

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2025
NAME OF PROVIDER OR SUPPLIER  St John's Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE  3940 Rimrock Rd Billings, MT 59102	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to report their investigative findings of a facility reported incident to the State Survey Agency in a timely manner for 2 (#s 23 and 72); and failed to report allegations of resident abuse to the State Survey Agency within 24 hours of the incident for 2 (#s 24 and 95) of 25 sampled residents. This deficient practice increased the risk of unnecessary psychosocial harm to the residents involved in the incident due to the delay in reporting both the allegations of resident abuse and results of the facility investigation. Findings include: 1. Review of a facility-reported incident, dated 4/30/25, showed resident #23 and resident #72 were involved in an exchange at a cottage dining room. Resident #72 was witnessed by staff yelling at and insulting resident #23. Review of the facility reported incident findings, submitted 5/9/25, showed both residents (#23 and #72) were attended to and evaluated by staff members. Resident #72 was assessed by a provider to obtain behavioral health treatment following the incident. Staff members were educated to prevent and respond to verbal exchanges between residents.</p> <p>During an interview on 7/17/25 at 10:02 a.m., with staff members B and C, staff member B stated an IDT member enters incident investigation findings within five days to the State, &amp;ldquo;Usually me or [staff member C's name].&amp;rdquo; Staff member C stated, &amp;ldquo;That incident (reporting) might have been me, I might not have done it within the five days.&amp;rdquo; Staff member B stated that the staff member who was on-call covers the initial report submission. Staff member B stated the follow-up was not assigned to just one person, due to someone potentially being off or unavailable. Staff member B stated that the administrative staff rotate through scheduled on-call assignments. Staff member B stated that staff member C had not been assigned to report incident investigation findings for some of the times being looked at.</p> <p>The facility findings of the incident, dated 4/30/25, were due on 5/7/25. The results of the facility investigation findings were not submitted to the State Survey Agency until 5/9/25.</p> <p>2. Review of a facility-reported incident, dated 11/23/24 at 12:15 p.m., showed resident #24 and resident #95 were involved in a physical altercation. Resident #24 grabbed resident #95's left upper arm with her hand, leaving a nail imprint on resident #95. The allegation of resident-to-resident abuse was not reported to the State Survey Agency until 11/25/24, exceeding the required timeline for reporting events.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/17/25 at 9:37 a.m., staff member B stated he was not aware the facility failed to report allegations of resident-to-resident abuse to the State Survey Agency within 24 hours for the facility-reported incident dated 11/23/24. Staff member B stated he had a nursing administration team capable of reporting allegations to the State Survey Agency in his absence. Staff member B stated the incident, dated 11/23/24, occurred on a weekend, and it was possible he was unable to review the incident until the following Monday, 11/25/24.</p> <p>Review of the facility's policy titled, Abuse Policy, last revised in August 2022, showed:</p> <p>&amp;ldquo; . PURPOSE</p> <p>To provide a mechanism by which supervisors will initiate an investigation while ensuring the safety of the resident.</p> <p>&amp;hellip; 2. Notify Nursing Administration present at [Facility Name] or on call. Nursing Administration or designee will notify the [State Survey Agency] and any other necessary authorities within 24 hours of the incident. Documentation of the investigation will be provided within five business days.</p>		