

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

PRINTED: 05/10/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/31/2021
NAME OF PROVIDER OR SUPPLIER BELLA TERRA OF BILLINGS			STREET ADDRESS, CITY, STATE, ZIP CODE 1807 24TH ST W BILLINGS, MT 59102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS A Complaint survey was completed on 3/31/21. Facility Reported Incidents were not investigated during the survey. The facility census on entrance was 82. DEFICIENCIES CITED: Deficient practices were cited for the complaint(s) with Intake number(s): MT00050297 Abbreviations BIMS Brief Interview of Mental Status CPR Cardiopulmonary Resuscitation DNR Do Not Resuscitate MoCA Montreal Cognitive Assessment POA Power of Attorney POLST Physician Orders for Life Sustaining Treatment	F 000			
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to	F 578		5/11/21	

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

TITLE

(X6) DATE

Electronically Signed

04/23/2021

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 578	<p>Continued From page 1</p> <p>inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.</p> <p>(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.</p> <p>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information.</p> <p>Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure a residents' correct advance directives were in place and filled out according to the residents or representatives wishes, and with the residents cognition considered, during a stay with a Covid-19 diagnosis creating the potential for the wrong treatment to be given in the event of an emergency for 1 (#6) of 7 sampled residents. Findings include:</p> <p>During an interview on 3/30/21 at 1:05 p.m., NF1 stated, when resident #6 was being transferred to another [skilled nursing facility] she was informed</p>	F 578	<p>1. Resident 6 was admitted to the facility on 1/13/2021. Resident 6's code status was changed to a DNR on 1/14/2021 according to the resident's representative wishes. No immediate corrective action was taken to update her care plan due to her discharging on 2/9/2021. If resident resided in the facility at the time of the findings her care plan would have been updated immediately to reflect the change in her code status.</p> <p>2. All residents are at a risk and have the</p>		

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F 578	<p>Continued From page 2</p> <p>the resident's paperwork received showed resident #6 was a Full Code status even though NF1 stated it should be a Do Not Resuscitate (DNR). NF1 stated she had them correct it to a DNR but had to wait for the physician to come a week later to sign it, meaning resident #6 was treated as a Full Code until then. NF1 stated she had clarified with the nurse at the [referring facility] the second day of admission, it was to be a DNR because they put resident #6 as a Full Code. NF1 stated during a care conference call at [referring facility] a few days after the confirmation of the DNR status, NF1 also clarified to several facility team members resident #6 was a DNR and was told they had corrected it to a DNR. NF1 was upset resident #6 had an entire stay at the [referring facility] as a Full Code status with a diagnosis of COVID-19. NF1 stated if an emergent event happened to resident #6 at the [referring facility], resident #6 would have been treated as a Full Code against their wishes.</p> <p>During an interview on 3/30/21 at 2:43 p.m., staff member C stated, the facility nurses on duty at the time of resident admissions had a checklist including filling out the POLST forms with the residents. Staff member C was not sure on the process of checking the POLST against POA or cognitive assessments. Staff member C stated that was not a part of the nurse's duty as she was trained.</p> <p>During an interview on 3/30/21 at 3:00 p.m., staff member D stated, she was in the process of completing an admission and showed where the nurse could see on the hospital packet if the resident was a DNR or Full Code. Staff member D stated, even if the information from the hospital stated one thing, or the resident came with a copy</p>	F 578	<p>right to choose their code status. All residents' Advanced Directives have been reviewed and updated by the Administrator and DON to ensure the residents' and/or resident representatives' wishes are documented in their medical record and care plan on 3/30/21.</p> <p>3. The Administrator will educate all nurses, the Interdisciplinary Team and Guest Services Designee on the Advanced Directives policy to ensure code status is reviewed with the resident and/or their resident representative. If residents do not have a representative a new cognitive assessment will be completed to ensure the resident is capable of making that decision. The Director of Nursing will educate all nurses to ensure the code status matches the hospital discharge orders upon admission. This not in attendance at education session due to vacation, sick leave, or casual work status will be educated prior to their first shift worked. Education will occur no later than May 7, 2021.</p> <p>4. The Administrator or designee will audit all new admissions to the facility to ensure that their code status is correct per the resident and/or resident representative wishes, the code status is correct in the resident's medical record, and the care plan reflects the correct code status. If residents do not have a representative a new cognitive assessment will be completed to ensure the resident is capable of making that decision. Audits will be weekly for four weeks, then</p>		

