Printed: 03/27/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065146	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampden Hills Post Acute	14699 E Hampden Ave Aurora, CO 80014

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20287 Based on interviews and record reviews the facility failed to maintain a clean and sanitary homelike environment for residents. Specifically, the facility failed to ensure residents were provided clean washcloths and hand towels. Findings include: I. Facility policy and procedure The Safe and Homelike Environment policy, revised November 2024, was provided by the nursing home administrator (NHA) on 1/16/25 at 9:22 p.m. It read in pertinent part, In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the residents to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. The characteristics of the homelike environment are a clean, sanitary, orderly environment. Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment. A homelike environment is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. A determination of homelike should include the resident's opinion of the living environment. II. Observations On 1/13/25 at 1:41 p.m. room [ROOM NUMBER] had no hand towels or washcloths.Both of the towel holder bars were broken. On 1/13/25 at 3:35 p.m. room [ROOM NUMBER] had no hand towels or washcloths. On 1/13/25 at 4:38 p.m. room [ROOM NUMBER] had no hand towels or washcloths. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 14699 E Hampden Ave Aurora, CO 80014	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 1/13/25 at 4:02 p.m. room [ROOM NUMBER] had no hand towels or washcloths. On 1/14/25 at 10:02 a.m. room [ROOM NUMBER] had no hand towels or washcloths. On 1/15/25 beginning at 2:06 p.m., the following observations were made: -room [ROOM NUMBER] had no hand towels or washcloths; -room [ROOM NUMBER] had no hand towels or washcloths; -room [ROOM NUMBER] had no hand towels or washcloths; -Room # 1001 had no hand towels or washcloths; -room [ROOM NUMBER] had one wash cloth and no hand towels; -room [ROOM NUMBER] had no hand or washcloths and the towel holder bar was broken; -room [ROOM NUMBER] had no hand towels or washcloths; -room [ROOM NUMBER] had no hand towels or washcloths; -room [ROOM NUMBER] had no hand towels or washclothes. The towel holder bar for the resident on side B of the room was broken; -Room # 2007 had no hand towels or washcloths; -room [ROOM NUMBER] had no hand towels or washcloths; -room [ROOM NUMBER] had no hand towels or washcloths; -room [ROOM NUMBER] had no hand towels or washcloths; -room [ROOM NUMBER] had no hand towels or washcloths; -room [ROOM NUMBER] had one dirty washcloth for the resident on side A of the room and no hand towels or wash cloth for the resident on side B; -room [ROOM NUMBER] had no hand towels or washcloths; -room [ROOM NUMBER] had no hand towels or washcloths; -room [ROOM NUMBER] had one dirty wash cloth for the resident on side A of the room and no hand towels or wash cloth for the resident on side B; -room [ROOM NUMBER] had no hand towels or washcloths; and, -room [ROOM NUMBER] had no hand towels or washcloths. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER: Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE: 14699 E Hampden Ave Aurora, CO 80014	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 1/16/25 at 9:30 a.m. a tour with the director of nursing (DON) and the assistant director of nursing (ADON) was completed. The Golden Gate unit had a linen closet which had 18 towels for approximately 65 residents residing on the unit. The second floor laundry room had no hand towels in any of the three blue linen carts. III. Resident group interview Six alert and oriented residents (#128, #44, #124, #70, #60, and #167), selected by the facility and deemed to be interviewable through facility assessment, were interviewed on 1/15/25 at 10:00 a.m. The residents said the facility did not have enough towels or wash cloths and they frequently could not get a clean hand towel on the days they requested one. The residents said shower days were the most problematic and the facility often ran out of clean towels, especially on days when 10 or more residents on their units took showers. IV. Additional resident interviews Resident #5 was interviewed on 1/13/25 at 4:38 p.m. Resident #5 said he did not have linen hand towels in his room. He said he had to use paper towels to dry his hands. Resident #23 was interviewed on 1/14/25 at 10:05 a.m. Resident #23 said she had no hand towels in her room. She said she had to beg the staff for towels. She said she had been told the facility was short on towels. She said she had used paper towels on her face many times. Resident #24 was interviewed on 1/13/25 at 1:41 p.m. Resident #24 said she did not get linen hand towels in her room. She said she preferred using linen hand towels versus paper towels. V. Staff interviews The DON was interviewed on 1/16/25 at 9:30 a.m. The DON said the nursing staff were responsible for