

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

PRINTED: 09/28/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>275140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/08/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASPEN MEADOWS HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3155 AVE C</b> <b>BILLINGS, MT 59102</b>	
(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	<p>INITIAL COMMENTS</p> <p>A Complaint survey was completed on 7/8/2021. Facility Reported Incidents were not investigated during the survey. The facility census on entrance was 68.</p> <p>DEFICIENCIES CITED: Refer to FORM CMS-2567; Event ID: 4F3B11 for substantiated findings. Deficient practice was cited for the complaint with Intake number: MT00050877.</p> <p>DEFICIENCIES NOT CITED: Refer to FORM CMS-2567; Event ID: WD4C11 for unsubstantiated findings. Deficient practices were NOT cited for the complaint(s) with Intake number(s): MT00050988, MT00051053, and MT00051060.</p> <p>Glossary</p> <p>CNA Certified Nursing Assistant MDS Minimum Data Set mg milligrams prn as needed RN Registered Nurse</p>	F 000		
F 657 SS=D	<p>Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the</p>	F 657		8/9/21

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

TITLE

(X6) DATE

Electronically Signed

07/23/2021

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 657	<p>Continued From page 1 resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to revise a resident's care plan after a change in condition involving physical and verbal behaviors, for 1 (#1) of 3 sampled residents.</p> <p>Findings include:</p> <p>During an interview on 7/6/21 at 12:15 p.m., NF2 stated he assisted resident #1 with her needs prior to her hospitalization and subsequent admission to the nursing home. NF2 stated resident #1 lived alone and could be demanding at home if she needed something.</p> <p>During an interview on 7/6/21 at 3:40 p.m., staff member B stated they (facility staff) had tried a number of interventions to minimize resident #1's repetitive yelling and anxiety. Staff member B stated they had gotten her up in a chair and given her a roommate as resident ##1 had said she</p>	F 657	<p>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 the deficiencies, statements, fact, and conclusions that form the basis for the deficiencies.</p> <p>1. As patient #1 has deceased, we are not able to correct the deficiency regarding her care plan.</p> <p>2. Director of Nusing or designee,</p>		

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F 657	<p>Continued From page 2</p> <p>didn't like to be alone. Staff member B stated these interventions did not decrease the resident's behaviors. Staff member B could not explain why these interventions were not on resident #1's care plan.</p> <p>During an interview on 7/7/21 at 1:34 p.m., staff member D stated she was aware of resident #1's behaviors and was involved in notifying the resident's attending physician about the behaviors. Staff member D stated several orders for medications were received. When asked about care plan revisions related to the verbal and physical behaviors, and interventions, staff member D stated she, "... just didn't think about it."</p> <p>During an interview on 7/7/21 at 2:45 p.m., staff member A stated changes in a resident's condition should have been discussed in the "Morning Stand Up." Staff member A stated the MDS nurse attended these daily meetings and should have updated resident #1's care plan when the behaviors and medication changes were discussed.</p> <p>During an interview on 7/7/21 at 3:34 p.m., staff member E stated the facility had recently changed their process for conducting the "Morning Stand Up," meetings to discuss clinical issues related to changes in condition. Staff member E stated there had been a time when these daily meetings were not happening, and if she was not told about a change in condition, she would not have been prompted to revise or update a resident's care plan. Staff member E stated the unit manager was also responsible for updating care plans.</p>	F 657	<p>reviewed other residents who present with physical and verbal behaviors to validate care plans include behaviors and interventions as appropriate by 8/09/21.</p> <p>3. Director of Nursing or designee reeducated licensed nursing staff on care planning residents with physical and verbal behaviors by 08/09/21.</p> <p>4. Director of Nursing or designee will complete reviews of residents with physical and verbal behaviors to validate Care plans address behaviors with appropriate interventions, weekly times 4 weeks and monthly times 2. Reviews will be presented the Quality Assurance Committee by 7/31/21 and monthly thereafter to validate sustained compliance.</p>		

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F 657	<p>Continued From page 3</p> <p>A review of resident #1's Telephone Admit Report, not dated, showed she was "combative" and yelled "help me."</p> <p>A review of resident #1's Nursing Progress Note, dated 4/22/21 at 3:24 p.m., showed, on the date of her admission, she was repeatedly yelling "help me," and was oriented to person only.</p> <p>A review of resident #1's Nursing Progress Note, dated 4/22/21 at 7:45 p.m., showed, "... makes repetitive statements and calls out for help repeatedly, even when RN is in the room assisting res. [resident] s/s [signs and symptoms] of anxiety present. 1 [sic] states she doesn't like to be alone."</p> <p>A review of resident #1's Nursing Progress Note, dated 4/23/21 at 5:32 p.m., showed, "Other abnormal findings include: resident makes repetitive statements saying, 'help me, help me, pretty please help me'."</p> <p>A review of resident #1's Nursing Progress Note, dated 4/28/21, showed the resident started swinging at the nurse and CNA attempting to change her brief. The note showed resident #1 attempted to bite the nurse.</p> <p>A review of resident #1's [facility name] Communication Tool/Progress Note, dated 5/12/21, showed nursing staff notified resident #1's attending physician regarding behaviors. The noted showed staff reported she was, "yelling all night - assaulting staff."</p> <p>A review of resident #1's Physician's Order, dated 5/14/21, showed orders for the antipsychotic medication olanzapine 5 mg to be given daily for</p>	F 657			

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F 657	<p>Continued From page 4</p> <p>dementia with behaviors and a history of assaulting staff, and 2.5 mg to be given every 24 hours as needed for dementia with behaviors.</p> <p>A review of resident #1's Care Plan, initiated on 5/3/21, showed resident #1 had impaired cognitive function related to Alzheimer's dementia. The goals, both dated 5/3/21, showed, "I will remain oriented to person, place, situation, time through the review date," and, "I will maintain current level of cognitive function through the review date." The interventions, all initiated on 5/3/21, showed the following:</p> <ul style="list-style-type: none"> <li>- "Administer medications as ordered. Monitor/document for side effects and effectiveness."</li> <li>- "Ask yes/no questions in order to determine the resident's needs."</li> <li>- "Monitor/document/report PRN any changes in cognitive function, specifically changes in: decision making ability, memory, recall and general awareness, difficulty expressing self, difficulty understanding others, level of consciousness, mental status."</li> </ul> <p>The care plan failed to show any problems, goals, or interventions related to verbal and physical behaviors observed since resident #1's admission on 4/22/21.</p>	F 657			