

**Exhibit Number: 5**

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**The following exhibit is several assorted documents that exceeds the 10-page limit therefore it cannot be scanned. A small portion has been scanned to aid in your research for information. The exhibit is on file at the Montana Historical Society and can be viewed there.**

SENATE PUBLIC HEALTH, WELFARE & SAFETY

RECEIVED

PRINTED: 9/21/2004  
FORM APPROVED  
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

OCT 18 2004

|  |   |                    |  |                          |  |
|--|---|--------------------|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>BILL NO. <b>H6904</b> | DATE: <b>4-1-5</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | LAB-CERTIFICATION BUREAU | (X3) DATE SURVEY COMPLETED<br><br><b>5/20/2004</b> |
|--|---|--------------------|--|--------------------------|--|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

*Revised based on JOR of 8/5/04. Lu*

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

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|-----------------------|--|--------------|---|--|
| <p>F 157<br/>SS=D</p> | <p><b>483.10(b)(11) NOTIFICATION OF RIGHTS AND SERVICES</b></p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in s483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in s483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on record review and family interview, the facility failed to notify the family of 1 (#3) of 14 residents sampled when a new treatment was started. Findings include:</p> | <p>F 157</p> | <p><b>DISCLAIMER CLAUSE</b><br/>PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISSION OF OR AGREEMENT WITH THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS COMPLETED AND/OR EXECUTED SOLELY BECAUSE REQUIRED BY THE PROVISIONS OF FEDERAL LAW.</p> <p>F157</p> <p>No harm occurred to any resident as a result of this practice.</p> <ol style="list-style-type: none"> <li>1. Resident number 13, family has been notified.</li> <li>2. All residents requiring a significant alteration in treatment could be affected.</li> <li>3. All staff were in-serviced regarding notification policies.</li> <li>4. DNS or designee will review records weekly for thirty days and then quarterly thereafter. Results of findings will be reviewed at monthly CQI meetings as appropriate. DNS to ensure compliance.</li> <li>5. July 19, 2004</li> </ol> |  |
|-----------------------|--|--------------|---|--|

LABORATORY DIRECTOR'S OR PROVIDER'S OR SUPPLIER'S REPRESENTATIVE'S SIGNATURE: \_\_\_\_\_ TITLE: *Alonzo* (X6) DATE: *10-15-04*

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. *10-18-04*

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|--|--|--|---|

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|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>[REDACTED] | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>[REDACTED] |
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| F 157              | Continued From page 1<br>1. On 5/25/04 at 8:15 a.m., a telephone interview with resident #3's son and POA (power of attorney) was done. The POA stated he received a bill from Evergreen pharmacy and discovered that Cipro was ordered on 4/9/04 and then again on 4/10/04. After the POA called the physician's office, he was informed that Cipro was an antibiotic. The POA stated the facility did not notify him that the resident was started on Cipro. Record review demonstrated that on 3/31/04, the resident was started on Cipro 500 mg. two times a day for three days. There was no documentation that the facility notified the POA.  | F 157         | F164<br><br>No harm occurred to any resident as a result of this practice.  |                      |
| F 164<br>SS=D      | 483.10(d)(3) FREE CHOICE<br><br>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.<br><br>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.<br><br>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.<br><br>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. | F 164         | 1. Full visual privacy will be provided for resident #6.<br><br>2. All residents could be affected.<br><br>3. All staff were in-serviced regarding privacy.<br><br>4. Managers making daily, random rounds to ensure that privacy is provided. Managers make on the spot corrective action. Verbal/written results brought to daily manager's meeting. DNS to ensure compliance. Review compliance at monthly CQI as appropriate.<br><br>5. July 19, 2004 |                      |

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| F 164              | <p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, the facility failed to provide full visual privacy from the outside hallway to one resident (#6) when providing pericare. Findings include:</p> <p>On 5/18/04 at 1:10 p.m., during care observation, a CNA (certified nursing assistant) provided pericare to resident #6 after both urine and bowel incontinency. The privacy curtain around the resident's bed was not pulled. There was a privacy curtain around the roommate's bed, as she had just received care. Another CNA, outside the room, knocked on the door, then opened the door exposing resident #6 to full view from the hallway. The CNA held the door open while she asked a brief question, then closed the door after her when she left the room.</p> | F 164         | <p>F225</p> <p>No harm occurred to any resident as a result of this practice.</p> <p>The facility intends to informally dispute this deficiency.</p>  |                      |
| F 225<br>SS=E      | <p>483.13(c)(1)(ii) STAFF TREATMENT OF RESIDENTS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations</p>  | F 225         | <p>The facility did not and has not employed any individuals who have been found guilty of abusing, neglecting, or mistreating residents as stated in the Federal Regulation. No staff member was cited in the 2567 and no allegations of staff abuse have been received by the management of the facility.</p> |                      |