passing out hand towels and wash cloths to the residents. She said hand towels and wash cloths should be passed out on each shift and replaced as needed. She said she was not aware the hand towels were not being passed out. She said she would correct the issue immediately. The housekeeping supervisor (HKS) was interviewed on 1/16/25 at approximately 11:00 a.m. The HKS said the hand towels were in the laundry room, and the certified nurse aides (CNA) were to bring the hand towels to the linen closets as needed. -However, observations revealed there were no hand towels in the second floor laundry room (see observation above). The maintenance director (MTD) was interviewed on 1/16/25 at 2:10 p.m. The MTD said he was not aware that resident rooms had broken and non-functional towel holder bars. He said he had a handwritten checklist of repairs to be made and showed that towel holder bar repairs were not on the list. The MTD said the nursing staff should have reported the broken towel holder bars so they could have been repaired and made functional to hold residents' towels and washcloths. VI. Facility follow up (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065146	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampden Hills Post Acute	14699 E Hampden Ave Aurora, CO 80014

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 1/16/25 at 2:06 p.m. the DON provided an audit of all the residents' rooms which was conducted on 1/16/25, during the survey. The audit revealed 22 resident rooms had broken towel holder bars. She said all of the broken towel holder bars were getting replaced as soon as possible.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 14699 E Hampden Ave Aurora, CO 80014	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41032 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 three (#35, #34 and #25) of 10 residents out of 59 sample residents. Specifically, the facility failed to: -Ensure Resident #35 was provided with assistance for oral care and proper nail care; -Ensure Resident #34 was provided with assistance for oral care and repositioning; and, -Ensure Resident #25 was provided with assistance for repositioning. Findings include: I. Facility policy and procedure The Activities of Daily Living (ADL) policy, revised September 2024, was provided by the nursing home administrator (NHA) on 1/16/25 at 9:28 p.m. It read in pertinent part, Residents who are unable to carry out ADLs will receive necessary services or support from staff regarding specific needs including eating, grooming, personal hygiene, communication, oral hygiene, transfers and ambulation. II. Resident #35 A. Resident status Resident #35, age greater than 65, was admitted on [DATE]. According to the January 2025 computerized physician orders (CPO), diagnoses included degeneration of the brain, vascular dementia and need for assistance with personal care. The 10/1/24 minimum data set (MDS) assessment revealed the resident had severe cognitive impairment and was unable to participate in the brief interview for mental status (BIMS). The resident was assessed to have difficulty focusing attention and had disorganized thinking with an altered level of consciousness. The assessment indicated the resident was dependent on staff to complete most ADLs and needed maximal assistance to complete oral hygiene. B. Resident observation and interview On 1/13/25 at 10:28 a.m. Resident #35 was in bed. Resident #35's teeth had a heavy build-up of whitish matter on the surface of his teeth and in between each visible tooth on the top and bottom jaw. His nails were long, jagged and dirty. Because his fingers were contracted, the tips of his nails were resting directly on his palms. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 14699 E Hampden Ave Aurora, CO 80014	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #35 was interviewed on 1/13/25 at 10:29 a.m. Resident #35 said he felt terrible and shook his head yes when asked if he was thirsty and wanted his teeth brushed. Resident #35 tried to extend his finger to move his nails from resting on his palm but he was unable to move his fingers far enough to relieve the pressure on his palms. On 1/14/25 at 8:05 a.m. Resident #35's nails were still long and dirty and his teeth were still covered with a thick layer of white buildup. C. Resident representative interview Resident#35's representative was interviewed on 1/15/25 at 11:30 a.m. The representative said facility staff had been avoiding providing consistent care and had not been brushing the Resident #35's teeth lately. The representative said that hospice care aides came in a couple of times a week and used an oral swab to remove the food buildup on his teeth and other than the oral care she provided, the resident's teeth were not being cleaned. The representative said the nursing staff was not cutting or cleaning the resident's nails so she brought in nail clippers and cut his nails for him. D. Record review Resident #35's comprehensive care plan, revised 