

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

PRINTED: 06/10/2025
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 270003 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 01/30/2025 |
| NAME OF PROVIDER OR SUPPLIER ST PETERS HEALTH | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2475 BROADWAY HELENA, MT 59601 | | |
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| A 000 | <p>INITIAL COMMENTS</p> <p>As directed by the Centers for Medicare and Medicaid Services, an unannounced, on-site complaint survey was conducted by the Department of Health and Human Services, Office of Inspector General, Certification Bureau, from 1/06/25-1/30/25, to assess compliance with requirements under 42 CFR 482.13 Condition of Participation (CoP): Patient's Rights, regarding complaint #MT60576.</p> <p>The facility census on entrance was: 88.</p> <p>After the discovery of an unsafe patient care environment and limited recognition of the potential for negative patient outcomes, the situation constituted an Immediate Jeopardy (IJ) and placed all patients of the hospital at risk for abuse. Immediate Jeopardy was announced on 01/21/25 at 11:07 a.m. The hospital submitted an acceptable plan to remove the immediacy, which was verified and removed on 01/28/25 at 4:40 p.m.</p> <p>Condition level deficiencies were cited.</p> <p>Glossary: AOD Administrator of the Day BHU Behavioral Health Unit CMS Centers for Medicare and Medicaid EMR Electronic Health Record HR Human Resources HIPAA Health Insurance Portability and Accountability Act ICU Intensive Care Unit PTSD Post Traumatic Stress Disorder</p> | A 000 | | | |
| A 115 | PATIENT RIGHTS | A 115 | | | |

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.

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| A 115 | <p>Continued From page 1 CFR(s): 482.13</p> <p>A hospital must protect and promote each patient's rights.</p> <p>This CONDITION is not met as evidenced by: Based on interview, record review, policy review, and review of digital video surveillance recordings, the facility failed to provide a safe environment, free from abuse, when they failed to:</p> <ul style="list-style-type: none"> - Ensure staff were trained and competent to identify, respond, report, and investigate abuse (see A145). - Report/Respond timely to allegations of sexual abuse for 4 (#s 1, 2, 3 and 13) patients (see A145). - Ensure a thorough investigation was completed to accurately determine whether abuse had occurred for 4 (#s 1, 2, 3 and 13) patients (see A145). - Protect patients under the care of a staff member, by failing to remove the staff member from patient care after an allegation of sexual abuse was reported and not investigated (see A145). <p>These failures created an unsafe environment and had the potential to place all hospital patients at risk for sexual abuse.</p> <p>The severity and cumulative effect of these systemic practices resulted in the overall non-compliance with 42 CFR 482.13 Condition of Participation: Patient's Rights, which resulted in a</p> | A 115 | | | |

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| A 115 | <p>Continued From page 2 condition of Immediate Jeopardy (IJ).</p> <p>IMMEDIATE JEOPARDY</p> <p>Immediate Jeopardy was announced to the facility on 1/21/25 at 11:07 a.m., hospital members present included: Chief Nursing Officer Chief Medical Officer Director of Quality Assurance Director of Intensive Care Director of Surgical/Oncology Director of the Behavioral Health Unit Director or Corporate Compliance VP of People Services, People Services Business Partner Accreditation Specialist People Services Generalist Executive Assistant</p> <p>The facility submitted an acceptable plan to remove the immediacy on 1/27/25 at 12:03 p.m.</p> <p>PLAN TO REMOVE IMMEDIACY</p> <p>1. Immediate, mandatory training to detect, identify, and prevent abuse was initiated for all staff, and included daily auditing to ascertain completion. Any staff who had not completed the training by 1/27/25 at 11:59 PM, must complete the training prior to returning to work.</p> <p>2. New Employee Orientation training was updated to include abuse and neglect, and sexual harassment training modules, and was initiated immediately for all new employees and audited to ascertain completion.</p> <p>3. Newsletters were immediately distributed, and</p> | A 115 | | | |

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| A 115 | Continued From page 3 would continue weekly for four weeks, highlighting ensuring safety for all patients, identifying, reporting and investigating abuse and neglect. 4. Safety Huddle Education was implemented on 1/23/2025 to provide clarification of the hospital policies and procedures regarding allegations of abuse, responsibilities specific to the direct supervisor/Administrator of the Day, immediate implementation of administrative leave for an accused staff member, and the necessity of a speedy investigation. 5. Policy revisions for Allegations of Abuse and Neglect by Staff, Patient Grievances and Complaints, Medical Chaperones for Sensitive Examinations, Treatments and Procedures. REMOVAL OF IMMEDIACY The removal of the immediacy was verified onsite by the State Survey Agency on 1/28/25 at 4:40 p.m. Once the immediacy was removed, the deficient practice remained at the Condition level. | A 115 | | | |
| A 145 | PATIENT RIGHTS: FREE FROM ABUSE/HARASSMENT CFR(s): 482.13(c)(3) The patient has the right to be free from all forms of abuse or harassment. This STANDARD is not met as evidenced by: Based on interview, record review, policy review, and review of digital video surveillance recordings, the facility failed to implement an effective abuse prevention program to protect and promote patients' rights to be free from sexual | A 145 | | | |

