was mate was not in the palarm was still beeping, ong odor of urine and BM. 8/20/18 at 2:20 p.m., staff thonestly had not had time since around 9:00 a.m." expectation to check on	F 6				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		275140	B. WING				22/2018
NAME OF PI	ROVIDER OR SUPPLIER	l	1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	
ASPEN M	EADOWS HEALTH AND	REHABILITATION CENTER			155 AVE C BILLINGS, MT 59102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 600	Continued From page	e 16 eed ridden, and was close to	F	600			
	death. She stated she resident #1's hall and for a break or lunch s that morning at 6:00 a frequently felt the face had to work without he she stated she was at the residents, because many challenging transtaff member K state CNA, and go in and compared to brief. When the resident's top sheet, thospital gown, and be saturated with yellow up her back. The BM brief and was saturated.	e was the only CNA on she had not even had time ince she came into work a.m. She stated she dility was understaffed, and elp on many different shifts. Infraid of hurting herself and the she has had to make insfers without assistance.					
	feet. When the staff rethe resident had BM red for pubis around he sacrum. The resident saturated in BM up to cleaned off the major resident, there was a pressure ulcer on cooking or the saturated in BM, and the bed. When the wound majority of BM, there dried circle of BM around process the TV was some The roommates TV we turned up, but the rook Resident #1's tube feet.	emoved the resident's brief, which extended from the top er back and up past her 's catheter tube was the Hub. After the staff had ity of the BM from the dime sized open to air cyx. The wound was here was BM in the wound d was wiped clean of the remained a brown/yellow und the wound. During this still on with the volume off. was on and the volume was ommate was not in the room.					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG) DATE SURVEY COMPLETED
		275140	B. WING _			C 08/22/2018
	ROVIDER OR SUPPLIER	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3155 AVE C BILLINGS, MT 59102		00/22/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 600	tube feeding alarm s sounding when the s resident #1. During an interview member H stated the alarm sounded when running, and the nur tube feeding. She st checked on at least her briefs and change	ounding. The alarm was still staff finished their care of on 8/20/18 at 2:55 p.m., staff the resident's tube feeding in her tube feeding was done se would need to change the ated the resident should be every two hours to change the her positioning.	F 6	500		
	resident #1 was lying She had a bag of tul from the pump with a 3:30 p.m. The room and BM, and it could outside of the reside was oily and stringy, wearing a black necesident's tube feedil resident's TV was or and the volume of the	on on 8/21/18 at 8:45 a.m., g in her bed on her left side. De feeding solution hanging a date and time of 8/20/18 at had a strong odor of urine libe smelled in the hall nt's room. The resident's hair with dandruff. She was a pillow. The alarm on the ng was beeping. The n and the volume was down, the resident's roommates TV roommate was not in the				
	staff member Q state check and change the She stated she routing check on resident # pass, because she whad too many reside member Q said she #1 since she had state She stated she belie changed and was check and changed she stated	on on 8/21/18 at 9:00 a.m., ed it was the expectation to the resident every two hours. Inely did not have time to I until after the morning meal was alone on the hall, and ont's to get up by herself. Staff had not checked on resident arted her shift at 6:00 a.m. I wed the resident had her brief thecked on by the night shift, e stated she would try to find				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		275140	B. WING				22/2018
NAME OF P	ROVIDER OR SUPPLIER	270110		STR	REET ADDRESS, CITY, STATE, ZIP CODE	1 00/	22/2010
ASPEN M	EADOWS HEALTH AN	D REHABILITATION CENTER			5 AVE C .LINGS, MT 59102		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 600	During an observation staff member Q and resident #1. The resident #1. The resident #1. The resident #1 as the urine had a strict dressing covering high dated 8/20/18. The the alarm was been off the alarm while left the room. The resident was wor #1. She stated she repositioned or che stated she had combecause she was woreceiving regular ballways able to comfacility was too shor care for all the resident #1 was lay The alarm on her to the resident #1 was lay The alarm on her to her TV was on, with tube feeding bag in on 8/20/18 at 3:30 placen hanging for or Review of resident #1. She is concerned the saturated in the resident 8/19/18, showed, "It she is concerned the saturated in urine saturated in the resident 8/19/18, showed, "It she is concerned the saturated in urine, the saturated in the resident #1 was lay the saturated in the saturated i	p her change resident #1. ion on 8/21/18 at 9:20 a.m., If I provided resident cares to sident had a brief which was even with a catheter in place. Ong odor. The resident had a her coccyx wound, which was tube feeding had ended, and bring. The CNA's did not turn providing care or before they esident was repositioned to on 8/22/18 at 8:00 a.m., NF1 ried about the care of resident did not feel the resident was coked for soiled depends. NF1 ried about the facility, rorried the resident was not ein and visit, but thought the residents. ion on 8/22/18 at 8:30 a.m., ing in bed on her right side. The feeding was beeping and nout volume. The date on the dicated the bag was hung new o.m. The tube feeding had	F	600			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	' '	ATE SURVEY DMPLETED
		275140	B. WING			C 08/22/2018
	ROVIDER OR SUPPLIER EADOWS HEALTH AND	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3155 AVE C BILLINGS, MT 59102	,	00/22/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 600	services for resident ensure the resident on noise related to the and the excess noise. They failed to provide every two hours as of the service of the serv	#1. The facility failed to was free from excessive alarm on her tube feeding, a from the roommates TV. a regular check and changes ordered. Care In on 8/20/18 at 2:30 p.m., a bag was lying on the floor member K picked it off the particular the bed. Staff member K lent #1's soiled brief. The labe was saturated in BM up labe was saturat	F 60			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	, ,	TE SURVEY MPLETED
		275140	B. WING _			C 8/22/2018
	ROVIDER OR SUPPLIER	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 3155 AVE C BILLINGS, MT 59102		0/22/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 600	the MAR and TAR's reflect an order for the A review of resident dated 8/19/18, shown odor and is cloudy all staff to obtain urine sanalysis and C&S if it A review of resident and Physician Order show the resident had and failed to show a analysis.	#1's Physician Orders, and for August of 2018, failed to be care of the catheter. #1's Nursing Progress Note, ed, "[Resident's] urine has an opearing. Will ask direct care pecimen in the a.m. for indicated." #1's Nursing Progress Notes after 8/19/18, failed to d an order to obtain a UA, urine specimen was sent for	F 6	00		
	catheter care to reside facility failed to estable MAR/TAR to provide resident's catheter all facility failed to obtain analysis and failed to analysis to check for 4. Lack of Care to a substantial control of the control of the catheter of the saturated with a thick of the suprapubic site of the string which pulled of when the brief was plarge amount of thick	services to care for the and prevent infection. The an an order for a urine send the resident's urine for a UTI.				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION		DATE SURVEY COMPLETED
		275140	B. WING			C 08/22/2018
	ROVIDER OR SUPPLIER	D REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3155 AVE C BILLINGS, MT 59102	I	00/22/2010
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 600	Continued From pa	nge 21	F 60	0		
	resident #3 stated cleaned once a mo	on 8/21/18 at 11:00 a.m., the had his suprapubic catheter onth. He stated it was only the schanged. He stated the staff the regularly between catheter				
	August 2018, state catheter Q 30 days every day(s) relate aftercare following subcutaneous tissuphysician orders, a	t #3's Physician Orders, dated d, "Change suprapubic and PRN one time a day d to encounter for surgical surgery on the skin and le. A review of resident #3's nd treatment orders, failed to e and cleaning procedures for eter care.				
	5. Missed Showers	for dependent resident's				
	p.m., resident #4 v smelled lightly of m	vation on 8/20/18 at 12:03 was sitting in his wheelchair, he rusk and body odor, and had n appeared oily with small				
	resident #4 stated enough staff to pro the residents. He s weeks since he wa before he was adm shower every day. staff that he would everyday due to statwice a week. He s provided a shower	on 8/20/18 at 12:03 a.m., the did not feel there was vide the necessary care for all tated it had been almost three is given a shower. He said witted to this facility he would he said he was told by the not be offered a shower affing, and could have one tated when he was not he felt "dirty and gross."				
	Review of resident	#4's ADL-Bathing report for				

