

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Gallatin Rest Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 W Durston Rd Bozeman, MT 59715	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on observation, interview, and record review, the facility failed to fully investigate an allegation of theft to ensure no other residents were affected for 1 (#34) of 21 sampled residents. Findings include:</p> <p>During an observation and interview, on 6/2/25 at 2:35 p.m., resident #34 was in her power wheelchair having a difficult time grabbing the handle and speaking. Resident #34 stated she had several hundred dollars go missing from her purse in her drawer. She stated she told facility management, and they reimbursed her \$100.00 of the money missing, but did not tell if they found out who took the money.</p> <p>During an interview on 6/3/25 at 2:48 p.m., NF4 stated resident #34 had \$300.00 go missing from her purse in her room. NF4 stated he did not realize she had cashed a check when he transferred resident #34 from the hospital to the facility as she normally would not have that amount of cash on her person. NF4 stated she kept a purse unzipped due to it being too hard to zip shut. NF4 stated the facility informed him they would be conducting an investigation. NF4 stated other than reimbursing resident #34 for \$100.00, he did not know of the investigation conclusion. NF4 stated he did not know where the money was located currently, the facility made him bring in a lockbox.</p> <p>During an interview on 6/4/25 at 8:15 a.m., staff member J stated resident #34 initially reported the theft to her. She looked in resident #34's drawer and only found an envelope that did not match the description from the resident. Staff member J stated she told the facility administrator, and they took over investigation.</p> <p>During an interview on 6/4/25 at 8:58 a.m., staff member A stated all the information for the theft allegation by resident #34 was provided. Staff member A stated it was reported three days after it could have happened and at least 50 people could have been in and out of her room in that time. Staff member A stated they did not interview anyone that could have been in the room. Staff member A stated they did not interview or review any other residents for potentially being affected. Staff member A stated the initial allegation reported to her was \$200.00, then on interview with resident #34, it was said to be \$300.00. Staff member A stated they told resident #34's son to bring a lockbox ,but she was not sure if he brought one in. Staff member A stated they had some money in a slush fund so they gave resident #34 \$100.00. Staff member A stated she reported the allegation to the local police, and they said they doubted they would find who stole the money.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/4/25 at 12:35 p.m., staff member I stated she was in training to do allegations of abuse reporting, and worked collectively with the administrator and nurse manager ,to determine what to report and investigate. Staff member I stated resident #34's son was visiting when they were notified of the theft allegation, and she was in on the discussion notifying him.</p> <p>Review of the facility reported incident initially reported on 4/8/25, showed resident #34 reported the allegation of theft from her purse of \$200.00 to staff member J and another nurse. The nurses checked her room without finding the money so they reported the theft allegation to administration. Resident #34's purse was zipped shut and missing an envelope of money. Resident #34 never zipped her purse shut. Local law enforcement was notified, and both the facility and law enforcement told the resident it was unlikely to be found. No further investigation was provided as the facility did not interview any other potential victims or witnesses to determine who stole the money, who else could have missing money, or for the determination of any trending of missing items.</p>		