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| A 145 | <p>Continued From page 4</p> <p>abuse for 4 (#s 1, 2, 3 and 13) of 37 sampled patients, when the facility failed to ensure staff were trained and competent to identify, respond, report, and investigate all forms of abuse; failed to follow the facility policy and procedures for reporting/responding timely to allegations of sexual abuse for 4 (#s 1, 2, 3 and 13) patients; failed to follow facility policy and procedures for ensuring a thorough investigation was completed to accurately determine whether abuse had occurred for 4 (#s 1, 2, 3 and 13) patients; and failed to protect patients by failing to remove a staff member from patient care after an allegation of sexual abuse was reported and not investigated for 1 (#2) patient.</p> <p>Findings include:</p> <p>(1) Ensure staff were trained and competent to identify, respond, report, and investigate abuse:</p> <p>During an interview on 1/14/25 at 10:01 a.m., staff member MM stated the facility's education expectation for abuse prevention training was to provide abuse prevention training for all staff at hire, and then annually thereafter; or on an as needed basis for corrective action. Staff member MM stated it was also the expectation that any travel staff, including travel nurses, would have abuse prevention training prior to providing patient care.</p> <p>Review of personnel files showed 16 staff (A, C, F, I, M, N, O, P, Q, R, S, FF, GG, HH, NN, and O) did not receive annual abuse prevention training.</p> <p>Review of personnel files showed 8 staff (H, L, CC, DD, EE, II, QQ, and AAA) received no abuse prevention training.</p> | A 145 | | | |

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| A 145 | <p>Continued From page 5</p> <p>A review of the facility's abuse prevention education completed in the hospital's electronic education platform confirmed 24 out of 27 staff members were not provided or were not up to date on abuse prevention training, which included how to identify, respond, report, and investigate all forms of abuse</p> <p>(2) Report/Respond timely to allegations of sexual abuse:</p> <p>Review of the facility's policy and procedure titled, Allegations of Abuse and Neglect by Staff, with an approved date of 9/27/24, showed, "... Procedure:</p> <ol style="list-style-type: none"> 1. Allegations of abuse or neglect inflicted on a patient/visitor by [facility] staff are to be promptly investigated and the following completed, if possible: <ol style="list-style-type: none"> a. Event report created by the [facility] staff person receiving the complaint. b. Notification of appropriate Department Leader(s), Director(s), People Services, and Security who will conduct a preliminary inquiry with staff and/or patient/visitor to determine course of action. If allegation is made outside of normal business hours, notification will be made to the appropriate Director(s) and/or the Administrator of the Day. i. Department Director is responsible for notifying executive team member as soon as possible... d. Steps taken to protect the alleged victim from further abuse. i. This includes removing alleged staff member from that patient's care and/or from that department entirely until investigation is complete..." <p>Review of the facility's policy and procedure titled,</p> | A 145 | | | |

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| A 145 | <p>Continued From page 6</p> <p>Patient Grievances and Complaints, with an approved date of 5/13/24, showed, "...Grievance: A written or verbal complaint (when the verbal complaint about patient care is not resolved within a reasonable time of the complaint by staff present) by a patient or the patient's legal representative, regarding: the patient's care, abuse or neglect, issues related to the hospital's compliance with the CMS Hospital Conditions of Participation...</p> <p>-Staff utilize service recovery resources to resolve patient complaints and concerns during the patient's visit.</p> <p>-In the event a patient communicates a complaint to a staff member, it is the obligation of the staff member to work with the patient to reach a reasonable resolution...</p> <p>-Ongoing efforts must be made to resolve the complaint, where appropriate, safety and viable for the patient, environment and situation...</p> <p>-Support staff with Service Recovery and actively investigate complaints and concerns. Engage patients directly with Service recovery activities when staff are unable to gain effective resolutions. Enter investigation outcomes into the event reporting system...</p> <p>-Process patient complaint/grievance information in the event reporting system. Facilitate written Grievance communications...</p> <p>-Upon fact determination, a formal complaint or Grievance communication will be sent to the patient with investigation outcomes...</p> <p>-The Department Director, or designee, is responsible for investigating, resolving and providing a written explanation of a grievance resolution within seven (7) business days...</p> <p>-Regardless of the nature of the grievance, the hospital should make sure that it is responding to the substance of each grievance while identifying,</p> | A 145 | | | |

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| A 145 | <p>Continued From page 7</p> <p>investigating, and resolving any deeper, systemic problems indicated by the grievance..."</p> <p>(A) Patient #2:</p> <p>Patient #2 was admitted to the facility for transition to general inpatient hospice, secondary to metastatic breast cancer, from 2/20/24 to 5/9/24.</p> <p>During an interview on 1/14/25 at 8:30 a.m., staff member HH stated she did not remember the date patient #2 had reported to her that staff member A had "touched and fondled her breasts" and had also requested she did not want staff member A to care for her. Staff member HH reported the incident to the charge nurse (staff member GG) but failed to complete an incident report and failed to document the patient's allegations in the facility's event reporting system.</p> <p>During an interview and record review on 1/8/25 at 7:50 a.m., staff member E stated staff member A worked the day shift on the Oncology Unit, and cared for patient #2, on 4/4/24. A review of staff member A's timecard showed that he worked on the Surgical/Oncology Unit on 4/4/24, from 6:28 a.m., to 7:34 p.m.</p> <p>During an interview on 1/9/25 at 10:14 a.m., staff member N stated she was informed of the alleged abuse the day after the allegations were made, but did not create an incident report.</p> <p>During an interview on 1/6/25 at 5:05 p.m., staff member H stated she was made aware of patient #2's sexual abuse allegation against staff member A sometime around April 2024. Staff member H confirmed she did not complete an</p> | A 145 | | | |

