STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275104	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Pines Rehabilitation and Nursing	707 3rd St SE Cut Bank, MT 59427

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility failed to complete background checks on 6 (Staff IDs: O, L, R, N, M, and I) employees of 9 sampled employee files, prior to their start date in the facility. This deficient practice had the potential to put all residents at risk for abuse, neglect, exploitation, or misappropriation. Findings include:During an interview on 9/9/25 at 9:02 a.m., staff member H stated background checks on newly hired employees are completed upon hire and prior to the employee starting work. Staff member H reports it takes about 20 minutes for the background report to come back. Staff member H stated there was no exception to a background check being completed prior to employment.During an interview on 9/9/25 at 10:53 a.m., staff member H stated background checks were done after hire for staff members L and M. Staff member H stated both had worked shifts on the floor prior to the background check being completed. Staff member H stated that under previous Directors of Nursing there were times employees would start working before staff member H knew they had been hired. Staff member H stated this had been a problem in the past, but she believes they no longer have this issue. Staff member H stated staff member I was rehired 8/7/25 and a new background check was not on file since her (staff member I's) most recent hire date. During an interview on 9/10/25 at 12:16 p.m. staff member D stated background checks are completed upon hire and prior to the employee starting work on the floor. Staff member D stated this had been an issue identified previously at the facility. A review of a facility provided e-mail from staff member T, with a subject line, URGENT!!, dated 9/9/25 at 5:22 p.m., showed, We conduct background checks before they are hired. We evaluate them and compare the charges to the CMS regulations and make a decision based on that we do not do background checks after their date of higher unless something has occurred that would trigger us to do a background An example would be that someone is getting arrested or we got a report that something happened to an employee and so forth. [sic]A review of staff member O's employee file showed:-Date of hire 7/24/23.-Background check completed 11/20/24.A review of staff member L's employee file showed:-Date of hire 2/7/25.-Background check completed 3/6/25.A review of staff member R's employee file showed:-Date of hire 2/15/25.-Background check completed 9/9/25.A review of staff member N's employee file showed:-Date of hire 4/2/25.-Background check completed 4/8/25.A review of staff member M's employee file showed:-Date of hire 6/16/25.-Background check completed 9/8/25.A review of staff member I's employee file showed:-Date of re-hire 8/7/25.-Background check completed 2/6/25. A new background check was not completed upon rehire. A review of a facility policy titled, Background Screening Investigations, revised 3/19 showed: Policy StatementOur facility conducts employment background screening checks, reference checks and criminal investigation checks on all applicants for positions with direct access to residents (direct access employees).Policy Interpretation and Implementation. 2. The director of personnel, or designee, conducts background checks, reference checks and criminal conviction checks (including fingerprinting as may be required by state law) on all potential direct access employees and contractors. Background and criminal checks are initiated within two days (continued on next page)

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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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	of an offer of employment or contract agreement and completed prior to employment. [sic]A review of a facility policy titled, Background Investigations, implemented 4/11/25 showed: Policy:Job reference checks, drug screenings, licensure verifications and criminal conviction record checks are conducted on all personnel making application for employment with this company.Policy Explanation and Compliance Guidelines:1. The Human Resource department will conduct all applicable background investigation(s) on each individual making application for employment with this company and on any current employee if such background investigation is appropriate for position for which the individual has applied. [sic]

