

## CORE ISSUES

Facility	License #	Physical Address	Phone Number
Kenhodro Inc. dba Frontier Assisted Living	31532	121 S 3rd Street	406-220-6118
Administrator	City	Zip Code	Survey Date
	Livingston	59047	02/02/2021
Survey Team Leader	Survey Type		Response Due
Wooten, Tara	Complaint Inspection		02/12/2021

Item #	Rule ()	Description
1	37.106.320-6 MINIMUM STANDARDS FOR ALL HEALTH CARE FA	Facility inspection, observation.  A strong smell of urine was noted when inspecting resident #7's room, room 36.
1	37.106.320-6 MIN STANDARDS FOR ALL HEALTH CARE FACILITIES: PHYSICAL PLANT AND EQUIPMENT MAINTENANCE	Facility inspection, observation.  A strong smell of urine was noted when inspecting resident #7's room, room 36.
2	37.106.2839-1 ENVIRONMENTAL CONTROL	Facility inspection, observatio.  A walk through of the facility indicated that the entryways, resident hallways, the common areas, both staircases, and several resident rooms were noted to be dirty with debris, dirt, and garbage. Specifically, resident rooms 1, 5, 6, 11, 17, 20, 21, 30, and 36.  THIS IS A REPEAT DEFICIENCY From complaint survey conducted 11/04/2020
3	37.106.2849-1 MEDICATIONS: RECORDS AND DOCUMENTATION	Review of Medication Administration Record (MAR).

		<p>MAR for Resident #8 reads Fish oil 1000 mg. Take one cap by mouth by mouth three times daily. MAR indicates schedule for twice daily instead of three times daily.</p>
4	37.106.2849-2 MEDICATIONS: RECORDS AND DOCUMENTATION	<p>Review of Medication Administration Record (MAR).</p> <p>Resident #7. MAR reads: Lisinopril 2.5 Take one tablet by mouth every day. On 01/23/2021 there is no documentation that it was given or reason it was not given.</p> <p>Resident #8 MAR reads Eliquis 5 mg tab. Take one tablet by mouth twice daily. There is documentation that medication was not given 12/04-27/2021 but no documentation for reason not given. Interview with RN and Adm verbalize that the pharmacy would not fill the prescription.</p> <p>- Resident had recent history of pulmonary embolism from September 2020. Resident was sent to hospital on 12/26/2020 for shortness of breath, chest pain, headache. Medical records from hospital indicated continued pulmonary embolism at the time of service. Hospital records also note that residents blood thinner medication had not been given for approximately 1 month.</p> <p>MAR reads Citalopram 40 mg tab. Take one tablet by mouth in the morning. There is documentation that medication was not given 12/8-9 &amp; 12-16/2021 but no documentation for reason not given.</p> <p>MAR reads Aripiprazole 2 mg tab. Take one tablet by mouth every day. There is documentation that medication was not given 12/4-9/2021 but no documentation for reason not given.</p> <p>Resident #9. MAR reads: Lantus Solostar inj. Inject 40 units subcutaneously at bedtime. On 1/21 &amp; 23/2021 there is no documentation that it was given or reason it was not given.</p> <p>Tramadol Hcl 50mg tab Take one tablet twice daily as needed PRN. MAR indicates medication given on 1/18, 19, 21, 23, 25,</p>

		<p>&amp;26/2021. There is no documentation for reason given on 1/18, 19, &amp; 23/ 2021.</p> <p>Resident #10. MAR reads Clonazepam 0.5 mg tab. Take one tablet by mouth twice daily. On 1/5/2021 there is no documentation that it was given or reason why it was not given.</p> <p>Clopidogrel 75 mg tab. Take one tablet by mouth every day. On 1/5/2021 there is no documentation that it was given or reason it was not given.</p> <p>There is no documentation that physician was notified of missed medications of any of the above instances.</p>
5	37.106.2853-4 OXYGEN USE	<p>Facility inspection, observation</p> <p>Three portable oxygen tanks were observed in resident room 5, resident # 6's room, and were not secured and properly stored at the time of survey.</p> <p>At the time of survey, this surveyor smelled a strong cigarette smoke odor on the second floor and could trace the odor coming from room #17, resident #1's room. Upon entering the room this surveyor could confirmed that cigarette smoking is occurring in this resident room.</p> <p>THIS IS A REPEAT DEFICIENCY. From complaint survey conducted 10/30/2018 &amp; 11/04/2020</p>
6	37.106.2861-4 LAUNDRY	<p>Facility inspection, observation</p> <p>At the time of survey, this surveyor observed multiple resident beds with stained linens. Those rooms are room 1, resident #2; room 21, resident # 3; room 30, resident #4; and room 62, resident #5. This surveyor also observed many beds to be without a moisture-proof mattress cover and mattress pads.</p>

