STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275120	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Billings Rehabilitation and Nursing LLC	600 S 27th St Billings, MT 59101

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)
F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275120	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Billings Rehabilitation and Nursing LLC	600 S 27th St Billings, MT 59101

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)
F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident's right to be free from physical restraints for 1 (#4) of 6 sampled residents, when the resident's stump was secured to the wheelchair with an elastic compression wrap that the resident could not release. There was no physician's order authorizing the use of the restraint, no assessment of the resident's need or risk for the restraint, and no monitoring for the restraint was documented. This deficient practice had the potential to cause an increased risk for impaired skin integrity, falls, and injury. Findings include:During an observation on 11/3/25 at 4:04 p.m., resident #4 was sitting in a wheelchair by the nursing station. Resident #4 had a left below-the-knee amputation that was tied to the left footrest of the wheelchair by a tan colored compression wrap. Resident #4 was pulling at the compression wrap and was unable to remove it. When resident #4 was asked if he could remove the compression wrap, he shook his head no.During an interview on 11/4/25 at 7:50 a.m., staff member G stated staff tied resident #4's stump to the leg rest on the wheelchair and stated, His stump will not stay on the leg rest, and he will not wear his [NAME] brace. Staff member G stated she was not aware whether staff were documenting the refusal of the [NAME] brace. Staff member G stated staff had been using the compression wrap for quite a while. Staff member G stated there was no physician's order for the compression wrap to be used as a restraint. Staff member G stated she had not been assessing the area where the compression wrap was tied to the stump and was not sure if the compression wrap was released other than when resident #4 was not in his chair.During an interview on 11/4/25 at 1140 a.m., staff member I stated she had seen staff tie resident #4's stump to the leg rest. Staff member I stated, We are not allowed to tie up limbs, that is very much as restraint. Even if a resident or family member requests it, we can't do that. I know there is adaptive equipment that can be ordered by therapy to help with stump positioning. I have told the staff that using the wrap was not allowed, but they continued to use it.During an interview on 11/4/25 at 12:01 p.m., staff member J stated, I thought you could tie the stump to the wheelchair to keep the stump in place. I told staff it was ok to do that. Staff member J stated, Looking back at it now, it is considered a restraint, it could have caused major harm or injury. Obviously, we need some education, not only for myself, but for all staff. Staff member J stated she had not done an assessment or evaluation on resident #4 before the use of the compression wrap.During an interview on 11/4/25 at 12:15 p.m., staff member K stated she had not completed any type of assessment on resident #4.During an interview on 11/4/25 at 12:25 p.m., staff member L stated she was told by other staff it was ok to tie the stump to the wheelchair. Staff member L stated she was told resident #4 wanted the compression wrap but knew it was a type of restraint. Staff member L stated she had never seen resident #4 remove the compression wrap and did not feel he would remove it on his own.Review of resident #4's physicians orders, dated 9/1/25 - 11/6/25, showed no physician's order for the use of a compression wrap to secure the resident's leg stump to the wheelchair.A review of resident #4's nursing assessments, dated 9/1/25 - 11/6/25, showed no assessments for the use of the compression wrap to secure the leg stump to the wheelchair, or any documentation showing the compression wrap had been released and or the skin assessed.A review of resident #4's ADL documentation from 9/1/25 - 11/6/25 showed no documentation for the use of the compression wrap or release of the compression wrap.A review of resident #4's physical therapy and occupational therapy evaluations, dated 8/21/25, showed no documentation of an evaluation for the use of the compression wrap to secure resident #4's leg stump to the wheelchair.Review of a facility policy titled, Restraint Free Environment, dated 4/11/25, showed: It is the policy of this facility that each resident shall attain and maintain his/her highest practicable well-being in an environment that prohibits the use of physical or chemical restraints. Physical restraint refers to any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily. 5. Before a resident is physically restrained, the facility will determine the presence of a specific medical symptom that would require the use of restraints, and determine:How the use of restraints would treat medical symptomsThe length of time the restraint is anticipated to be used . who may apply the restraint, and time and frequency that the restraint will be released 8. The resident/resident's representative may request the use of a physical restraint; however, the facility is responsible for evaluating the appropriateness of the request. The facility shall explain to the resident/resident's representative the potential risks and benefits of using a restraint, not using a restraint, and alternatives to restraint use. Potential negative outcomes should

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275120	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Billings Rehabilitation and Nursing LLC	600 S 27th St Billings, MT 59101

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)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to complete a baseline care plan within the 48-hour required time frame, that included resident specific needs for activities of daily living for 1 (#3) of 6 sampled residents. This deficient practice had the potential to affect all new admissions into the facility. Findings include:During an observation and interview, on 11/4/25 at 1:41 p.m., resident #3 was standing at the nursing station. Resident #3 had on a red colored t-shirt and a pair of jeans. Resident #3's shirt had dried food debris on it, and the jeans had dried brown stains consistent with what appeared to be coffee. There were multiple spots noted on resident #3's jeans. Resident #3 stated he needed assistance at times with dressing and hygiene because of his wound. Resident #3 stated he had been wearing the same pair of jeans for multiple consecutive days.During an interview on 11/4/25 at 2:58 p.m., NF6 stated resident #3 had some forgetfulness and confusion at times and would not always remember to ask for assistance if he needed it. During an interview on 11/4/25 at 3:15 p.m., staff member F stated there was not a baseline care plan completed for resident #3, but staff member E was completing it, . right now.Review of resident #3's electronic medical record showed he was admitted to the facility on [DATE].Review of resident #3's activity of daily living documentation, dated 11/1/25 - 11/4/25, showed resident #3 was independent for personal hygiene two times out of the six documented encounters, required supervision or touching assistance two times out of six documented encounters, required partial to moderate assistance one time out of six documented encounters, and required substantial to maximum assistance one time out of six documented encounters.Review of resident #3's activity of daily living documentation, dated 11/1/25 - 11/4/25, showed resident #3 was independent for dressing three times out of seven documented encounters, required supervision or touching assistance two times out of seven documented encounters, and required substantial to maximum assistance two times out of seven documented encounters.Review of resident #3's open baseline care plan in the resident's electronic medical record, showed the baseline care plan was blank. Review of a facility policy titled Baseline Care Plan, dated 4/23/25, showed: The facility will develop and implement a baseline care plan for each resident.1. The baseline care plan will: a. Be developed within 48 hours of a resident's admission. b. Include the minimum healthcare information necessary to properly care for a resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275120	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Billings Rehabilitation and Nursing LLC	600 S 27th St Billings, MT 59101

