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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065120 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/21/2025 |
| NAME OF PROVIDER OR SUPPLIER Clear Creek Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 7481 Knox Pl Westminster, CO 80030 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40960</p> <p>Based on observations, record review and interviews, the facility failed to ensure residents who were unable to carry out activities of daily living (ADL) received the necessary services to maintain good grooming and personal hygiene for two (#2 and #1) of three residents reviewed for bathing out of three sample residents.</p> <p>Specifically, the facility failed to ensure Resident #2 and Resident #1, who were dependent on staff for bathing, received their scheduled showers.</p> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Bathing/Shower policy, revised February 2018, was provided by the regional clinical resource (RCR) on 1/21/25 at 4:24 p.m. It read in pertinent part, The purpose of this procedure is to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin.</p> <p>The documentation includes the date and time the shower/bath was performed, the name and title of the individual who assisted the resident with the shower, all the assessment data obtained during the shower, how the resident tolerated the shower, if the resident refused the shower, the reason why, the intervention taken and report the refusal to the supervisor.</p> <p>The Activity of Daily Living policy, revised March 2018, was provided by the RCR on 1/21/25 at 4:20 p.m. It read in pertinent part, Residents who are unable to carry out activities of daily living (ADL) independently will receive the services necessary to maintain good nutrition, grooming, personal hygiene and oral hygiene.</p> <p>Care and services will be provided for the following activities:</p> <ul style="list-style-type: none"> -Bathing, dressing, grooming and oral care; -Transfer and ambulation; -Toileting; -Dining to include meals and snacks; and <p>(continued on next page)</p> |

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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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>-Using speech, language or other functional communication systems.</p> <p>II. Resident #2</p> <p>A. Resident status</p> <p>Resident #2, age greater than 65, was admitted on [DATE]. According to the January 2025 CPO, diagnoses included end stage renal failure, dependence on dialysis, cognitive communication deficit, limitations of activities due to disability, sacral pressure injury and depression.</p> <p>The 12/30/24 MDS assessment revealed she had modified independence with cognitive skills for daily decision making. She used a wheelchair and was dependent on staff for bathing.</p> <p>B. Resident interview and observation</p> <p>Resident #2 was interviewed on 1/21/25 at 3:32 p.m. She said she was not receiving two showers weekly as scheduled. She was lying in bed in a hospital gown with her hair disheveled.</p> <p>C. Record review</p> <p>The ADL care plan, revised on 10/12/23, revealed Resident #69 had an ADL self-care performance deficit related to impaired mobility and end stage renal disease. Interventions included providing two staff members with extensive assistance for transfers and ADL care.</p> <p>-Review of the comprehensive care plan did not reveal documentation indicating the resident's shower preferences.</p> <p>Review of the October 2024 through January 2025 shower logs revealed the following:</p> <p>The October 2024 (10/1/24 to 10/31/24) shower documentation revealed Resident #2 was provided bathing on two out of nine opportunities.</p> <p>The November 2024 (11/1/24 to 11/31/24) shower documentation revealed Resident #2 was provided bathing on two out of eight opportunities.</p> <p>The December 2024 (12/1/24 to 12/31/24) shower documentation revealed Resident #2 was provided bathing on seven out of nine opportunities.</p> <p>III. Resident #1</p> <p>A. Resident status</p> <p>Resident #1, age greater than 65, was admitted on [DATE] and discharged on [DATE]. According to the January 2025 computerized physician orders (CPO), diagnoses included complete rotator cuff tear of the right shoulder, dependence on a wheelchair, pressure ulcer to the right buttocks, pressure induced deep tissue damage of the left heel and acute respiratory failure.</p> <p>(continued on next page)</p> | | |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The 11/19/24 minimum data set (MDS) assessment revealed the resident was cognitively intact with a brief interview for mental status (BIMS) score of 13 out of 15. He had impairment to one side of his upper and lower extremities. He used a wheelchair and was dependent on staff for bathing.</p> <p>B. Record review</p> <p>The ADL care plan, revised 12/30/24, revealed Resident #1 had an ADL self-care performance deficit related to recent hospital stay for urinary tract infection and right shoulder pain which was found to be caused by complete tearing of three rotator cuff muscles. Interventions included providing two staff maximal assistance with bathing.</p> <p>-Review of the comprehensive care plan did not reveal documentation that indicated the resident's shower preferences.</p> <p>Review of the October 2024 through January 2025 shower logs revealed the following:</p> <p>The October 2024 (10/1/24 to 10/31/24) shower documentation revealed Resident #1 was provided bathing zero out of four opportunities.</p> <p>The November 2024 (11/1/24 to 11/30/24) shower documentation revealed Resident #1 was provided bathing on one out of nine opportunities.</p> <p>The December 2024 (12/1/24 to 12/31/24) shower documentation revealed Resident #1 was provided bathing on one out of five opportunities.</p> <p>III. Staff interviews</p> <p>Certified nurse aide (CNA) #1 was interviewed on 1/21/25 at 3:38 p.m. CNA #1 said the shower aide was responsible for giving the residents their showers.</p> <p>CNA #2 was interviewed on 1/21/25 at 3:50 p.m. CNA #2 said she was the shower aide and was responsible for giving the residents their showers. She said all of the showers were documented on a shower sheet including bed baths and refusals. She said if the resident did not have a shower sheet completed, the shower was not given. She said when the floor staff was short staffed, she was pulled to work the floor and the showers did not get done. She said she was pulled to work the floors a lot of times.</p> <p>Licensed practical nurse (LPN) #1 was interviewed on 1/21/25 at 3:53 p.m. LPN #1 said the shower aide was responsible for completing the residents showers. She said all showers should be documented on a shower sheet indicating g if the shower was completed or refused. She said the CNA would turn in the shower sheet for the nurse to sign.</p> <p>The director of nursing (DON) was interviewed on 1/21/25 at 3:57 p.m. The DON said she had only been employed at the facility for two days. She said the facility had staffing challenges and the shower aide was often pulled to work the floor. She said the CNA assigned to the resident with a scheduled shower was responsible for giving the shower if the shower aide was unavailable. She said she was not aware how many shower aides were scheduled daily. She said she did not like using shower sheets because they could get lost. She said the showers should be documented in the medical record.</p> | | |