	DF DEFICIENCIES CORRECTION	CTION IDENTIFICATION NUMBER: A. BUILDING COMP		TE SURVEY MPLETED		
		275140	B. WING		,	C 08/22/2018
	ROVIDER OR SUPPLIER	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, Z 3155 AVE C BILLINGS, MT 59102		00/22/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECTIVE CROSS-REFERENCED		(X5) COMPLETION DATE
F 600	B. During an observaresident #3 was lying gown. He smelled of appeared oily with flat During an interview of resident #3 stated he regular basis. He stalleast twice a week, be when he would only not even that often. It a shower regularly he like the staff did not owanted to move to a could. Review of resident # month of July 2018, provided a shower of Review of resident # month of August 201 not been provided a C. During an observaresident #2 was sittir room. He was dress, and the room smelled.	2018, showed the resident nower since 8/10/18. ation on 8/21/18 at 9:30 a.m., g in his bed, in a hospital stale musk, his hair akes of dandruff. on 8/21/18 at 11:00 a.m., e did not get a shower on a sted hewanted a shower at out there were many times get a shower once a week or He stated when he did not get e felt bad. He stated he felt care about him, and he nother facility as soon as he	F6		iency)	
	resident #2 stated he time he had a showe them.	on 8/21/18 at 9:35 a.m., e could not remember the last er, but did not mind getting 2's ADL Bathing Log, for the				
	review of resident #	z s ADL Dathing Log, for the				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION G	, ,	ATE SURVEY OMPLETED
		275140	B. WING _			C 08/22/2018
	ROVIDER OR SUPPLIER	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3155 AVE C BILLINGS, MT 59102	<u> </u>	00/22/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 600	not received a show D. During an observ a.m., a strong odor of smelled in the hallwa room. Inside the roo her right side, she w semi-fetal position. I stringy with oil, and of had a green pillow of saturated around the During an interview of expressed concern of getting bed baths, an enough staff to care Review of the reside 8/19/18, stated, "Da is concerned that sh not had a shower or recently" A review of resident	18, showed the resident had er since 8/10/18. ation on 8/20/18 at 11:13 of urine and BM could be ay, outside of resident #1's m the resident was lying on as contracted into a The resident's hair was the pillow behind her head ase which had a ring of oil eresident's head. on 8/22/18 at 8:30 a.m., NFI that resident #1 was not and was worried there was not	F 6			
	only received one sh week of 8/10/18 to 8	nower, instead of two for the //18/18. Further review of the dent was not provided with a				
	staff member G state facility was not adeq regular showers for there were many da	on 8/20/18 at 12:30 p.m., ed she was concerned the uately staffed to provide the residents. She stated ys when a resident was shower and they did not get s could not get to it.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION G		DATE SURVEY COMPLETED	
		275140	B. WING _			C 08/22/2018
NAME OF PROVIDER OR SUPPLIER ASPEN MEADOWS HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3155 AVE C BILLINGS, MT 59102			00/22/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 600	member N stated she enough aides to provide their showers. She administration repeat with providing showers administration repeat with providing showers are view of the facility Corporal Punishment Mistreatment, Neglect Resident Property, and resident has the right including neglect policies and processes subjected to abuse be this definition of abuse acted deliberately, not have intended to inflit Failure of the Center providers to provide gresident that are necessident safety and a series of the series of t	on 8/20/18 at 1:37 p.m., staff edid not feel there were wide the scheduled showers unit. She stated they work in that the residents did not be stated she had asked the tedly for a bath aide to help ers. by's policy titled, Abuse, the Involuntary Seclusion, but, Misappropriation of and Exploitation, stated, "Each at to be free from abuse, The Center implements eas so that residents are not by staff "Willful", as used in the individual must cottinity or harm Neglect: in it's employees or service goods and services to a dessary to avoid physical inguish, or emotional eff. (2) Staff. e sufficient nursing staff with petencies and skills sets to related services to assure ttain or maintain the highest	F 6			10/3/18
	well-being of each re resident assessment and considering the r	mental, and psychosocial sident, as determined by s and individual plans of care number, acuity and lity's resident population in				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION G	(X3) DATE COMP	LETED	
		275140	B. WING _		08/	
NAME OF PROVIDER OR SUPPLIER ASPEN MEADOWS HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3155 AVE C BILLINGS, MT 59102		08/22/2018	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 725	at §483.70(e). §483.35(a)(1) The faby sufficient number types of personnel or nursing care to all reresident care plans: (i) Except when wait this section, licensed (ii) Other nursing pellimited to nurse aide §483.35(a)(2) Except paragraph (e) of this designate a licensed nurse on each tour of This REQUIREMEN by: Based on observation review, the facility fat to provide the necest prevent and treat resident and treat resident resident resident urine for 2 (# 7 and 8 meal service in time 19, and 10) of 13 sam residents; and failed adequate nursing conurse was available services, when the area of the facility, a provide resident care this deficient practice facility at risk for not	facility assessment required acility must provide services s of each of the following n a 24-hour basis to provide sidents in accordance with red under paragraph (e) of d nurses; and rsonnel, including but not s. It when waived under section, the facility must I nurse to serve as a charge	F 7	F725 1. Resident #3 received a full skin evaluation wounds to sacrum, scroand penis were immediately assess taging, appropriate treatment, RE evaluation for nutritional support. If mattress was upgraded to a higher of pressure reduction capability. Recare orders were also obtained for suprapubic catheter. His physician notified of all wounds and suprapurcatheter evaluation and new orders receives shower was provided to him on 8/2 B. Resident #1 received a full skin evaluation for any skin integrity breakdown on 8/21/18. All wounds identified had orders received for	otum ssed for) His air r level outine his was bic ed. A 24/18.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , , ,			(X3) DATE SURVEY COMPLETED	
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		275140	B. WING _			08/22/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY	Y, STATE, ZIP CODE		
A CDEN M	EADOWE HEALTH A	ND DELIABILITATION CENTED		3155 AVE C			
