

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 275029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OF SUPPLIER AVANTARA OF BILLINGS		STREET ADDRESS, CITY, STATE, ZIP 2115 CENTRAL AVE BILLINGS, MT 59102	
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 0804 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review, the facility failed to serve meals at an appetizing temperature for 1 (#11) of 21 sampled residents. Findings include: During an observation and interview on 7/21/20 at 7:22 a.m., resident #11 was served a plate of pancakes, a bowl of cereal, a cup of milk, and fruit. Resident #11 stated the food was always served cold now that they serve the meal off of a bread rack. Resident #11 stated the facility did not have warmers to keep the food warm while serving room trays, due to the dining room being closed. During an observation on 7/21/20 at 7:40 a.m., three certified nursing assistants were delivering food trays to eight residents in their rooms. The cart used for delivery was open to air and not heated. The food serving plates were covered with a lid with one hole on the top. During an interview on 7/21/20 at 12:40 p.m., staff member O stated residents had voiced concerns about the temperature of the food served. Staff member O stated they had started serving half of one hallway at a time to decrease the amount of time the food was on the serving cart. Staff member O stated floor staff did not check food temperatures at the point of delivery to the residents. Staff member O stated she had not been monitoring the temperatures of the plated food as it was being served to the residents. During an interview on 7/21/20 at 3:10 p.m., staff member B stated there was not a temperature log for food for the trays that were delivered to the residents. A review of the facility policy titled, Food Temperature Maintenance, dated 7/30/19, showed: 1. Hot food items should leave the kitchen or steam table and serve to the residents at a temperature above 135 degrees Fahrenheit, 2. Food should be transported via methods that maintain the proper temperature of the food items being served.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.