

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/07/2021
NAME OF PROVIDER OR SUPPLIER ASPEN MEADOWS HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3155 AVE C BILLINGS, MT 59102	
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F 000	INITIAL COMMENTS A Complaint survey was completed on 1/7/21. Facility Reported Incidents were not investigated during the survey. The facility census on entrance was <u> 62 </u> . DEFICIENCIES CITED: Deficient practices were cited for the complaint(s) with Intake number(s): #MT00049520, #MT00049776 and MT00049803. DEFICIENCIES NOT CITED: Refer to FORM CMS-2567; Event ID: T7V211 for unsubstantiated findings. Deficient practices were NOT cited for the complaint(s) with Intake number(s): #MT00048562.	F 000		
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide assistance with bathing for dependent residents for 7 (#s 1, 4, 6, 9, 11, 12, and 13) of 16 sampled residents. Findings include: During an interview on 1/6/21 at 8:20 a.m., staff member I stated there was a grievance in December 2020 regarding a lack of showers. After this grievance was made, education was provided for staff members who were not always	F 677	This Plan of Correction is prepared and submitted as required by law. By submitting this plan of correction, Aspen Meadow Health and Rehabilitation Center does not admit that the deficiencies listed on this form exist, nor does the center admit to any statements, findings, facts or conclusions that the basis form the alleged deficiencies. The center reserves the right to challenge in legal and/or regulatory or administrative proceedings	2/12/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/22/2021

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.

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F 677	<p>Continued From page 1</p> <p>documenting refusals or when showers were given.</p> <p>During an interview on 1/6/21 at 8:45 a.m., resident #6 stated when she was on the COVID-19 isolation unit in December of 2020, she was not asked if she wanted a shower until the last three days of her isolation period. She stated she did decline the last three days due to the shower being in a resident room and being too small for her comfort. Resident #6 was on the COVID-19 isolation unit from 12/2/20 until 12/26/20.</p> <p>During an interview on 1/6/21 at 9:37 a.m., resident #9 stated while she was on the COVID-19 unit, she went 10 days without a shower. Resident #9 stated staff told her they did not have an available shower located on the COVID-19 unit. Resident #9 was on the COVID-19 unit from 11/27/20 until 12/20/20.</p> <p>During an interview on 1/6/21 at 9:50 a.m., NF5 stated the facility does not give showers very regularly to residents, sometimes longer than a week.</p> <p>During an interview on 1/6/21 at 2:10 p.m., staff member J stated it was really hard to get residents showered because the facility used to have three "shower people." Staff member J stated they no longer worked at the facility because of the pandemic. Staff member J stated they usually try to shower residents two times a week, but often it is not getting done. Staff member J stated she was not sure why resident #11 had gaps in her shower record which showed she had not gotten a shower in over a week.</p>	F 677	<p>the deficiencies, statements, fact, and conclusions that form the basis for the deficiencies.</p> <ol style="list-style-type: none"> 1. Director of Nursing or designee validated that bathing with assistance was provided to resident # 1 on 1/11/21, resident # 4 on 1/8/21, resident #6 on 1/8/21, resident # 9 on 1/12/21, resident # 11 on 1/9/21 and resident # 13 on 1/12/21. Resident # 12 discharged from facility on 1/3/21. 2. Director of nursing or designee completed an audit of bathing records for other residents to ensure completion of bathing with assistance according to preferences was being provided by 2/12/21. 3. Director of Nursing or designee reeducated nursing staff by 2/12/21 on ensuring that resident's preferences are identified upon admission, added to care plan, added to bathing schedule and updated as preferences change. That bathing is to be offered according to schedule and documented within the residents medical record. Director of Nursing or designee reeducated IDT on morning meeting review process of bathing completion, documentation, and adjustments for necessary corrections by 2/12/21. 4. Director of nursing or designee will review bathing records at morning meeting to validate that bathing was completed, documented, and adjustments were made for necessary corrections. Results of the reviews will be presented to QAPI committee on 2/11/21, then monthly 		