ASPEN IVII	EADOWS HEALIH A	ND REHABILITATION CENTER		BILLINGS, MT 5910	2		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH COF	DER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD BE ERENCED TO THE APPROPRIAT DEFICIENCY)		
F 725	Continued From p	age 26	F 7	25			
F 723	During an intervier member O stated available to mana stated she had 29 assist, to care for multiple residents did not have time she also had three resident with a colfeeding. She state on hospice and wand she had not histated there were staff to get resider and many times reassistance stayed miss meals at time different occasions for hours, until a Costated the unit currithree CNAs for 58 three CNAs to prowhich approximate extensive 2-persons the stated one of and was training, one nurse and one of which, approximativo-person assisticall off, their is no them, and many times J staff member J staff member J staff member J staff member J staff	w on 8/20/18 at 11:09 a.m., staff she was the only nurse ge two medication carts. She , residents who were extensive by herself. She stated she had who needed wound care, and to provide that care. She stated e residents with catheter care, a lostomy and one with a tube ed she had a resident who was as approaching the end of life, and time to check on him. She times they did not have enough into out of bed in the mornings, esidents who needed extensive in bed, and they would also es. She stated on many s, residents lay in soiled briefs CNA could help them. She rently had two nurses, and a residents. They currently had exide care for 58 residents, of ely half of the residents required in assistance for their cares. The CNAs was new that day, She said the night shift had only the CNA, to care for 58 residents, mately half require an extensive ance. She stated when CNAs system in place to replace times they just work short. W on 8/20/18 at 12:03 p.m., ated the staffing for the facility he said she had to go per diem		treatment with Mappropriate stage evaluation for no current air mattrand pressure recatheter care was upon finding an ensure catheter place. Resident 8/23/18. Activiti Directors evaluated individualized consisted in the second frequent rounding 8/21/18, 8/22/18. The allegation of the second frequent rounding 8/21/18, 8/22/18. The allegation of the second frequent rounding 8/21/18, 8/22/18. The allegation of the second frequent rounding 8/21/18, 8/22/18. The allegation of the second frequent rounding 8/21/18, 8/22/18. The allegation of the second frequent for the second frequent for the second frequent for a breakdown on 8 identified had on the second frequent for possible repreceived a show evaluation was ensure his current adequate per his	ging determined, RD nutritional support and cress evaluated for functional support and cress evaluated for functional support and cress evaluated for functional support and orders reviewed to complete and social services and social services are and support to prevent as ordering a geri chain the more time outside of him was provided to staff on mas provided to staff on and repositioning on 8, 9/5/2018 and 9/6/2018 of neglect was also state department of heal creceived a full skin may skin integrity 8/21/18. All wounds orders received with MD propriate staging to evaluation for nutritional mattress put into place are chair cushion evaluated blacement needed. He wer on 8/25/18. A new part completed on 9/6/18 to ent pain regime is	ent r er er in 3. ith.	
	She stated on ma	d no longer handle the hours. ny occasions over the last year, work two shifts in a row, over			7 and #8 were assisted ir upon finding and skin	1	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILDI			(2
		275140	B. WING			08/	22/2018
NAME OF PROVIDER OR SUPPLIER ASPEN MEADOWS HEALTH AND REHABILITATION CENTER			31	TREET ADDRESS, CITY, STATE, ZIP CODE 155 AVE C ILLINGS, MT 59102			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 725	run two medication of residents. She state a tube feeding, two several with wound difficult time comple 27 residents. She sa care because she difor the residents. She three CNAs and one provide care for 58 mas only one CNA passist residents. She the best they could all the other duties, stated she was awa soiled for long period they did not get food stated she was feartfelt she was placed. She stated on sever pulled from her dutie unit to provide assess residents on the assibuilding. She said the she barely had time required to do for the home. During an interview staff member G state and many residents periods of time, not to the dining room for residents don't get til there are several residents with impairments.	de she was the only nurse to carts, and provide care to 27 d she had two residents with with catheter care, and care. She stated she had a ting her assigned tasks for all aid she would miss wound id not have time to complete it we said there was currently which was orienting, to residents. She stated there were hall which had 2-person e, the charge nurse, would do to replace call off's, but with this did not happen. She re some residents remained do of time, and sometimes didelivered to their rooms. She ful for the residents and has in an impossible situation. It is all occasions she would be seen as a charge nurse for the sesments or services for sisted living side of the last was frustrating because to complete the care she was are residents of the nursing. On 8/20/18 at 12:31 p.m., and she was afraid for the did the facility was understaffed were being left soiled for long helped out of bed, and taken or meals. Many of the their scheduled showers, and sidents who have developed tts, which have not been seed there was only 3-4 CNAs	F	7725	evaluations completed for any skin breakdown. Staff educated on the importance of meeting the residents needs regarding toileting upon request 8/22/18. F. Resident #\sqrt{s} 3, 4, 5, 8, 9 and 10 we evaluated by the RD for nutritional need an in-service was conducted by the DDCO and RVP on 8/21/18, 8/22/18, 9/5/18 and 9/6/18. to all nursing staff regarding timely assistance in feeding those residents unable to feed themsel as well as ensuring meals are never served and allowed to sit and get cold awaiting their assistance. G. An in-service was held by the DDCO and RVP on 8/22/18 regarding implementation of agency nursing to supplement open shifts and allow for appropriate staffing ratios to meet the resident sneeds, as well as all recruitment efforts/programs, retention efforts, and staffing review. This educa also discussed no cross of services between the ALF and SNF by licensed staff, they were re-educated on ensuring they are clearly delineated from one another via clocking in codes. All licens nursing staff also notified of appropriate charge nurse or DNS/designee to contagon for provision of nursing services via a communication binder at each nurse station with emergency contact number and current schedule for the day. 2. All residents are identified to be at risk. A 100% skin evaluation audit was	ere ds. ves tion g se e act	

