STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275100	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montana Veterans Home N H	400 Veterans Dr Columbia Falls, MT 59912

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 41952 Based on interview and record review, the facility failed to provide the required forms to residents who were ending skilled Medicare Part A services, to allow the resident or responsible party the opportunity to accept the discontinuation of coverage decision, appeal the decision, or agree to pay privately out of pocket, for ongoing services; and the facility failed to obtain the necessary signatures on these ABN and NOMNC forms, for 3 (#s 9, 11, and 113) of 3 sampled residents for the completion of the forms. This deficient practice may affect others ending skilled Medicare A services, due to the system failures identified with the handling of the forms. Findings Include: A. Review of resident #9's SNF Beneficiary Protection Notification Review form, was filled in showing the last covered day was 5/21/24 as a facility-initiated discharge from Medicare part A services. This required an ABN and NOMNC form were required to be filled out and given prior to the resident's discharge. Resident #9's, ABN form, showed, as of 5/22/24, the care being discontinued as Nursing Care, and the reason for stopping Medicare Part A was, Skilled Care not required at this time. The estimated cost was $481.65. The three options for accepting, appealing, or paying out of pocket were not selected; no additional information was provided, and no representative signature, date, or documentation of notification was completed on the form. Resident #9's NOMNC showed, staff member L made a note on 5/17/24 that she called resident #9's representative to let them know he was being taken off of skilled care services. No signature from the representative or date showing they received the notice. B. Review of resident #11's SNF Beneficiary Protection Notification Review form, was filled in showing the last covered day was 3/13/24, as a facility-initiated discharge from Medicare part A services. This required an ABN form and a NOMNC form to be filled out and given prior to the resident's discharge. Resident #11's ABN form, showed, as of 3/14/24, the care being discontinued as, Nursing Care, and the reason for stopping Medicare Part A was, Skilled Care not required at this time. The estimated cost was $441.62. The three options for accepting, appealing, or paying out of pocket were not selected; no additional information was provided, and no representative signature, date, or documentation of notification was completed on the form. (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
	275100	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montana Veterans Home N H	400 Veterans Dr Columbia Falls, MT 59912

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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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of resident #11's, NOMNC form, showed, staff member L wrote a note for calling resident #11's representative on 3/8/24, showing resident #11 would be taken off of skilled care services. No signature or date by the representative showed they received the notice. C. Review of resident #113's SNF Beneficiary Protection Notification Review form was filled in showing the last covered day was 6/4/24, as a facility-initiated discharge from Medicare part A services. This required an ABN, and a NOMNC form, to be filled out and given prior to the resident's discharge. Resident #113's NOMNC form, showed, staff member L called resident #113's representative on 5/31/24 and told them resident #113 would be taken off of skilled care services. The form was not signed or dated by the representative showing they received the notice. Resident #113's ABN form showed the care being discontinued as, Nursing Care, and the reason for stopping Medicare Part A was, Skilled Care not required at this time. The estimated cost was $481.65. The three options for accepting, appealing, or paying out of pocket for services were not selected; no additional information was provided, and no representative signature or date or documentation of notification was completed on the form. During an interview on 7/17/24 at 11:04 a.m., staff member L stated, she provided the beneficiary notice by calling the power of attorney of the resident. Staff member L stated she would write a note on the from when she called the power of attorney, and she then would mail the forms to them for signatures. Staff member L stated the forms rarely were signed and sent back. Staff member L stated she did not know the ABN form had different options the power of attorney had to choose from for services. During an interview on 7/18/24 at 9:22 a.m., staff member B stated when the facility gathered the forms for the survey entrance request, they realized they did not have any of the selected resident's forms filled out completely with representative signatures. Staff member B stated they did not have a high skilled care census and were not well versed in the NOMNC and ABN form process. Staff member B stated they were coming up with a plan to correct the issue of representatives signing and returning the forms. Staff member B stated they did not have a specific policy for the beneficiary notices.