3/7/24, documented a care focus that the resident had a self-care performance deficit related to peripheral neuropathy and mild cognitive impairment. Interventions documented Resident #35 required substantial to maximal assistance from staff to complete oral care and personal hygiene. -There was no care focus for nail care, cleaning nails or maintaining trimmed nails to protect skin integrity. Resident #35's bedside Kardex (care plan instruction for the certified nurse aides (CNA) documented a skincare focus with interventions that included encouraging the resident to avoid scratching and keeping the resident's hands and body parts from excessive moisture and keeping the resident's fingernails short. E. Staff interviews Certified nurse aide (CNA) #8 was interviewed on 1/14/25 at 1:10 p.m. CNA #8 said Resident #35 was dependent on staff for the completion of all ADLs. CNA #35 observed Resident #35's teeth and acknowledged they needed to be cleaned. CNA #8 said the nurse would cut the resident's nails. Licensed practical nurse (LPN) #5 was interviewed on 1/14/25 at 1:55 p.m. LPN #5 said Resident #35 required total assistance with brushing her teeth and the CNAs would trim the resident's nails on both days. LPN #5 said it was the hospice CNAs responsibility to assist the resident with grooming tasks when they came to the facility to work with the resident. LPN #5 said he would follow up with the resident's care needs and ask the facility CNAs to provide the needed care. 20287 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 14699 E Hampden Ave Aurora, CO 80014	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	III. Resident #34 A. Resident status Resident #34, age 72, was admitted on [DATE]. According to the January 2025 (CPO), diagnoses included multiple sclerosis (MS). The 10/1/24 MDS assessment revealed the resident had minimal cognitive impairment with a BIMS score of 13 out of 15. The resident required partial assistance with oral hygiene and total assistance with repositioning. B. Failed to provide oral care 1. Resident interview and observation Resident #34 was interviewed on 1/13/25 at 1:42 p.m. Resident #34 said she had not had her teeth brushed for some time. She said she needed to tell the staff to brush her teeth because they did not help her. The resident had foul smelling breath and a white substance visible on her upper teeth. Resident #34 was interviewed a second time on 1/15/25 at 10:08 a.m. Resident #34 said she had not had her teeth brushed. She continued to have foul smelling breath and the white substance was still visible on her upper teeth. On 1/15/25 at 10:24 a.m. CNA #3 brushed Resident #34's teeth. The resident did not participate in the teeth brushing task. After her teeth were brushed, Resident #34 said she felt so much better. 2. Record review Resident #34's care plan, revised 12/30/24, identified the resident had a self-care performance deficit related to MS, muscle spasms and glaucoma. Pertinent interventions included providing the resident with partial to moderate assistance with teeth brushing. Review of the CNA task documentation for Resident #34's oral care revealed the resident was set up to brush her teeth on 1/13/25, 1/14/25 and 1/15/25. -There was no other documentation to indicate the CNAs had provided assistance with Resident #34's oral care. 3. Staff interviews CNA #1 was interviewed on 1/15/25 at 10:19 a.m. CNA #1 observed Resident #34's mouth and teeth. CNA #1 said the resident had foul smelling breath and she had a white substance on her teeth which indicated her teeth had not been brushed. Registered nurse (RN) #2, who was the unit manager for the Golden Gate unit, was interviewed on 1/15/25 at 12:35 p.m. RN #2 said Resident #34 required full staff assistance with brushing her teeth. She said residents' teeth should be brushed in the morning and the evening. She said she would talk with the staff in regards to the importance of brushing residents' teeth. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 14699 E Hampden Ave Aurora, CO 80014	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The director of nursing (DON) was interviewed on 1/15/25 at 6:00 p.m. The DON said residents' teeth should be brushed twice a day, once in the morning and again before bed. C. Failed to provide repositioning 1. Resident interview Resident #34 was interviewed on 1/13/25 at 1:42 p.m. Resident #34 said she was assisted by staff to get out of bed in the morning, sometimes as early as 6:00 a.m. The resident said she stayed up in her wheelchair until the staff laid her back down in the afternoon. She said a mechanical lift was used for her transfers and the staff did not reposition her during the time she was up in her wheelchair. Resident #34 said she had been a registered nurse and she knew she needed to be repositioned more frequently. She said her bottom got sore from not being repositioned but she said she did not have any open areas on her bottom. Resident #34 was interviewed a second time on 1/15/25 at 10:08 a.m. Resident #34 said staff got her out of bed at approximately 7:00 a.m. that morning (1/15/25). 