Facility ID: MT275140

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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NAME OF D	ROVIDER OR SUPPLIER	2/3/40	15: 11:10_	STREET ADDRESS, CITY, STATE, ZIP COD		3/22/2018	
NAME OF PI	ROVIDER OR SUPPLIER				/E		
ASPEN MEADOWS HEALTH AND REHABILITATION CENTER		REHABILITATION CENTER		3155 AVE C BILLINGS, MT 59102			
()(1) ID	STIMMADAS	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO	APPECTION	(VE)	
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F 725	Continued From pag	je 28	F 72	25			
	enough to care for a there were many time CNAs to provide care. During an observation there were four CNA which was a trainee, CNA. During an interview of member K stated shentire hall, the hall head were a two-person and to get those residents after the help many of was the only CNA for residents, and other. During an interview of member H stated she to hurt a resident. Shonly CNA on two hall which there are residents assist. She stated she there was many time answer call lights or an hour. She stated residents who did not contain the contained to the contain	on on 8/20/18 at 12:56 p.m., as working the unit, one of and was being oriented by a on 8/20/18 at 2:16 p.m., staff e was the only CNA for an ad several residents which assist. She stated she could not up and they would just ted she did not feel it was at the residents because she or the entire hall with 16 staff did not want to help her. On 8/20/18 at 2:30 p.m., staff e was afraid she was going ne stated she has been the alls with over 20 residents, of dents who are a two-person ne did what she could, but he was aware there were on get their showers, or get up		conducted by the DNS/design 8/30/18 and skin integrity issuladdressed per policy and pro 100% audit was conducted or for residents with any discrep fixed by ensuring a shower won 8/30/18. Resident interview conducted by the IDT for their of care being received and of their environment weekly are 9/3/18. 3. An in-service was held with the DDCO and RVP on 8/21/8/22/18 regarding ensuring with treatments are done, weekly evaluations are completed as showers are completed, and made regarding staffing, reterecruitment. Additional system changes for improvement inchiring of a dedicated wound conurse, designated bath aides units, and new structured shows chedule. Wound treatments evaluations have been moved TAR to the MAR for better ad notification as well. The facility team implemented a Meal Madulty program with oversite of	des were cedure. A n all showers ancies found as received ws r satisfaction oservation of starting with all staff by 18 and round skin a scheduled, efforts being ntion, and matic lude the certified for both ower and weekly d from the herence and ry leadership anager on f every meal		
	help. She knew reside pressure ulcers because periods in their chair position. During an interview of member S stated the	there was not enough staff to dents were developing new ause they are left for long is or in bed in the same on 8/20/18 at 2:40 p.m., staff is facility had replaced their istrator on 8/20/18. He stated		with training regarding ensuri residents are served their me and assist with customer served ining room. In addition a 3rd form of a unit manager will be available to support additional needs/concerns of residents. Timbers. TLC will also include additional nurse as a unit ma	als timely vice in the nurse in the hired and l and staff on e hiring of an		

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NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		10/22/2010	
ASPEN MEADOWS HEALTH AND F	REHABILITATION CENTER		3155 AVE C BILLINGS, MT 59102			
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CNAs and nurses. He usually use travel nurse He stated there were certified nurses assistately the floor staff whe stated there was an acresource manager, a land a receptionist, all and could help when a services were not scheavailable to help if need 1. Pressure Ulcers During observations, i the facility failed to enhad adequate staffing nursing services to preand worsening of presedeveloped five new Sthis buttocks, and had of maceration on his president #2 developed ulcer on her sacrum; a a new Stage 1 and a valuer. These deficience insufficient staffing to services to prevent sk for further detail). 2. Showers During observation, in reviews, the facility fail showers to maintain the	y trying to recruit more stated the facility did not sing for staffing shortages. employees who were ants, and could float over to en things were busy. He ctivities aide, a human business office manager, who had their CNA license short. He stated these eduled, they were just eded. Interviews, record reviews, sure resident #s 1, 2, and 3, to provide the required event the development of, sure ulcers. Resident #1 rage 2 pressure ulcers on also developed open areas senis and distal scrotum. In a worsening pressure and, resident #1 developed worsened Stage 2 pressure ies were related to the provide the necessary in impairment (See F 600) Iterviews, and record led to provide scheduled the residents ell-being for four residents	F 72	support additional needs/concerns unit nurses and residents. 4. Audits will be conducted by the or designee on wound treatments as ordered, weekly skin evaluations showers being completed routinel X 12 weeks then monthly X 2 moraudit will be conducted by the designed meal manager on duty for resident required extensive assistance with to ensure timely meal service and assistance eating. An audit will also conducted by the DNS/designee of appropriate staffing levels daily for shift, weekly X 8 weeks then monthmonths. Results of the initial corresponding and education will be subman AdHoc QAPI meeting was held 8/23/18 for review and recomment Results of the Audits will be takent x 3 months or until resolved. 5. Corrective action will be completely 10/3/18.	te DNS in place as, and y weekly ths. An ignated t□s a meals to be an each hly X 2 ctions, itted in on dations. to QAPI		

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275140 B. WING 08/22/20	2018		
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PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	(X5) OMPLETION DATE		
F 725 Continued From page 30 3. Incontinence A. During an observation on 8/20/18 at 12:57 p.m., resident #8 was sitting in his wheelchair in the doorway of the assisted dining room. His food was sitting at his table, untouched. He told staff member P he had to go to the bathroom. The staff member P he had to go to the bathroom. The staff member be he had to go to the bathroom. The staff member be had to come help him. During an observation on 8/20/18 at 1:15 p.m., resident #8 to the bathroom. Resident #8 stated, "it's too late." A CNA entered the dining room and pushed the resident up to his table and started assisting him with his meal. B. During an observation on 8/20/18 at 5:00 p.m., resident #7 explained to staff member F that he was experiencing a lot of urgency with urinating, but when he tried to go, nothing would happen. He explained to staff member F that he needed to go to the bathroom and asked if someone could help him. The staff member told him he would have to wait because the CNAs were busy, and there wasn't one available right away to help him to the bathroom. The resident stayed by the nurses station and kept reminding staff member F that he needed to use the bathroom, and it was becoming more urgent. At 5:15 p.m., staff member F assisted the resident to his room and called in two CNAs to help transfer the resident. During an interview on 8/20/18 at 5:35 p.m., staff member F stated the resident to his room and called in two CNAs to help transfer the resident.			