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F 677	<p>Continued From page 2</p> <p>A review of resident #11's care plan intervention/task, with an initiation date of 2/17/20, showed "BATHING: I require one assist with my showering/bathing. I prefer to shower/bath 2 times/week."</p> <p>A review of resident #11's shower log showed the following:</p> <ul style="list-style-type: none"> - Showered on 6/6/20 then was not asked or given a shower or bed bath until 6/23/20. - Showered on 7/4/20 then was not asked or given a shower or bed bath until 7/16/20. - Showered on 12/16/20 then was not asked or given a showered or bed bath until 12/31/20. <p>A review of resident #1's Nursing care plan, dated 10/7/20, showed he required the assistance of one staff for bathing, and preferred to shower twice a week.</p> <p>A review of resident #1's shower log showed the following:</p> <ul style="list-style-type: none"> -Showered on 11/8/20 then was not asked or given a shower until 11/14/20. -Showered on 11/14/20 then was not asked or given a shower until 11/20/20. -Showered on 11/23/20 then was not asked or given a shower until 12/1/20. -Showered on 12/14/20 then was not asked or given a shower until 12/21/20. -Showered on 12/28/20 then was not asked or given a shower until 1/4/21. -No bed baths were offered or given between 11/1/20 and 1/4/21. <p>A review of resident #4's Nursing care plan, dated 11/30/20, showed he required the assistance of</p>	F 677	for discussion of issues identified and development of corrective action if needed to sustain compliance.		

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F 677	<p>Continued From page 3</p> <p>one staff for bathing, and preferred to shower twice a week.</p> <p>A review of resident #4's shower log showed the following:</p> <ul style="list-style-type: none"> -Showered on 11/22/20 then was not asked or given a shower or bed bath until 12/11/20. -Showered on 12/20/20 then was not asked or given a shower until 12/30/20. -No other bed baths were offered between 11/12/20 and 1/4/21. <p>A review of resident #9's Nursing care plan, dated 7/15/20, showed she required staff supervision for bathing, and preferred to shower twice a week.</p> <p>A review of resident #9's shower log showed she was showered on 11/26/20; then was not asked or given a shower or bed bath until 12/6/20.</p> <p>A review of the facility Grievance Log showed resident #13 had submitted a grievance on 12/29/20. The grievance was related to the staff not providing assistance with showers at the frequency preferred by resident #13.</p> <p>A review of resident #13's Nursing care plan, dated 9/23/20, showed she required the assistance of one staff for bathing, and preferred to shower twice a week.</p> <p>A review of resident #13's shower log showed the following:</p> <ul style="list-style-type: none"> -Showered on 11/13/20 then was not asked or given a shower until 11/20/20. -Showered on 11/20/20 then was not asked or 	F 677			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 677	<p>Continued From page 4</p> <p>given a shower until 11/27/20.</p> <p>-Showered on 11/15/20 then was not asked or given a shower until 11/29/20.</p> <p>-Shower or bed bath was refused on 11/3/20.</p> <p>-No bed baths were offered or given between 11/1/20 and 1/4/21.</p> <p>A review of resident #12's Nursing care plan, dated 12/8/20, showed she required the assistance of one staff for bathing, and preferred to shower twice a week.</p> <p>A review of resident #12's shower log showed the following:</p> <p>-Showered on 11/15/20 then was not asked or given a shower until 11/21/20.</p> <p>-Showered on 11/21/20 then was not asked or given a shower until 11/27/20.</p> <p>-Showered on 11/27/20 then was not asked or given a shower until 12/11/20.</p> <p>-Showered on 12/11/20 then was not asked or given a shower until 12/20/20.</p> <p>-Showered on 12/20/20 then was not asked or given a shower until 12/29/20.</p> <p>-No bed baths were offered or given between 11/1/20 and 1/4/21.</p>	F 677			