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility failed to report two allegations of abuse to the State Survey Agency within the required two-hour time frame for 1 (#1); and failed to report investigation findings to the State Survey Agency for 3 (#s 2, 5, and 10) of 12 sampled residents. Findings include: 1. Review of a facility reported incident, dated 4/15/25, showed an alleged incident of verbal abuse occurred between staff member N and resident #1 on 4/14/25. This incident was not reported to the State Survey Agency within the required two-hour time frame. Review of a facility reported incident, dated 7/13/25, showed an allegation of staff-to-resident abuse between staff member M and resident #1 on 7/12/25. This incident was not reported to the State Survey Agency within the required two-hour timeframe.During an interview on 9/10/25 at 10:05 a.m., staff member B stated she was notified of the incident on 7/13/25 at around 5:00 a.m. Staff member B stated she had notified staff member R, the building administrator at the time, but did not hear back from him until 9:00 a.m. Staff member B reported the incident after speaking with staff member R.During an interview on 9/10/25 at 10:25 a.m., staff member C stated that resident #1 will not always report an incident when it happened but would wait for a staff member she trusted to come on shift and then report the incident at that time. Staff member C stated that resident #1 had told staff member K about the incident, and staff member K reported it to staff member P. Staff member C stated she reported the incident as soon as she found out about it and started an investigation. Staff member C stated staff member P should have notified the administrative staff right away.2. Review of a facility reported incident, dated 1/20/25, showed, resident #2's wedding ring was allegedly missing. The findings were not submitted to the State Survey Agency.Review of a facility reported incident, dated 1/26/25, showed an incident involving an allegation of resident-to-resident abuse for resident #s 5 and 10. The findings were not submitted to the State Survey Agency until 2/12/25, 13 business days later.During an interview on 9/10/25 at 11:11 a.m., staff member D stated there had been multiple administrators in the building over the last couple months. Staff member D stated there have been issues with reporting and investigating incidents and those staff members are no longer there. Staff member D stated new policies were put into place in April 2025.Review of a facility document titled, Abuse Policy, undated, showed: . Abuse Identification and Reporting1.The facility will ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown origin. are reported immediately, but no later than 2 hours, after an allegation is made.Review of a facility document titled, Abuse, Neglect and Exploitation, dated 4/11/25, showed: . VII. Reporting/Response. 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (law enforcement when applicable) within specified timeframes: Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse. Not later than 24 hours if the events that cause the allegation do not involve abuse. [sic]

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. Based on interview and record review, the facility failed to fully investigate an abuse allegation for 5 (#s 4, 5, 7, 8, and 10) of 12 sampled residents. This deficient practice increased the risk of ongoing concerns of abuse due to the investigations being incomplete. Findings include:1. Review of a facility reported incident, dated 1/26/25, showed resident #5 and #10 were involved in an alleged resident-to-resident abuse incident. Resident #5 and #10 were in their room when a staff member heard resident #5 calling out, help, help, help. The staff member entered the room and the incident documentation showed, found [Resident #10] sitting in [Resident #5's wheelchair] pulling on [Resident #5's] arm. [Resident #5] stated he hit me. During an interview on 9/9/25 at 3:36 p.m., resident #10 could not recall the incident that occurred on 1/26/2025 with resident #5. Resident #5 was unable to be interviewed about the incidents he was involved in, as he had since passed away.Review of the facility reported abuse investigation documents, regarding resident #5 and resident #10, on 1/26/25, showed one staff interview, no resident interviews, or documentation of any ongoing monitoring after the alleged incident. The investigation was not thorough. 2. Review of a facility reported incident, dated 4/17/25, showed residents #7 and #8 were involved in an alleged incident involving resident-to-resident abuse. Resident #7 and #8 were in the dining room at the time of the incident. and the documentation showed, . [Resident #7] dropped a clothing protector on to the floor. [Resident #8] verbally instructed [Resident #7] to retrieve the item. When [Resident #7] did not comply, [Resident #8] picked up the protector and struck [Resident #7] in the face with it. Staff member I witnessed the event and immediately separated the two residents.During an interview on 9/9/25 at 1:22 p.m., resident #7 could not recall the incident with resident #8.During an interview on 9/9/25 at 2:03 p.m., resident #8 could not recall the incident with resident #7.Review of the facility reported abuse investigation documents, regarding resident #7 and resident #8, on 4/17/25, showed one staff interview, no resident interviews, or documentation of any ongoing monitoring after the alleged incident. The investigation was not thorough.3. Review of a facility reported incident, dated 5/23/25, showed resident #4 and #5 were involved in a verbal confrontation. Resident #4 was inside resident #5's room, and resident #4 told resident #5 to .Shut the F**K up, and was overheard by staff member U. Staff member U immediately instructed [Resident #4] to leave the room.On 9/9/25 at 9:40 a.m., resident #4 refused to speak with the surveyor. Review of the facility reported abuse investigation documents, regarding resident #4 and resident #5, on 5/23/25, showed one staff interview, no resident interviews, or documentation of any ongoing monitoring after the alleged incident. The investigation was not thorough.During an interview on 9/10/25 at 10:25 a.m., staff member C stated she had been involved with the investigation with all of the incidents involving resident #'s 4, 5, 7, 8, and 10. Staff member C stated she knew other resident and staff interviews had been conducted, but she could not locate the investigation information.During an interview on 9/10/25 at 4:12 p.m., staff member D stated she had looked though every file in staff member A's office and could not locate any of the complete investigations for the events identified as a concern. Staff member D stated she had provided what she could. Staff member D stated the investigations should have been done by staff member R or staff member S, both no longer work at the facility.Review of a facility document titled, Abuse Policy, undated, showed: . Abuse Investigations1. Should an incident or suspected incident of resident abuse, mistreatment, neglect or injury of unknown source be reported, the Administrator, or his/her designee shall conduct an investigation of the alleged incident.2. The Administrator or designee shall interview any staff members, residents, family members or any other who may have knowledge of the incident and document a summary of interviews completed. [sic]Review of a facility policy titled, Abuse, Neglect, Exploitation, dated 4/11/25 showed: . V. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Investigation of Alleged Abuse, Neglect, and ExploitationA. An immediate investigation is warranted when suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect, or exploitation occur.B. Written procedures for investigations include:. 4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who may have knowledge of the allegations;. 6. Providing complete and thorough documentation of the investigation. [sic]