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F 725	Continued From pag	e 31	F 72	25	
	4. Late Meal Service				
		n on 8/20/18 at 12:15 p.m., to the assisted dining room.			
	12:30 p.m., staff mer the tables for the res room. Four residents meal tray in front of t could not feed thems Staff member P state feeding the residents ensure the residents they were given their observation, several anything offered to d	in and interview on 8/20/18 at other P brought meal trays to idents in the assisted dining at the state of th			
	1:04 staff members Nassist residents' 4, 8. Resident #4 stated has make sure the older meals first. He stated his elders" and just were helped first. He waited over an hour on the table next to have to set up his meal so there were many resorom tray either. The also many times whe assisted dining room supposed to be left up to the state of t	In and interview on 8/20/18 at N entered the dining room to 9, 9, and 10, with their meal. It was a hungry but wanted to residents received their of the was raised to "respect wanted to make sure they stated this morning he and half with his food sitting him, before someone came in the could eat. He stated idents that did not get their eresident stated there was en there wasn't a CNA in the at all, he stated we are not unattended, but it happed on ions because they did not			

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F 725	Continued From pa	nge 32	F 7	25		
	resident #s 4, 8, 9, their tables, with for no staff in the assist During an observat 1:44 p.m., resident cart at the nurses sto resident #5. During stated he was not he too, because no brown because no brown because no brown of the proof	ion and interview on 8/20/18 at #5's food was still in the meal station, it had not been broughting an interview resident #5 hungry and, "It's a good thing ought me my lunch." ion on 8/20/18 at 6:00 p.m., ting in the assisted dining room dicart was outside the dining urses station. ion on 8/20/18 at 6:15 p.m., seed out the meal trays to the ing room. Resident #4 asked vice so he could eat, and staff she could not help him, and for an aide. Staff member P e meal trays for the assisted all residents were able to feed are were four residents, 4, 8, 9, and total assistance, their food of them, but there was no one				
	one was available t During an interview	o nelp tnem eat. on 8/20/18 at 8:46 p.m.,				

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F 725	someone to come in a meals. During an interview o member P stated she how the meal service stated she could only ensure it was the corre	e 33 vas the normal to wait for and help them with their n 8/21/18 at 7:30 a.m., staff was embarrassed about s went the day before. She pass out the food, and rect diet, but she could not stated residents will wait up	F 72	25	
	and help them eat. Si understaffed. During an observation the kitchen brought dunit. During an observation 8:42 a.m., resident #5 brought his morning rwas hungry, but was to bring him his meals would get his food an would not eat the fooresident stated he felfacility was short staff. During an observation Q brought resident #3 The resident waited to 5. Inadequate Nursing an observation at 2:40 p.m., staff me charge nurse for the	n at 9:56 a.m., staff member 3 his breakfast meal tray. wo hours for his breakfast.			

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F 755 SS=E	attached assisted livin stated she felt this pure meet her already hear home, and then be pure living facility in the mit there. She stated it may leave her residents ure assisted living facility her duties by the mare. During an interview of member S stated if the needed a nurse to he staff from the nursing help them. (See F 83 Pharmacy Srvcs/Proc CFR(s): 483.45(a)(b) §483.45 Pharmacy Srvcs/Proc CFR(s): 483.45(a)(b) §483.45 Pharmacy Srvcs/Proc CFR(s): 483.45(a) The facility must providings and biologicals them under an agree §483.70(g). The facility personnel to administ permits, but only under a licensed nurse. §483.45(a) Procedure pharmaceutical service that assure the accurdispensing, and admit biologicals) to meet the service CS483.45(b) Service CS48	If from her duties as a unit to complete vices for residents at the ring facility. The staff member at a huge strain on her to vice workload at the nursing ulled over to the assisted ddle of her shift to help over rade her uncomfortable to nattended to help over at the but it was an expectation of ragement. In 8/20/18 at 3:30 p.m., staff re assisted living center lip with resident care, the home could go over and for more detail) redures/Pharmacist/Records (1)-(3) ervices ride routine and emergency to its residents, or obtain ment described in lity may permit unlicensed		755		10/3/18	

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F 755	aspects of the provise the facility. §483.45(b)(2) Estably receipt and disposition sufficient detail to enterconciliation; and sufficient and performed and that an action is maintained and performed and supplementation administration administration administration and supplementation and supplementation and supplementation and supplementation and supplementation and sufficient and sufficient and sufficient and sufficient and sufficient sufficient and sufficient suffici	les consultation on all ion of pharmacy services in ishes a system of records of on of all controlled drugs in able an accurate mines that drug records are in count of all controlled drugs in ionically reconciled. T is not met as evidenced on, interview, and record illed to maintain an accurate which reflected the ration count of controlled is 3, 11, 12, and 13) of 13 mental residents. Findings ation, interview, and record 1:57 p.m., staff member F a narcotic card for resident is mg tablets in the locked ation cart. Review of the g Book, showed page 25, in the medication card #25 is Lorazepam 0.5 mg tablet. Ibution showed there were in the card. During the dication blister pack was not	F 75	F755 1. Resident #3, 12, 11, and 13□s controlled drugs were investigated for location verification/accuracy of count well as all other controlled medications all carts and in the emergency cubex supply. Any discrepancies found were reported to the DEA, Department of Health and Police Department. Nurse suspended pending investigation upor discovery of discrepancies□. 2. All residents on controlled medications are identified to be at risk 100% audit was completed on all medication carts for verification and accuracy of counts for all controlled medications. Discrepancies found hav been reported to the police department Billings DEA, State Board of Nursing a	was A e	