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, and record reviews, the facility failed to develop and implement a person-centered, comprehensive care plan that assessed the dental status for 1(#4) of 6 sampled residents. This deficient practice had the potential for resident needs to be unmet by staff. Findings include:During an observation on 11/3/25 at 4:04 p.m., resident #4 was sitting in a wheelchair by the nursing station. Resident #4 was noted to be lacking teeth.During an interview on 11/4/25 at 7:50 a.m., staff member G stated resident #4 had dentures and was seen at a dental clinic last week. Staff member G stated family had provided resident #4 with another pair of dentures because his had been lost.During an interview on 11/4/25 at 12:25 p.m., staff member M stated resident #4 had dentures and most mornings he already had them in place when staff member M arrived on shift. Staff member M stated if the dentures were already in resident #4's mouth oral care did not need to be done. Staff member M stated all staff have access to the resident care plan. Staff member M stated there was no information about resident #4's oral status on his care plan, prior to his dental appointment, in October.During an interview on 11/4/25 at 2:15 p.m., NF4 stated the facility had lost resident #4's upper dentures, and the facility was supposed to have them replaced but had not replaced them. NF4 stated a family member had gone to resident #4's home and picked up an old pair of dentures and took them to him. NF4 stated, At least he could eat something with the old dentures, he was not wanting to eat without any dentures. NF4 stated every time she was in the facility she had to remove resident #4's dentures to clean them because staff were not cleaning them. NF4 stated, I would have to pry his teeth out because they were so full of food debris. They were gross. This is part of their job, I thought.During an interview on 11/4/25 at 4:04 p.m., staff member O stated oral care and denture care is to be completed in the mornings and in the evenings. Staff member O stated if a resident refused any type of care, staff are supposed to reapproach in a little bit or ask another staff member to assist the resident. Staff member O stated the nurse should be notified, and all refusals should be documented.Review of resident #4's comprehensive care plan, dated 9/21/25, showed, resident #4 . needs assistance with oral care. The care plan did not identify if the resident had no teeth or dentures, or what kind of oral care resident #4 required. Review of a facility policy titled, Comprehensive Care Plans, dated 4/11/25, showed: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident.3. The comprehensive care plan will describe, at minimum, the following:a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.f. Resident specific interventions that reflect the resident's needs. [sic]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275120	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Billings Rehabilitation and Nursing LLC	600 S 27th St Billings, MT 59101

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to revise a resident's care plan, based on the resident's refusal to wear a [NAME] brace, and the staff's application of a compression wrap to maintain stump positioning on the wheelchair leg rest, for 1 (#4) of 6 sampled residents. The care plan did not reflect the restraint assessment findings, risks, or resident preferences related to the refusals of the [NAME] brace. Findings include:During an observation on 11/3/25 at 4:04 p.m., resident #4 was sitting in a wheelchair by the nursing station. Resident #4 had a left below the knee amputation that was tied to the left footrest of the wheelchair with a tan colored compression wrap. Resident #4 was pulling at the compression wrap and was unable to remove it. When resident #4 was asked if he could remove the compression wrap, he shook his head no.During an interview on 11/4/25 at 7:50 a.m., staff member G stated staff tied resident #4's stump to the leg rest on the wheelchair because, His stump will not stay on the leg rest, and he will not wear his [NAME] brace. Staff member G stated she was not aware if staff were documenting the refusal of the [NAME] brace. Staff member G stated the use of the compression wrap for resident #4's stump was not on his care plan. Staff member G stated staff had been using the compression wrap for quite a while.During an interview on 11/4/25 at 12:25 p.m., staff member L stated she had not documented or reported when resident #4 refused the [NAME] brace. Staff member L stated she had not checked resident #4's care plan about the use of the compression wrap and was told by other staff it was ok to use.Review of resident #4's comprehensive care plan, with a date of 7/29/25 showed: Focus: Potential for altered skin integrity related to: limited mobility. diabetes. poor wound healing.Goals: No goals were placed on the care plan for potential for altered skin integrity.Interventions: [NAME] Brace. Monitor under brace. [sic]Review of resident #4's comprehensive care plan, dated 9/21/25, showed: No focus, goals, or interventions for the use of a compression wrap to tie resident #4's stump to the wheelchair leg rest. The facility did not revise resident #4's comprehensive care plan to include resident #4's refusal to wear the [NAME] brace or the use of the compression wrap as a restraint, when it was implemented, during the Quarterly assessment period between 7/29/25 and 9/21/25.Review of a facility policy titled, Comprehensive Care Plans, dated 4/11/25, showed: . 5. The comprehensive care plan will be reviewed and revised by the interdisciplinary team.Review of a facility policy titled, Restraint Free Environment, dated 4/11/25 showed: . 6. The care plan be updated accordingly to include development and implementation of interventions, to address any risks related to the use of the restraint.