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on interview and record review, the facility failed to ensure nursing staff followed professional standards for medication administration before administering a controlled substance for 1 (#3) of 12 sampled residents. This deficient practice resulted in the administration of a controlled substance without a current physician's order on three separate days. Findings include:During an interview on 9/9/25 at 12:40 p.m., staff member E stated that each resident had their own supply of resident-specific narcotic medications in the medication cart. When there was a change to the order or the medication was discontinued, the card should be pulled from the medication cart and destroyed. Staff member E stated this ensured the resident no longer received the medication once the medication was discontinued. During an interview on 9/9/25 at 12:51 p.m., staff member F stated that when a narcotic was discontinued, the medication card should be pulled from the locked narcotic box and destroyed by two nurses. Staff member F stated this was to help ensure the medication was not given after it was discontinued. During an interview on 9/9/25 at 2:00 p.m., staff member B stated she did not know why the medication card for resident #3 was not removed from the medication cart when it was discontinued or why the nurse involved gave the medication after it was discontinued. Staff member B stated the medication should not have been given after the discontinuation date. During an interview on 9/10/25 at 2:11 p.m., NF1 stated that a controlled substance should not be administered without a current physician's order, and when a narcotic was discontinued, the medication should have been removed from the medication cart and all of the pills destroyed with two nurses present. Record review of resident #3's physician orders, dated 2/18/25, showed, . LORazepam Oral Tablet 0.5 mg by mouth at bedtime related to ANXIETY DISORDER, UNSPECIFIED (F41.9) until 02/24/2025 23:59 (11:59 p.m.) administer 0.5mg po Q HS x 1 week then D/C. [sic] Review of resident #3's Medication Administration Record, dated 2/1/25 to 2/28/25, showed:- . LORazepam Oral Tablet 0.5 mg by mouth at bedtime related to ANXIETY DISORDER, UNSPECIFIED (F41.9) until 02/24/2025 23:59 (11:59 p.m.) administer 0.5mg po Q HS x 1 week then D/C. [sic]- The Medication Administration Record dated 2/1/25 to 2/28/25, showed the LORazepam was discontinued on 2/24/25.- The Medication Administration Record dated 2/1/25 to 2/28/25, showed there was no active physician's order for LORazepam after 2/24/25. Review of a facility provided Controlled Substance Log, dated 1/29/25, for resident #3 showed: - Lorazepam 0.5 mg was tracked on the Controlled Substance Log.- The medication was removed for administration on 2/25/25, 3/2/25, and 3/3/25, although the medication was discontinued on 2/24/25. Review of a facility provided document titled, Misappropriation Report, dated 4/12/25 showed:- The medication errors occurred on three separate days and were not identified by the facility until 4/12/25. This was over a month after the medication errors occurred. the Controlled Substance Log reveals that three additional doses were documented as administered after the discontinuation date:February 25, 2025 @ 1900 (7:00 p.m.)March 2, 2025 @ 1900 (7:00 p.m.)March 3, 2025 @ 2000 (8:00 p.m.) [sic]Review of a facility provided training document titled Controlled Substance Expectations updated 4/15/25, showed:- . When narcotics are discontinued/there is no longer an active order the DON/ADON needs to be alerted and the medication will be destroyed by 2 nurses.-- . It is unacceptable and a violation of the standard of practice to administer medications without an order.- . Rights of Medication Administration: .- . Right Documentation - .- . It is not acceptable to administer medications without a current order. [sic]Review of the facility policy titled, Medication Administration, adopted 12/19/16 showed:- . Medications must be administered in accordance with the orders. - . The individual administering the medication must verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication. [sic]