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ASPEN MI	EADOWS HEALTH AND	REHABILITATION CENTER		BILLINGS, MT 59102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BI ED TO THE APPROPRIA FICIENCY)	
F 755	narcotic box for reside IR. The Narcotic Log should be a correlation number 82, with 15 to observation, this median medication cart for 3. During an observative on 8/20/18 at stated there was not an arcotic box for reside tablets. The Narcotic there should be a corblister packet number an observation, the mot in medication cart 4. During an observative on 8/20/18 at stated there was not an arcotic box for reside tablets. The Narcotic showed there should medication blister pack tablets. The Narcotic showed there should medication blister pack was not in 5. During an observative on 8/20/18 at stated there was not a narcotic box for resident pack was not an arcotic box for resident pack was not a stated there was not a narcotic box for resident pack was not an arcotic box for resi	a narcotic card in the locked ent #13's Oxycodone 20 mg Book, page 82, should there ig medication blister packet ablets remaining. During ication blister pack was not #2. Ition, interview, and record 1:57 p.m., staff member F a narcotic card in the locked ent #12's Ritalin 5 mg Log Book, page 84, showed responding medication 1:57 p.m., staff member F at the first pack was a for #2. Ition, interview, and record 1:57 p.m., staff member F an arcotic card in the locked ent #12's Ritalin 5 mg Log Book, page 102,	F 7	Department of Health identification and sus suspected nurse involved. 3. An in-service was 8/22 and 9/6/18 by the correct verification/comedications at change processes have been beginning 9/6/18 inclumber of cards as with the correct amount is two nurses signature of any fentanyl patch and two nurses must from the cubex emer controlled medication. 4. Audits will be concomposed by the composed of cards of medications and pill weeks then monthly facility will continue to ongoing investigation discrepancies with the Results of the initial continued and education was songly and the composed of the composed of the initial continued of the i	h accordingly with spension of olved. as provided on 8/2 ne DDCO regarding ounting of controlled ge of shift. New in implemented luding counting total well as the verifying a left on each card, a placed or remove at co-sign when pull gency supply for ins. Inducted by the erification of accurate controlled count weekly X 8 X 2 months. The ocomply with any in of these in e Billings DEA. Corrections, audits ubmitted in an Adresults of the Audit I x 3 months or until the spension of the second of the second of the second of the Audit I x 3 months or until the spension of the second of the Audit I x 3 months or until the spension of the second of the Audit I x 3 months or until the spension of the second of the Audit I x 3 months or until the spension of the second of the Audit I x 3 months or until the spension of the second of the Audit I x 3 months or until the spension of the second o	g ed al g ion d, ing tte
	tablets. During an obs blister pack was not in	be a corresponding cket number 122, with 26 servation, the medication n medication cart for #2.		5. Corrective action 10/3/18.	n will be completed	I by

Facility ID: MT275140

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S	
					С	
		275140	B. WING _		08/2	2/2018
	ROVIDER OR SUPPLIER	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3155 AVE C BILLINGS, MT 59102		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 755	nurses to complete the and beginning of each stands at the locked on number on the medic drawer. The second repage number which con the blister packets how medication blister counted for and could performing the narcot stated she was going immediately of the medication count to medication count to medication count to medication cart. She would be completed the practice and the misses Administration CFR(s): 483.70 §483.70 Administration A facility must be admenables it to use its refficiently to attain or practicable physical, well-being of each resonables in the provision of reside the provision of ADLs adequate staffing was	as the process for two e narcotic count at the end n shift. She stated one nurse drawer and called out the ation blister packs in the nurse would then go to the orrelated with the number . She stated she can see or packets would not be I be missing from the cart by ic count this way. She to inform her DON edication discrepancy. In 8/20/18 at 5:30 p.m., staff as the expectation for the natch the cards in the stated an investigation o identify the deficient ing narcotics. In a manner that esources effectively and maintain the highest mental, and psychosocial	F 7	F835 1. A. Resident #3 received a full skin evaluation wounds to sacrum, scrotum and penis were immediately assessed staging, appropriate treatment, RD evaluation for nutritional support. His a	n n for	10/3/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		275140	B. WING	B. WING			C 22/2018
NAME OF DE	ROVIDER OR SUPPLIER	2.0.10		6.	TREET ADDRESS, CITY, STATE, ZIP CODE	00/	22/2016
NAME OF T	TOVIDER OR SOLT EIER						
ASPEN MI	EADOWS HEALTH AND	REHABILITATION CENTER			155 AVE C ILLINGS, MT 59102		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 835	Continued From pag	ge 38	F 8	835			
F 835	needs (wounds, cath transfer requirement nursing staff was avanurse was required to of the facility and go This deficient practic 58 of the 58 resident and did affect 4 (#s residents, who eithe worsened in size and care was not provide related to the poor how the staffing Concerns and During an observation 2:40 p.m., staff memory charge nurse for the go to the assisted living facility stated she was pulled charge nurse on the assessments, or sen attached assisted living the felt this power than the purity of a stated it releave her residents of assisted living facility in the mother. She stated it releave her residents of assisted living facility her duties by the material states are stated as the material states and the purity of a stated she material states as the stated it releave her residents of assisted living facility her duties by the material states are stated as the states of	neter care, tube feeding, and its); and failed to ensure allable when the charge to leave the designated area to the assisted living to work. See had the potential to affect its who resided on the unit, 1, 2, 3, and 4) of 6 sampled in had wounds not treated or id number, or showers/ADL ed, and the resident felt bad ygiene. Findings include: Ind Assisted Living: In and interview on 8/20/18 at laber J stated she was the unit and was just asked to ring center to check on a speriencing chest pain. She and from her duties as a unit to complete vices for residents at the ring facility. The staff member ut a huge strain on her to avy workload at the nursing bulled over to the assisted hiddle of her shift to help over made her uncomfortable to unattended to help over at the y, but it was an expectation of imagement.	F 8	835	mattress was upgraded to a higher leve of pressure reduction capability. Routin care orders were also obtained for his suprapubic catheter. His physician was notified of all wounds and suprapubic catheter evaluation and new orders received. A shower was provided to him on 8/24/18. B. Resident #1 received a full skin evaluation for any skin integrity breakdown on 8/21/18. All wounds identified had orders received for treatment with MD notification, appropriate staging determined, RD evaluation for nutritional support and current air mattress evaluated for funct and pressure reduction on 8/22/18. Catheter care was immediately provide upon finding and orders reviewed to ensure catheter care every shift are in place. Resident received a shower on 8/23/18. Activities and Social Services Directors evaluated resident for individualized care and support to previsolation, as well as ordering a geri chat to allow resident more time outside of hroom. Education was provided to staff of frequent rounding and repositioning on 8/21/18, 8/22/18, 9/5/2018 and 9/6/201 The allegation of neglect was also reported to the state department of hear C. Resident #2 received a full skin evaluation for any skin integrity breakdown on 8/21/18. All wounds identified had orders received with MD	ion ed ent ir ner on 8.	
	member S stated if the assisted living center needed a nurse to help with resident care, the staff from the nursing home could go over and help them.				notification, appropriate staging determined, RD evaluation for nutrition support and air mattress put into place well as his wheel chair cushion evaluat	as	