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| A 145 | <p>Continued From page 8</p> <p>incident report and failed to report the allegations until 1/2/25 (approximately nine months after the allegations were made).</p> <p>During an interview on 1/6/25 at 5:00 p.m., staff member C stated that patient #2's sexual abuse allegations against staff member A were not reported to her until 1/2/25 (approximately nine months after the allegations were made), and when she became aware, did not complete an incident report.</p> <p>During an interview on 1/9/25 at 12:11 p.m., staff member C stated it was the expectation that staff follow the facility's policy and procedure for reporting of abuse allegations or the grievance reporting policy and procedure. She stated the expectation was for all employees to speak up or say something immediately when they were notified of an allegation of abuse. Staff member C stated staff member A was not terminated until 10/11/24.</p> <p>During an interview on 1/9/25 at 2:33 p.m., staff member W stated it was the expectation for staff to follow the facility's policy and procedures for reporting allegations of abuse. She stated staff could follow the abuse prevention policy and procedure or the grievance reporting policy and procedure. Staff member W stated the facility's expectation for reporting abuse allegations would be immediately. Staff member W stated that patient #2's sexual allegations of abuse against staff member A were not reported to her until 1/2/25 (approximately nine months after the allegations were made).</p> <p>Review of a facility email from staff member C to staff member W, dated 1/2/25 at 4:15 p.m.,</p> | A 145 | | | |

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| A 145 | <p>Continued From page 9</p> <p>confirmed that allegations of sexual abuse made by patient #2 against staff member A around April 2024, were not communicated to staff member W until approximately nine months after the allegations were made. The email showed, "Hi [Staff member W], [Staff member H] just came in because she remembered a patient complaint about [staff member A] last winter. Patient was [patient #2] 51 yo was in [room number] from January - April of 2024. She subsequently passed away in June. Her family and her complained to the charge nurse that [staff member A] had inappropriately touched [patient #2].</p> <p>During an interview on 1/8/25 at 3:00 p.m., staff member E confirmed there were no facility event reports/corporate compliance/investigation notes or reports, no internal investigation and no resolutions of the allegations patient #2 made against staff member A.</p> <p>(B) Patient #1:</p> <p>Patient #1 was admitted to the hospital on 07/24/23, was placed in the Intensive Care Unit on 07/28/23 and remained there until 07/31/23.</p> <p>During an interview on 1/21/25 at 3:00 p.m., patient #1 stated she was admitted to the facility for low oxygen, gas poisoning and trouble breathing in July of 2023. Patient #1 stated she was transferred to the ICU because she was placed on a vent to help with her breathing. Patient #1 stated during the time she was in the ICU, a male nurse [staff member A] had come into her room and put his leg on the bed behind her back. Patient #1 stated she remembered his hand coming in over her shoulder and he fondled her breast. She stated staff member A was</p> | A 145 | | | |

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| A 145 | <p>Continued From page 10</p> <p>moaning in a sexual manner. Patient #1 stated staff member A continued the abuse for a while and then his hand started to move towards her abdomen. Patient #1 stated she did not remember what happened after that, and everything went black. Patient #1 stated she remembered being afraid of staff member A. She stated she recalled an incident when staff member A wanted to take her to the shower, and she felt fearful that if she went with him to the shower she was going to die. Patient #1 stated she talked to staff member T about her concerns, but did not report anything specific. Patient #1 stated her medical record reflected she had asked staff member T to do whatever he could to help her not go back there (ICU) again.</p> <p>Patient #1 stated she received a text message from staff member A on 9/26/24. Patient #1 stated staff member A texted that it was [staff member A] from [the facility], he had been thinking of her, and asked if she remembered what had happened between them when he was her nurse in the ICU. Staff member A requested to meet with her in person. When he texted her on 09/27/24, she asked him about a memory she had of him touching her breasts, and Staff member A responded that he wanted to meet to discuss the memory, stating he felt conflicted discussing the memory over text, and was afraid it could impact his professional and marital status. He added that he hoped that he did not cause her to have PTSD.</p> <p>During an interview on 1/21/25 at 3:00 p.m., Patient #1 stated she contacted staff member M on 10/8/24, and reported what staff member A had done to her while she was a patient in their ICU, that staff member A had recently contacted</p> | A 145 | | | |

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| A 145 | <p>Continued From page 11</p> <p>her by text, and that she believed he had accessed her medical record to gain her contact information. Patient #1 stated that hospital staff did not request evidence of the text messages until 10/17/24 (nine days later).</p> <p>During an interview on 1/9/25 at 9:00 a.m., staff member M confirmed patient #1 contacted her and reported the allegations of sexual abuse by patient #1. Staff member M stated she could not recall the date patient #1 contacted her, she did not document the conversation, and did not report the allegations to her supervisor until the following day.</p> <p>During an interview on 1/8/25 at 2:10 p.m., staff member L stated staff member M informed her of patient #1's sexual allegations against staff member A, on 10/9/24. She stated she did not complete an incident report.</p> <p>During an interview on 1/21/25 at 5:00 p.m., staff member II stated staff member M notified her that patient #1 reported a male nurse that had cared for her in the ICU had touched her inappropriately. She stated she did not report the incident when staff member M reported it to her because the patient had asked that they wait and give her some time to process what happened.</p> <p>During an interview on 1/7/25 at 2:17 p.m., staff member C stated she was notified of patient #1's sexual allegations by staff member A on 10/9/24. Staff member A was not placed on administrative paid leave until 10/11/24, and no incident report was created.</p> <p>Review of staff member C's internal email sent to staff member W, on 10/9/24 at 5:35 p.m.,</p> | A 145 | | | |