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F 578	<p>Continued From page 3</p> <p>of a POLST, the facility required a new one to be completed, and the nurse on duty did it. Staff member D stated she was not sure what the process was other than what the nurses do for the admission checklist regarding advance directives.</p> <p>During an interview on 3/30/21 at 5:25 p.m., staff member A stated, the BIMS and MOCA cognitive assessments were completed by the therapy department on admission and when indicated. Staff member A stated the social worker or guest services would get the preadmission paperwork. If the paperwork included a POA or other advance directives. The social worker or guest services would enter it into the electronic health record for the new admission. Staff member A stated the nurse on duty would need to check the electronic health record for the POA, if it was entered prior to completing the POLST. with new residents. Staff member A stated, the next day the Unit Manager should review all the information for the new admission, to make sure it was entered correctly. Staff member A stated advance directives were reviewed in care plan meetings, and the social worker would update advance directive changes.</p> <p>During an interview on 3/31/21 at 10:18 a.m., staff member E stated, a new resident's advance directives if already in place, the guest services would upload in the electronic health record. Staff member E stated therapy did the cognition assessments, and the nurse on duty did the POLST. Staff member E stated the information was reviewed in the Initial Care Conference meeting, and if changes were needed they were updated then. If there was a concern with a residents conflicting documentation, staff</p>	F 578	<p>monthly for two months. Results of audits will be discussed by the Administrator at the monthly QAPI meeting with the IDT and Medical Director for analysis and recommendation for continuation/discontinuation/revision of audits based on audit findings.</p>		

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F 578	<p>Continued From page 4</p> <p>member E would ask the nurse to verify or would do this herself. Staff member E stated she had no issues from current or previous residents POLST or advance directives brought to her attention, except the two admissions from the Friday before had conflicting information. Staff member E stated she would have a nurse check the information.</p> <p>Review of resident #6's POLST on file, dated 1/14/21, showed resident #6 was a Full Code status with full treatment. No other POLST was on record for resident #6's 2021 admission.</p> <p>Review of resident #6's Facility Progress Notes showed:</p> <ul style="list-style-type: none"> - 1/13/21, "Nurse discussed POLST with patient, she has decided CPR, Full treatment with no artificial nutrition tube." -1/14/21, "Contacted POA r/t POLSt status, POA [NF1]. POLST updated to DNR, Comfort measures only. No artificial nutrition by tube." [sic] - "Effective date 1/15/21, Created Date 1/21/21 by [staff member E]...Late entry for 1/15/21. An initial care conference (ICC) was held today, 01/15/2021 @ 1:20 p.m. . The following were present: patient, therapy, and social services. An interim care plan med list will be given to staff to give to patient who is on the COVID unit. Discharge plan is to not return to resident's independent apartment but to return to her ALF in [another town] called [ALF] when therapy is determined to be complete...Code Status reviewed. Patient would like to remain a DNR...SS will update in PCC. ICC notes to be found under misc tab in PCC. SS to follow 	F 578			

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F 578	<p>Continued From page 5 through discharge." [sic]</p> <p>Review of resident #6's Care Plan, with an initial date of 1/21/21, showed under the focus area for Advance Directives: "(CODE STATUS: FULL CODE) If I do not have a heartbeat not a pulse and am not breathing, I would like CPR to be performed. If cardiopulmonary arrest has not occurred, I would like full treatment but no artificial nutrition as stated on the POLST that I gave my verbal consent for states on 01/13/2021." Under the goal area, "My existing POLST will be honored while I am at [the facility]." Under the interventions area showed, "My caregivers will be informed of my FULL CODE status. My original POLST form will be scanned into the EMR chart and the hard copy will be placed in my chart on the unit for easy access during a medical emergency or when I am being transferred."</p> <p>Review of resident #6's BIMS assessment on 1/14/21, showed a score of 5/15, indicating severe cognitive impairment.</p> <p>Review of the facility Advance Directives policy, with a creation date of September 2019, showed, "An advance directive form (as provided by the healthcare facility) or POLST form shall be completed with resident and/or legal representative to verify treatment options as well as code status...Discussion of Advance Directives and treatment options/refusals will be addressed in appropriate chart documentation as well as care planned during the admission process, as indicated."</p>	F 578			