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 08/22/2018	
		275140				
NAME OF PE	ROVIDER OR SUPPLIER		 	STREET ADDRESS, CITY, STATE, ZIP CODE	00/22/2010	
	10 115211 011 001 1 2.2.1			3155 AVE C		
ASPEN MI	EADOWS HEALTH AND	REHABILITATION CENTER		BILLINGS, MT 59102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
F 835	Continued From page	÷ 39	F 83	95		
	staff member from the	n 8/21/18 at 9:30 a.m., a e assisted living facility was oer G to help him get a nsport.		for possible replacement needed. For received a shower on 8/25/18. A new evaluation was completed on 9/6/1 ensure his current pain regime is adequate per his interview.	ew pain	
	staff member G state be asked to help on the building for various re happened she felt eve	n 8/21/18 at 10:00 a.m., d it was not uncommon to ne assisted living side of the easons. She stated when this en more stressed out and er daily resident cares for ided at the facility.		D. Resident #4 received a shower of 8/23/18. E. Residents #7 and #8 were assist toileting needs upon finding and skewaluations completed for any skin breakdown. Staff educated on the importance of meeting the resident needs regarding toileting upon reques 8/22/18.	ted in in s□	
	A. During an interview resident #3 stated he position most of the docome in and help him many skin impairment he facility, and they had a "Sand" mattress facility changed him fhis current mattress (developed more skin doctor had ordered for once a day, and that stated he also did not preferred to be showed.	rsight of Resident Care: of on 8/20/18 at 11:15 a.m., said he lays in the same ay, because staff did not reposition. He said he had ts when he was admitted to had been improving when he s. He stated since the rom the "Sand" mattress to air mattress), he had problems. He stated his or him to have wound care was not happening. He get regular showers, he ered at least twice a week, et one once a week. He		E. Residents #7 and #8 were assis toileting needs upon finding and sk evaluations completed for any skin breakdown. Staff educated on the importance of meeting the resident needs regarding toileting upon requ 8/22/18. F. Resident #□s 3, 4, 5, 8, 9 and 10 evaluated by the RD for nutritional An in-service was conducted by the DDCO and RVP on 8/21/18, 8/22/1 9/5/18 and 9/6/18. to all nursing staregarding timely assistance in feed those residents unable to feed ther as well as ensuring meals are never served and allowed to sit and get cawaiting their assistance.	in s uest o were needs. e 8, iff ing nselves	
	stated he felt there was for everyone. During an interview o member O stated she manage two medicati was expected to man	n 8/20/18 at 11:29 a.m., staff was the only nurse to on carts. She stated she age the care for 27 or more She stated there were days		G. An in-service was held by the Di and RVP on 8/22/18 regarding implementation of agency nursing the supplement open shifts and allow from appropriate staffing ratios to meet the resident is needs, as well as all recruitment efforts/programs, reten	o or he	

PRINTED: 10/10/2018 FORM APPROVED OMB NO. 0938-0391

		IDENTIFICATION NUMBER:		PLE CONSTRUCTIO	(X3) DATE SURVEY COMPLETED C 08/22/2018		
NAME OF P	ROVIDER OR SUPPLIER	2.01.0	<u> </u>	STREET ADDRES	S, CITY, STATE, ZIP CODE	00/22/2010	ᅱ
INAME OF T	TOVIDER OR GOLF EIER			3155 AVE C	0, 0111, 01A12, 211 00B2		
ASPEN MI	EADOWS HEALTH AND	REHABILITATION CENTER		BILLINGS, MT	59102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	EFIX (EACH CORRECTIVE ACTION SHOULD BE			
F 835	Continued From pag	e 40	F 8	35			
F 835	when she physically care for her assigned felt she needed to primedications came fir she would provide was not always able assessments as well she did not feel she if the care for all her as afraid she was going of the exaggerated with the care for all her as afraid she was going of the exaggerated with his hair was oily with several concerns we resident's skin, suprahygiene (refer to F60 B. During an observation., a strong odor of smelled in the hallwar room. The resident with side. She was contrained in the hallwar of the composition and was very buring an observation resident #1 was lying bed. The room had a BM.	d residents. She stated she ioritize her day, and passing st, then if she still had time bund care. She stated she to get to the assigned skin. The staff member stated had enough time to manage ssigned residents and was to hurt a resident because workload. In on 8/21/18 at 11:00 a.m., in bed on his back, with his pillows. He smelled of musk, flakes of dandruff, and re identified related to the abupic catheter care, and 0 for further detail). Ation on 8/20/18 at 11:13 f urine and BM could be y, outside of resident #1's was lying in bed on her right acted into a semi-fetal y rigid, with limited mobility. In on 8/20/18 at 12:37 p.m., in the same position in her astrong odor of urine and	F 8	efforts, and also discus between the staff, they they are cleanother via nursing state charge nur for provision communical station with and currer 2. All reserisk. A 100 conducted 8/30/18 and addressed 100% audit for resident fixed by erron 8/30/18 conducted of care beintheir environs. An inthe DDCO 8/22/18 reteatments evaluation showers a	d staffing review. This educated no cross of services are ALF and SNF by licensed were re-educated on ensuring learly delineated from one a clocking in codes. All licensed aff also notified of appropriating or DNS/designee to conton of nursing services via a lation binder at each nurse the emergency contact number at schedule for the day. Sidents are identified to be at 10% skin evaluation audit was a by the DNS/designee on and skin integrity issues were at per policy and procedure. A lit was conducted on all shown the swith any discrepancies for the insuring a shower was received. Resident interviews a by the IDT for their satisfacting received and observation onment weekly starts 8/24/15. Service was held with all start and RVP on 8/21/18 and garding ensuring wound as are done, weekly skin is are completed as schedule re completed, and efforts be	ng se e act ers, vers und ed tion n of 3. ff by	
	resident #1 was lying right side. The room and BM.	n on 8/20/18 at 2:15 p.m., in the same position, on her had a strong odor of urine		made rega recruitmen changes fo hiring of a nurse, des	arding staffing, retention, and nt. Additional systematic or improvement include the dedicated wound certified signated bath aides for both	-	
		on 8/20/18 at 2:20 p.m., staff e "honestly had not had time			new structured shower Wound treatments and weel	kly	