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| A 145 | <p>Continued From page 12</p> <p>confirmed the sexual allegations reported by patient #1 against staff member A on 10/8/24, were not reported until 10/9/24. Staff member A was not placed on administrative leave until 10/11/24, and the allegation was not entered into the facility's event reporting system.</p> <p>During an interview on 1/8/25 at 4:21 p.m., staff member W stated they did not create a formal event report or any other report in the facility's incident reporting system at the time they were notified of the allegation.</p> <p>Review of the facility's Risk Management Worksheet, for patient #1, confirmed the facility did not report patient #1's allegations of sexual abuse against staff member A from 10/8/24, until 10/9/24. Did not create a system event report for these allegations until 11/14/24.</p> <p>(C) Patient #3:</p> <p>Review of patient #3's EMR showed patient #3 was admitted to the BHU, from 6/3/24 to 6/12/24. Patient #3 was readmitted after leaving the facility against medical advice (AMA) from 6/13/24 to 6/14/24.</p> <p>During an interview on 1/21/25 at 9:25 a.m., patient #3 stated staff member AAA would enter his room first thing in the morning and, "touch my junk, hug, and kiss me." Patient #3 stated this occurred for approximately two weeks before reporting the incident to staff member QQ, on 6/12/24. Patient #3 stated he did not feel safe staying at the facility because of staff member AAA's sexual treatment of him and felt fearful of staff member AAA. He stated he requested on 6/12/24, to make a report of the abuse and to</p> | A 145 | | | |

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| A 145 | <p>Continued From page 13</p> <p>discharge early. He stated he had been struggling every day since the sexual abuse by staff member AAA. He stated he was also concerned that staff member AAA had sexually assaulted other patients on the unit.</p> <p>During an interview on 1/21/25 at 1:03 p.m., staff member QQ stated on 6/12/24, patient #3 had informed her that staff member AAA would come into his room in the mornings and kiss him and touch his genitals. Staff member QQ stated patient #1 requested to discharge early because he was fearful of staff member AAA and wanted to report the allegation. Staff member QQ stated she had also noticed on 6/7/24, that staff member AAA had been sitting uncomfortably close to patient #3 in the television room and felt that it was unprofessional. Staff member QQ confirmed she did not complete a report in the facility's event reporting system regarding the allegations.</p> <p>Review of a letter submitted by staff member QQ on 6/12/24, showed, "I did observe [staff member AAA], this day June 12, 2024 make a statement to patient [patient #3] while she was at the nurses station asking him where [patient # 14] was while he was on the phone, [patient #14] is a patient that just discharged earlier in the day. She then asked [patient #3] if he was discharging. [Patient #3] seemed to be ignoring her. She then stated, 'Make sure you guys call me, you both have my number.' I did observe the same nurse sitting uncomfortably close to this patient Friday 6/7/2024 in the TV room talking with her and he had his arms stretched across two chairs, [Staff member AAA] was sitting on one sideways facing the patient with her knee on the chair making contact with his leg. It was the end of my shift, and I did walk in the room a bit and ask how</p> | A 145 | | | |

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| A 145 | <p>Continued From page 14</p> <p>everyone was doing. The nurse did not seem uncomfortable and did not move neither did the patient. I did mention this to my coworker as it was strange, and we discussed that it was a bit concerning but nobody seemed to be uncomfortable or hiding..." [sic].</p> <p>During an interview on 1/21/25 at 1:31 p.m., staff member PP stated staff member QQ informed her of patient #3's sexual allegations against staff member AAA, on 6/12/24. She confirmed she did not complete an incident report.</p> <p>During an interview on 1/15/25 at 3:36 p.m., staff member OO stated, on 6/12/24, patient #3 reported staff member AAA had been sexually inappropriate with him. Staff member OO stated she obtained a written statement from patient #3, but did not complete an incident report.</p> <p>Review of patient #3's grievance letter, dated 6/12/24, with no time stamp, showed, "I [patient #3] on or about 6/5 - 6/12 have experienced sexual harassment/abuse from staff/nurse [staff member AAA] inappropriate touching in private areas kissing hugging trying to have a relationship. I was given her phone number to call I did call her, but I wasn't in the right frame of mind it took a few days to realize that this behavior is very inappropriate and extremely unprofessional." [sic] Signed by [patient #3] on 6/12/24. A second entry signed by [staff member OO] and dated 6/12/24, showed, "I met and talked [with] patient [patient #3]. He expressed that he had been sexually harassed by one of the nurses on BHU [staff member AAA]. I will talk with my director [staff member NN]." [sic].</p> <p>During an interview on 1/15/25 at 3:47 p.m., staff</p> | A 145 | | | |

