

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/28/2024
NAME OF PROVIDER OR SUPPLIER Holly Heights Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6000 E Iliff Ave Denver, CO 80222	
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)		
<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 one (#4) of three residents reviewed out of five sample residents.</p> <p>Specifically, the facility failed to ensure Resident #4 , who was dependent on staff for bathing, received his scheduled showers.</p> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Shower policy, revised August 2021, was provided by the nursing home administrator (NHA) on 10/28/24 at 4:25 p.m. It read in pertinent part, It is the policy of this facility to promote cleanliness, stimulate circulation and assist in relaxation. Residents have the choice between a bed bath, a shower or bath.</p> <p>The Activities of Daily Living policy, dated October 2022, was provided by the NHA on 10/28/24 at 4:25 p.m. It read in pertinent part, The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable.</p> <p>Care and services will be provided for the following activities: bathing, dressing, grooming and oral care; transfer and ambulation; toileting; eating to include meals and snacks; and, using speech, language or other functional communication systems.</p> <p>A resident who is unable to carry out ADLs will receive the necessary services to maintain good nutrition, grooming, and personal and oral care.</p> <p>II. Resident #4</p> <p>A. Resident status</p> <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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 065124
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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>Resident #4, age greater than 65, was admitted on [DATE] and discharged on [DATE]. According to the October 2024 computerized physician orders (CPO), the diagnosis included unsteadiness on his feet, repeated falls and unspecified dementia.</p> <p>The 10/10/24 minimum data set (MDS) assessment revealed, the resident had severe cognitive impairments with a brief interview for mental status score (BIMS) of six out of 15. He had no behaviors and did not reject care. He was dependent on staff for showering and shower transfers.</p> <p>B. Record review</p> <p>The ADL care plan, revised on 10/17/24, revealed Resident #4 had an ADL self-care performance deficit. The interventions included encouraging the resident to discuss his feelings about self-care deficit and encouraging him to participate to the fullest extent possible with each interaction.</p> <p>A nursing progress note dated 10/10/24 at 6:41 a.m. revealed the resident was admitted for respite care.</p> <p>The shower logs for Resident #4's stay (10/9/24 to 10/16/24) were requested on 10/28/24 from the NHA. The NHA was unable to provide any documentation that the resident had received or refused his showers while admitted to the facility.</p> <p>III. Staff interviews</p> <p>Licensed practical nurse (LPN) #1 was interviewed on 10/28/24 at 4:08 p.m. LPN #1 said if a resident refused a shower she would report it to the unit manager and then charted the refusal in the progress notes. She said each resident was offered two baths a week. She said if Resident #4 refused his showers, it would be documented in the progress notes.</p> <p>Certified nurse aide (CNA) #1 was interviewed on 10/28/24 at 4:14 p.m. CNA #1 said when a resident refused a shower, she reported it to the nurse. She said the staff would offer a shower three times and then document the refusal in the resident task in the medical record.</p> <p>Registered nurse (RN) #1 was interviewed on 10/28/24 at 4:16 p.m. RN #1 said if a CNA reported a resident refused a shower, she would check in with the resident to see why they refused the shower, offer alternatives and educate the resident on the importance of showering. She said she would then document the refusal in the progress notes.</p> <p>The director of nursing (DON) was interviewed on 10/28/24 at 4:05 p.m. The DON said Resident #4's wife said that he had to be forced to take showers. The DON said the staff told Resident #4's wife they could not force him to shower. He said there was no documentation that the resident had refused showers during his admission and he would educate staff on documenting resident refusals.</p> <p>The NHA was interviewed on 10/28/24 at 4:10 p.m. The NHA said they would educate the nursing staff that all shower refusals need to be documented. He said all shower refusals should have a progress note. He said he was unable to provide documentation that Resident #4 had refused his showers.</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 unit manager (UM) was interviewed on 10/28/24 at 4:22 p.m. The UM said if a resident refused to shower the CNA should tell the nurse. The UM said the nurse would ask the resident why they did not want their shower and try three times. She said if the resident still refused the nurse was supposed to write a progress note.</p>		