Facility ID: MT275140

PRINTED: 10/10/2018 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		275140	B. WING _				C 22/2018
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	,	
ASPEN MI	EADOWS HEALTH AND	REHABILITATION CENTER			155 AVE C IILLINGS, MT 59102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 835		e 41 #1 since around 9:00 a.m." expectation to check on	F	835	evaluations have been moved from the TAR to the MAR for better adherence a		
	resident #1 every two she frequently felt the and had to work with shifts. She stated she	o hours or more. She stated e facility was understaffed, out help on many different e was afraid of hurting			notification as well. The facility leaders team implemented a Meal Manager on Duty program with oversite of every me with training regarding ensuring that	hip eal	
	to make many challe assistance. Staff me	ents, because she has had nging transfers without mber K stated she would get in and check resident #1.			residents are served their meals timely and assist with customer service in the dining room. The ED/designee has provided education to all staff regarding no shared resources or services between	9	
	resident #2 was sittin nurses station. He to "backside" hurt and h	ation on 8/20/18 at 2:00 p.m., Ig in his wheelchair by the Id staff member O that he his he wanted to lay down. Staff ECNA's were "busy right			the SNF and ALF. 4. Audits will be conducted by the DN or designee on wound treatments in plants.		
	now" but would be th long.	ere to lay him down before n on 8/20/18 at 2:56 p.m.,			as ordered, weekly skin evaluations, at showers being completed routinely were X 12 weeks then monthly X 2 months. audit will be conducted by the designated	nd ekly An	
	resident #2 was asle nurses station.	ep in his wheelchair at the			meal manager on duty for resident⊡s requiring extensive assistance with me to ensure timely meal service and	als	
	resident #2 called ou in his bed.	n on 8/20/18 at 5:46 p.m., t that he wanted to lay down			assistance eating weekly X 12 weeks t monthly X 2 months. An audit will also conducted by the DNS/designee on appropriate staffing levels daily for eac	be h	
	member L stated she pressure ulcer on res stated the resident di	on 8/21/18 at 9:28 a.m., staff had not yet seen the sident #2's sacrum. She d complain of a lot of bottom pottom starts to hurt from air for too long.			shift, weekly X 12 weeks then monthly months. Audits will be conducted by th ED/designee on review of staff hours/scheduling to ensure no sharing staff between the SNF and ALF unless completely scheduled out accordingly weekly X 12 weeks then monthly X 2	e of	
	resident #2 had a ne non-bleachable, on h dressing covering a v	n on 8/21/18 at 9:35 a.m., w reddened area, which was iis left sacrum. He had a wound on his right sacrum 9/18. The wound to his right			months. Results of the initial correction audits and education was submitted in AdHoc QAPI meeting on 8/23/18 for review and recommendations. Results the Audits will be taken to QAPI x 3	an	

Facility ID: MT275140

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	275140		B. WING _	B. WING			C 22/2018	
NAME OF PR	ROVIDER OR SUPPLIER		<u> </u>	ST	FREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	22/2010	
ASPEN MI	EADOWS HEALTH AND	REHABILITATION CENTER			ISS AVE C ILLINGS, MT 59102			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 835	Continued From page	÷ 42	F8	35				
		vhich was approximately 3			months or until resolved.			
	_	as open. The wound bed appearance and had about the surface.			5. Corrective action will be completed 10/3/18.	d by		
		n 8/21/18 at 9:35 a.m., the ttom hurt if he sat in his g.						
	when the resident wis the pressure on his be resulted in a new dev	ound care, and provide aid shed to lay down and relieve ottom. These factors elopment of a Stage I resident's left sacrum, and pressure ulcer which						
	D. Missed Showers fo	or dependent resident's						
	p.m., resident #4 was smelled lightly of mus	tion on 8/20/18 at 12:03 s sitting in his wheelchair, he k and body odor, and had ppeared oily with small						
	resident #4 stated he enough staff to provio the residents. He said he would not be offer staffing, and could ha	n 8/20/18 at 12:03 a.m., did not feel there was le the necessary care for all I he was told by the staff that ed a shower everyday due to ve one twice a week. He not provided a shower he felt						
		's ADL-Bathing report for 2018, showed the resident ower since 8/10/18.						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		275140	B. WING			C 08/22/2018
	ROVIDER OR SUPPLIER	D REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3155 AVE C BILLINGS, MT 59102		5012212010
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL PR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 835	resident #3 was lyi gown. He smelled appeared oily with During an interview resident #3 stated regular basis. He s least twice a week, when he would onl not even that often a shower regularly like the staff did no wanted to move to could. Review of resident month of July 2018 provided a shower Review of resident month of August 20 not been provided C. During an obser resident #2 was sit	vation on 8/21/18 at 9:30 a.m., ng in his bed, in a hospital of stale musk, his hair flakes of dandruff. v on 8/21/18 at 11:00 a.m., he did not get a shower on a tated he wanted a shower at but there were many times y get a shower once a week or . He stated when he did not get he felt bad. He stated he felt t care about him, and he another facility as soon as he	F 83	,		
	During an interview resident #2 stated time he had a show Review of resident month of August 20 not received a show D. During an obser	#2's ADL Bathing Log, for the 018, showed the resident had				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
	275140		B. WING			C	
NAME OF PROVIDER OR SUPPLIER ASPEN MEADOWS HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, 2 3155 AVE C BILLINGS, MT 59102		08/22/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLETION DATE	
F 835	smelled in the hallway room. The resident's the pillow behind her case which had a ring resident's head. A review of resident # month of August 2018 only received one showeek of 8/10/18 to 8/log showed the reside bath since 8/18/18. During an interview of staff member G state facility was not adequivegular showers for the there were many day.	y, outside of resident #1's hair was stringy with oil, and head had a green pillow g of oil saturated around the #1's ADL Bathing Log, for the 3, showed, the resident had ower, instead of two for the 18/18. Further review of the ent was not provided with a n 8/20/18 at 12:30 p.m., d she was concerned the nately staffed to provide he residents. She stated is when a resident was shower and they did not get	F	335			