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| A 145 | <p>Continued From page 15</p> <p>member NN stated he had received a letter on 6/12/24, from patient #3, stating staff member AAA had been sexually inappropriate with him. He stated patient #3 seemed "pretty shook" by the incident and confirmed everything in the letter. Staff member NN stated he reported the incident to staff member C. Staff member NN stated he did not create an event report and did not report this incident in any other facility incident reporting system. Staff member NN stated the expectation would be to remove the individual from care of the staff member, suspend the staff member, and create an event report.</p> <p>During an interview on 1/7/25 at 2:17 p.m., staff member C stated she was made aware of an allegation that staff member AAA had been sexually inappropriate with patient #3, on 6/12/24. Staff member C confirmed she did not create an incident report of the allegation.</p> <p>During an interview on 1/15/25 at 3:05 p.m., staff member W stated an incident report was not created until 1/8/25, for the sexual misconduct which occurred by staff member AAA toward patient #3 on 6/12/24. She stated she realized an incident report had not actually been created when she went to find it during the survey. Staff member W stated it was the expectation to timely complete an incident report, especially when safety was of concern. She stated a timely incident report should have been entered when first learning about patient #3's letter, and when he voiced what happened.</p> <p>Review of the facility's incident Report, dated 1/8/25, showed, "6/12/24: [Patient #3] Sexual Harassment, Behavioral Health Unit Adult. 1/8/25 at 5:14 p.m., Allegation of professional</p> | A 145 | | | |

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| A 145 | <p>Continued From page 16</p> <p>misconduct during inpatient stay. Legal and Compliance." No further documentation was noted for this report.</p> <p>Review of facility video surveillance footage titled, "BHU Nurses Station 2," dated 6/11/24, from 10:53 a.m., to 10:55 a.m., showed staff member AAA sat down on a couch next to patient #3 in the nurses's station. Staff member AAA patted the patient's knee, and sat with her knee touching the patient's leg. Staff member AAA touched patient #3's thigh, pulled his pant leg up to his knee, and touched the patient's shin, before the patient shook his pant leg back down. Staff member AAA remained sitting next to the patient with her leg touching the patient's leg, then stood up, appeared to say something to the patient, left and headed down the hallway. Patient #3 appeared to respond to staff member AAA, stood up, and followed staff member AAA.</p> <p>(D) Patient #13:</p> <p>Review of patient #13's EMR showed patient #13 was admitted to the facility from 2/28/24 to 6/3/24, for schizophrenia, .</p> <p>Review of patient #13's Progress Note, dated 4/16/24 at 12:31 a.m., showed, "... Patient is normally averse to touching or being touched. Will monitor..."</p> <p>Review of patient #13's Progress Note, dated 5/15/24 at 4:25 p.m., authored by staff member AAA, showed, "Behavior: [Patient] isolative in room and only came out for request [Patient] asked for a hug and back rub...."</p> <p>During an interview on 1/21/25 at 1:03 p.m., staff</p> | A 145 | | | |

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| A 145 | <p>Continued From page 17</p> <p>member QQ stated there was an incident when staff member AAA had mentioned during a FLASH meeting (brief, internal meetings to discuss process changes, address immediate concerns, and allow for open team member conversations regarding patient care) that she thought patient #13 was "cute" and he had been asking her for backrubs. She stated staff member AAA reported she had been giving patient #13 backrubs. Staff member QQ stated she did not report this incident.</p> <p>Review of a letter submitted by staff member QQ on 6/12/24, confirmed staff member QQ was aware of sexual misconduct by staff member AAA towards patient #13 and did not report the allegation.</p> <p>(3) Ensure a thorough investigation was completed to accurately determine whether abuse had occurred:</p> <p>Review of the facility's policy and procedure titled, Allegations of Abuse and Neglect by Staff, with an approved date of 9/27/24, showed, "... Procedure: 1. Allegations of abuse or neglect inflicted on a patient/visitor by [Facility Initials] staff are to be promptly investigated and the following completed, if possible:</p> <p>... b. Notification of appropriate Department Leader(s), Director(s), People Services, and Security who will conduct a preliminary inquiry with staff and/or patient/visitor to determine course of action. If allegation is made outside of normal business hours, notification will be made to the appropriate Director(s) and/or the A of the Day.</p> <p>i. Department Director is responsible for notifying executive team member as soon as possible.</p> | A 145 | | | |

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| A 145 | <p>Continued From page 18</p> <p>ii. Security supervisor is responsible for conducting a preliminary investigation to determine level of local law enforcement involvement. Security Supervisor will coordinate with People Services for staff investigation.</p> <p>iii. People Services will collaborate with department leadership to determine appropriate administrative action(s) for accused staff member and will notify corporate compliance, if appropriate.</p> <p>Review of the facility's policy and procedure titled, Patient Grievances and Complaints, with an approved date of 5/13/24, showed, "...Grievance: A written or verbal complaint (when the verbal complaint about patient care is not resolved within a reasonable time of the complaint by staff present) by a patient or the patient's legal representative, regarding: the patient's care, abuse or neglect, issues related to the hospital's compliance with the CMS Hospital Conditions of Participation...</p> <p>-Staff utilize service recovery resources to resolve patient complaints and concerns during the patient's visit.</p> <p>-In the event a patient communicates a complaint to a staff member, it is the obligation of the staff member to work with the patient to reach a reasonable resolution...</p> <p>-Ongoing efforts must be made to resolve the complaint, where appropriate, safety and viable for the patient, environment and situation...</p> <p>-Support staff with Service Recovery and actively investigate complaints and concerns. Engage patients directly with Service recovery activities when staff are unable to gain effective resolutions. Enter investigation outcomes into the event reporting system...</p> <p>-Process patient complaint/grievance information</p> | A 145 | | | |

