

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065129	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2026
NAME OF PROVIDER OR SUPPLIER North Shore Health & Rehab Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 1365 W 29th St Loveland, CO 80538	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to notify a resident's representative of changes in medication for one (#6) of seven residents out of 11 sample residents. Specifically, the facility failed to notify Resident #6's representative when the resident's donepezil (medication used to manage cognitive symptoms) was discontinued. Findings include: I. Facility policy and procedure The Resident Change of Condition/Status policy, dated 4/11/25, was provided by the nursing home administrator (NHA) on 4/21/26 at 5:12 p.m. The policy read in pertinent part, The facility must inform the resident, consult with the resident's physician and/or notify the resident's family member or legal representative when there is a change requiring such notification. Circumstances requiring notification include circumstances that require a need to alter treatment. This may include new treatment or discontinuation of current treatment. Competent individuals: the facility must still contact the resident's physician and notify the resident's representative, if known. A family that wishes to be informed would designate a member to receive calls, when a resident is mentally competent, such as a designated family member should be notified of significant changes in the resident's health status because the resident may not be able to notify them personally, especially in the case of sudden illness or accident. II. Resident #6A. Resident status Resident #6, age [AGE], was admitted on [DATE] and discharged to the hospital on 3/30/26. According to the March 2026 computerized physician's orders (CPO), diagnoses included dementia in other diseases classified elsewhere, mild, frontal lobe and executive function deficit. The 2/11/26 minimum data set (MDS) assessment revealed Resident #6 was cognitively intact with a brief interview for mental status (BIMS) score of 14 out of 15. The resident was dependent on staff for assistance with her activities of daily living (ADL). B. Resident's representative interview Resident #6's representative was interviewed on 4/20/26 at 4:48 p.m. Resident #6's representative said Resident #6 had been on donepezil for her dementia and she was taken off this medication without any discussion with her (the representative). The representative said she was not contacted by the facility prior to the medication being discontinued and she was very upset when she was advised of the discontinuation two months after it was discontinued. C. Record review The pharmacist note, dated 10/30/25, recommended to de-prescribe the donepezil as the medication did not modify disease and there was no current data to show efficacy but there were many unwanted side effects associated with the use. The pharmacist recommended discontinuing the medication. This recommendation was signed by the physician on 12/22/25. The physician's orders documented Resident #6's donepezil HCL 5 mg (milligrams) was discontinued on 1/7/26 at 1:30 p.m. by the physician. -Review of Resident #6's electronic medical record (EMR) did not reveal documentation to indicate that the facility communicated with Resident #6 or Resident #6's representative regarding the pharmacist's recommendation to discontinue the medication or about the actual discontinuation of the medication. The physician's progress note, dated 3/27/26, documented the physician notified Resident #6's representative that Resident #6 had been taken off the donepezil per the pharmacist's request, on 1/7/26, which was upsetting to the resident's representative. The physician apologized to Resident (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
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