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| A 145 | <p>Continued From page 19</p> <p>in the event reporting system. Facilitate written Grievance communications...</p> <p>-Upon fact determination, a formal complaint or Grievance communication will be sent to the patient with investigation outcomes...</p> <p>-The Department Director, or designee, is responsible for investigating, resolving and providing a written explanation of a grievance resolution within seven (7) business days...</p> <p>-Regardless of the nature of the grievance, the hospital should make sure that it is responding to the substance of each grievance while identifying, investigating, and resolving any deeper, systemic problems indicated by the grievance..."</p> <p>(A) Patient #2</p> <p>During an interview on 1/6/25 at 5:05 a.m., staff member H stated she was notified of an allegation which occurred between, 2/2024 and 4/2024, regarding an allegation by patient #2 that staff member A had had fondled her breasts. Staff member H confirmed she did not investigate the allegation of abuse.</p> <p>During an interview on 1/14/25 at 8:30 a.m., staff member HH stated patient #2 had reported to her that staff member A had "touched and fondled her breasts" and had also requested she did not want staff member A to care for her. Staff member HH stated she was not aware if the incident was investigated by the facility. She stated no one inquired further with her regarding the allegation.</p> <p>During an interview on 1/9/25 at 10:14 a.m., staff member N stated she was not aware if an investigation occurred regarding patient #2's allegation of sexual abuse by staff member A, and did not remember being further interviewed.</p> | A 145 | | | |

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| A 145 | <p>Continued From page 20</p> <p>During an interview on 1/9/25 at 12:11 p.m., staff member C confirmed patient #2's allegation of sexual abuse by staff member A was not investigated. Staff member C stated it was the expectation that staff follow the facility's policy and procedures for investigating allegations of abuse.</p> <p>During an interview on 1/9/25 at 2:33 p.m., staff member W stated it was the expectation for staff to follow the facility's policy and procedures for investigating allegations of abuse. She stated staff could follow the abuse prevention policy and procedure or the grievance policy and procedure. Staff member W stated it was the expectation of the facility that all allegations of sexual abuse be investigated.</p> <p>An information request was submitted to the facility on 1/8/25 at 2:00 p.m., requesting all event reports/Corporate Compliance/Investigation notes or reports, to include all internal investigations and resolution to allegations regarding the incident with staff member A regarding patient #2 to include any allegations reported since June 2023. No documentation was provided by the end of the survey on 1/30/25.</p> <p>During an interview on 1/8/25 at 3:00 p.m., staff member E stated there were no event reports/Corporate Compliance/Investigation notes or reports, which included internal investigations and resolutions of the allegations regarding patient #1's allegation of sexual abuse by staff member A.</p> <p>(B) Patient #1</p> | A 145 | | | |

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| A 145 | <p>Continued From page 21</p> <p>During an interview on 1/9/25 at 2:33 p.m., staff member W stated she ran an EMR audit on 10/16/24, to determine additional records staff member A accessed [from 7/1/23 to 10/16/24]. The facility determined there were other patient charts which had been accessed by staff member A.</p> <p>Review of facility internal email from staff member W to staff member C, dated 10/16/24 at 8:00 a.m., confirmed staff member A had accessed "around a dozen" patient records inappropriately.</p> <p>During an interview on 1/9/25 at 4:32 p.m., staff member W confirmed the facility did not complete an investigation based on the EMR audit report of the additional identified patients. She stated the facility did not reach out to inquire with the patients or their representative if they had any concerns regarding their care. Staff member W stated there did appear to be a pattern of staff member A accessing former ICU patients' charts after they discharged from the facility. She stated they had identified approximately 10 additional patients.</p> <p>An information request was submitted to the facility on 1/16/25 at 3:00 p.m., requesting additional information on the EMR audit ran by staff member W on the patient records which staff member A accessed after the patients were discharged. The inquiry asked the facility if the patients and/or family members, who were identified on the EMR audit, were contacted by the facility and if they had any concerns regarding the care they were provided by staff member A. On 1/17/25 at 4:14 p.m., staff member W submitted a response via email regarding the</p> | A 145 | | | |

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| A 145 | <p>Continued From page 22</p> <p>inquiry stating, "... I reviewed the report, highlighted in red the patients' medical record access that I could not vet as appropriate myself and provided it to [staff member C]. [Staff member C] reviewed those highlighted and could not vet them either..."</p> <p>(C) Patient #'s 3, 12, 13, and 14</p> <p>During an interview on 1/15/25 at 3:47 p.m., staff member NN stated he received a letter on 6/12/24, from patient #3, stating staff member AAA had been sexually inappropriate with him. Staff member NN stated he obtained letters from other staff members who had additional concerns regarding inappropriate behavior by staff member AAA towards or witnessed by patient #s 3, 12, 13, and 14. Staff member NN confirmed he did not conduct an investigation into those allegations.</p> <p>Review of an internal facility email provided on 1/14/25 at 1:25 p.m., without a date, confirmed the agency obtained additional information via letters from staff members NN, RR, and QQ, which confirmed sexual misconduct by staff member AAA towards or witnessed by patient #s 3, 12, 13, and 14, which were not investigated to determine whether abuse occurred.</p> <p>Review of an internal facility document provided on 1/16/25 at 12:05 p.m., documented by staff member QQ, with no date or time, confirmed allegations of misconduct by staff member AAA towards patient #3, 13, and 14. These allegations were not investigated to determine whether abuse occurred.</p> <p>During an interview on 1/15/25 at 3:47 p.m., staff member NN confirmed he did not further</p> | A 145 | | | |

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

PRINTED: 06/10/2025
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 270003 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 01/30/2025 |
| NAME OF PROVIDER OR SUPPLIER ST PETERS HEALTH | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2475 BROADWAY HELENA, MT 59601 | | |
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| A 145 | <p>Continued From page 23</p> <p>investigate the allegations identified in staff member QQ's statement letter, which alleged staff member AAA stated patient #13 was "cute" and that she gave patient #13 a backrub. Staff member NN stated he did not investigate the allegation regarding patient #14 being provided staff member AAA's phone number, or if the patient had witnessed anything while he was patient #3's roommate and how witnessing the sexual behavior between patient #3 and staff member AAA may have affected him. Staff member NN confirmed he had not investigated the allegation that patient #12 had witnessed the misconduct by staff member AAA towards the other patients.</p> <p>(4) Protect patients under the care of a staff member, by failing to remove the staff member from patient care after an allegation of sexual abuse was reported and not investigated:</p> <p>Review of the facility's policy and procedure titled, Allegations of Abuse and Neglect by Staff, with an approved date of 9/27/24, showed,</p> <p>"...1. Procedure:</p> <p>... d. Steps taken to protect the alleged victim from further abuse.</p> <p>i. This includes removing alleged staff member from that patient's care and/or from that department entirely until investigation is complete.</p> <p>e. If allegations are substantiated, appropriate measures will be taken..."</p> <p>(A) Patient #2</p> <p>During an interview and record review on 1/8/25 at 7:50 a.m., staff member E stated staff member A worked the day shift on the Oncology Unit, and cared for patient #2, on 4/4/24. A review of staff</p> | A 145 | | | |

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| A 145 | <p>Continued From page 24</p> <p>member A's timecard showed that he worked on the Surgical/Oncology Unit on 4/4/24, from 6:28 a.m., to 7:34 p.m.</p> <p>During an interview on 1/9/25 at 10:14 a.m., staff member N stated when she came in for her shift that day (4/5/24), she was informed by the night shift charge nurse that patient #2 had alleged that staff member A had touched or fondled her breasts. Staff member N confirmed staff member A continued to work the Oncology Unit and in the ICU after patient #2 reported the allegation of abuse by staff member A.</p> <p>During an interview on 1/14/25 at 8:30 a.m., staff member HH stated patient #2 told her that staff member A had "touched her inappropriately and abused her" and she no longer wanted staff member A to care for her any longer. Staff member HH stated she remembered staff member A working the floor after patient #2 reported the allegation of abuse by staff member A.</p> <p>During an interview on 1/9/25 at 10:54 a.m., staff member H confirmed she did not remove staff member A from patient care after patient #2's allegation of sexual abuse by staff member A. Staff member H stated she gave a verbal recommendation to the charge nurse to not have staff member A care for patient #2 anymore. Staff member H stated she believed staff member A continued to provide direct patient care, on both the Intensive Care Unit and on the Oncology Unit, from the date of the incident [4/4/24] until he was terminated on 10/11/24.</p> <p>Review of staff member A's timecard from 4/1/24 to 10/11/24, showed staff member A continued to</p> | A 145 | | | |

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| A 145 | Continued From page 25 provide direct patient care during those dates on the Intensive Care Unit, the Surgical/Oncology Unit, and the Emergency Department, as both a floor nurse and charge nurse. | A 145 | | | |



June 4, 2025

RE: St. Peter's Survey 1/6/25-1/30/25

Medicare Identification Number: 270003

At St. Peter's Health, we take patient rights and safety very seriously. Following the survey in January 2025, the actions outlined below in the correction action plan demonstrate how St. Peter's Health has ensured patient rights and safety are upheld during each encounter.

COP 482.13 Patient's Rights A-0145 – The patient has the right to be free from all forms of abuse or harassment

Completion of all efforts related to the Corrective Action Plan will be on June 5th, 2025

Corrective Action Plan

1. All Staff Training Compliance for Abuse and Neglect

- **Mandatory Training Assignments:**

HealthStream computer-based training (CBT) modules on *Abuse and Neglect* and *Sexual Harassment* were assigned to all St. Peter's Health employees during the week of **January 20, 2025**. These modules focus on detection, identification, and prevention of abuse.

- **Completion Deadline:**

All employees currently employed prior to January 20, 2025 are required to complete this re-training by **Monday, January 27, 2025, at 11:59 p.m.** Completion is a condition for returning to work. Employees on FMLA or not scheduled to work before the deadline must complete the training before starting their first shift upon return.

- **Annual Refresher:**

Ongoing annual training will be administered through the same modules beginning January with a due date of 12/31/2025.

- **New Employee Orientation (NEO):**

As of **January 26, 2025**, all new hires will be required to complete both training modules during the new employee orientation period. The completion date for these modules to be confirmed by their direct supervisor will be within 60 days of hire.

2. All Staff awareness and Policy Reinforcement

- **Internal Communication:**

Beginning **February 3, 2025**, and continuing for four consecutive weeks, the hospital's internal newsletter will feature educational content emphasizing the importance of responding to, reporting, and investigating abuse and neglect. Communications will highlight:



- **Policy #PC-0021:** *Allegations of Abuse and Neglect by Staff*
- **Policy #001-0013:** *Patient Grievances and Complaints*

The Communication and Engagement Coordinator (Casey Kyler West), in partnership with the Executive Leadership Team (see list below), will verify the inclusion of relevant policy content in all four newsletter editions. Copies of the newsletters will be retained and made available for audit upon request.

Annual Refresher:

All staff hired before May 22, 2025 will be assigned a HealthStream module to review and acknowledge updates for **#PC-0021** *Allegations of Abuse and Neglect by Staff* and **Policy #001-0013:** *Patient Grievances and Complaints*. Review and acknowledgment of these policies are due July 31, 2025.

3. Employee mandatory face-to-face training beginning March 2025 as a condition of employment (1800+ employees required to attend).

- St. Peter's Health will host a mandatory reorientation on patient safety culture, abuse and neglect, and hospitality for all staff and providers as a condition of employment or continued work at SPH. Consistency of the information was achieved by having the CEO (Wade Johnson) perform facilitation of each training.
- **Completion Deadline:**
90% of staff will complete the in-person training by **June 1, 2025**. The remaining 10% will complete training through New Employee Orientation following June 1, 2025.
- **Compliance Tracking:**
Attendance will be tracked in real-time and is a condition of employment or continued practice at St. Peter's Health. Department leaders are accountable to communicate and facilitate the training opportunity along with continuing operations.

4. Ongoing Patient Rights Compliance & Oversight

- All patients will have access to the patient rights via many methods in the Regional Medical Center. Patient rights are displayed in posters, brochures available on countertops and available at any request. For anyone visiting St. Peter's Medical Group, the patient will have access and may review the information upon entry or at any point during their visit per their request.
- At any point (in the hospital or after an encounter or office visit) a patient may contact the Quality Department using the external website: [Quality Department | St. Peter's Health](#) or calling 406-447-2566. Should the patient may wish to speak to someone in person, the Quality Department is available M-F 8-4:30 and after hours the patient can request to speak to the Administrator of the Day. The patient may decide to provide their personal information or remain anonymous. Once the leader or quality team receives this information the same steps as the following will be initiated.



- ***In the event of a report of abuse or neglect, the supervisor receiving the report will complete the following steps:***
 - Individual in question/accused will be placed on administrative leave by leader. Individual will be notified as such and not able to return to work until the investigation is completed
 - Badge and system access will be revoked during this time with on staff or on call security and IT individuals that can perform this task
 - Safety Event Report is filed and notified to both quality and corporate compliance leader
 - People Services, department leader and any additionally needed department staff will complete investigation. Should situation be pertinent to licensing board, this will occur during this time as well.
 - Individual in question will be notified of final decision and either terminated or able to return to work.
- **Quarterly Reporting**
 - Quality Review Team meeting June 5th will review HealthStream compliance for the January, June and July training requirements. Remaining meetings that will show this progress will be on: September 4, 2025 and December 4, 2025.
 - Corporate Compliance Committee Quarterly Report: The Corporate Compliance Officer reviews all Sexual Harassment incidents investigated and closed since the prior report, inclusive of all Sexual Harassment allegation types (Staff-to-Staff; Staff-to-Patient; Patient-to-Staff; etc.). Names of the accused and reporter(s) will be removed to maintain privacy. Reports include the event number, event date, initial event description entered into Midas, summary of the investigation, determination (substantiated or unsubstantiated), and outcome for the accused. Should there be any follow-up action needed as determined by the discretion and authority of the Corporate Compliance Committee, it would be reflected in the meeting minutes with targeted timeline for completion and responsible owner.
 - Copies of the meeting minutes will be retained and made available for audit upon request.

Executive Leadership Team:

- Wade Johnson, CEO
- Dr. Shelly Harkins, President and CMO of St. Peter's Hospital
- Dr. Todd Wampler, President of St. Peter's Medical Group
- Kari Koehler, Chief Nursing Officer



- Neil Faux, VP of People Services

Quality Review Team Members:

- Michelle Rush, Corporate Compliance Officer
- Sarah Maddock, ICU Manager
- Heidi Abbott, Acute Care Director
- Anne McCoy, Critical Care and ED Director
- Jane O'Driscoll, Wound Care Manager
- Bruce Tyler, EVS, Laundry, Materials Director
- Duane McGreggor, Facilities Director
- Betsy Williams, Women's and Children's Director
- Anne Lenik, Care Management Director
- Kari Koehler, Chief Nursing Officer
- Gianluca Pisciarelli, Behavioral Health Director
- Molly Litchfield, Surgery Services Director
- Starla Blank, Sr. Director of Pharmacy
- Katie Quigley, Rehabilitation Services Director
- Amy Emmert, Population Health Director
- Joseph Chapman, Project Management Office Director
- Leslie Belford, Security Services Director
- Michelle Eckhart, Clinical Informatics
- Jami Hutchison, Analytics & Innovation Director
- Michelle Krings, Health Information Management Director
- Kelli Dailey, Surgery/Oncology Director
- Dr. Shelly Harkins, President and CMO of St. Peter's Hospital
- Madison Peterson, Accreditation Specialist
- Matthew Aakre, Lab Services Director
- Alicia Hess, Quality Improvement RN
- Leeanna Schearer, Quality Coordinator
- Katharine Barbee, Oncology Director
- Alyne Eickert, Home Health & Hospice Director
- Robert Senecal, Laboratory Technical Supervisor

Corporate Compliance Team Members:

- Devon Murray, Executive Director of Revenue Cycle
- Kimberly Kurokawa, Clinical Documentation Specialist
- Laurie Coverdell, Director of Physician Billing
- Michelle Krings, Director of HIM/Privacy Officer
- Nathan Coburn, Chief Financial Officer



St. Peter's Health

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- Steven Matthes, Sr. Director of Diagnostic Services
- Bob Wade, Attorney
- Kat Abke, Attorney
- Kendra Lenhardt, Sr. Director of Provider Relations
- Sheri Renney, Director of Business Services
- Tim Sturgis, Interim Chief Information Officer
- Dr. Todd Wampler, President of St. Peter's Medical Group