2. Resident observations On 1/15/25 at 7:55 a.m. Resident #34 was sitting up in her wheelchair in the common area. During a continuous observation on 1/15/25, beginning at 8:44 a.m. and ending at 12:35 p.m., the following was observed: At 8:44 a.m. Resident #34 was sitting in the common area in her wheelchair. The reclining wheelchair was slightly tilted backward. At 9:01 a.m. the resident was visiting with her husband. The resident was assisted to another common area for visiting in private. At 10:00 a.m. Resident #34 was assisted back to the common area after her visit with her husband. At 10:05 a.m. CNA #1 assisted Resident #34 to her room so he could administer an injection. CNA #1 did not offer to reposition the resident. At 10:24 a.m. CNA #3 assisted Resident #34 with brushing her teeth. CNA #3 did not offer to reposition the resident. At 10:36 a.m. Resident #34 was assisted to an activity. At 11:00 a.m. CNA #4 assisted the resident from the activity and transported her to the dining room in her wheelchair. CNA #4 did not offer to reposition the resident. At 12:18 p.m. Resident #34 was assisted away from the dining room and transported back to her room. The resident asked to lay down and the unidentified CNA told the resident that CNA #3 would be back later. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER: Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE: 14699 E Hampden Ave, Aurora, CO 80014	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	At 12:42 p.m. Resident #34 was laid down in bed with the use of the mechanical hoyer lift. -Resident #34 was in her wheelchair for three hours and 58 minutes during the continuous observation without being provided or offered repositioning assistance from the staff. 3. Record review Resident #34's care plan, revised 12/30/24, identified the resident had a potential for pressure ulcer development related to MS and weakness. The resident had a history of pressure injuries. Pertinent interventions included repositioning the resident throughout the night as the resident would tolerate. -The care plan did not include how often to offer the resident assistance with repositioning while she was in her wheelchair. 4. Staff interview Registered nurse (RN) #2 was interviewed on 1/15/25 at 12:35 p.m. RN #2 said the resident required full staff assistance with a mechanical lift for transfers. She said the resident was unable to reposition herself. She said Resident #34 was at risk for pressure injuries and the resident should be repositioned at least every two hours. RN #2 said staff had been trained to offer the every two hour repositioning to the resident. -However, observations revealed staff did not offer to reposition Resident #34 for almost four hours when she was sitting up in her wheelchair (see observations above). 52045 IV. Resident #25 A. Resident status Resident #25, age less than 65, was admitted on [DATE]. According to the January 2025 CPO, diagnoses included history of urinary tract infections, pressure ulcer of the right buttock (stage 4), multiple sclerosis, Parkinson's disease and quadriplegia. The 1/10/25 MDS assessment revealed the resident was cognitively intact with a BIMS score of 13 out of 15. She required maximum staff assistance with transfers, toileting and showering. B. Resident observation and interview On 1/13/25 at 10:30 a.m. Resident #25 was in her room sitting in her wheelchair and leaning to her left side. On 1/13/25 at 2:00 p.m. Resident #25 was in her room sitting in her wheelchair and leaning to her left side. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 14699 E Hampden Ave Aurora, CO 80014	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #25 was interviewed on 1/13/25 at 2:30 p.m. Resident #25 said she was left in her wheelchair all day even though she asked staff to put her back to bed after breakfast. Resident #25 said staff had not repositioned her since getting into her wheelchair at 6:00 a.m. this morning (1/13/25). On 1/13/25 at 3:34 p.m. Resident #25 was in her room still sitting in her wheelchair, in the same position, leaning to the left side. CNA #2 and RN #2 entered the resident's room with a mechanical lift to put Resident #25 to bed. Resident #25 was interviewed on 1/15/25 at 8:30 a.m. Resident #25 said CNA #2 got her up at 6:00 a.m. this morning (1/15/25). Resident #25 said she requested to stay in bed until 9:00 a.m. but she was told by CNA #2 that she had to get out of bed. Resident #25 said she was uncomfortable in her wheelchair because it was too small but staff did not give her any other option. On 1/15/25 during a continuous observation, beginning at 8:30 a.m. and ending at 12:30 p.m., the following was observed: At 8:30 a.m. Resident #25 was in her room sitting in her wheelchair and leaning to the left side. At 9:57 a.m., director of rehabiliation (DOR) entered Resident #25's room and asked Resident #25 if she wore her pressure-relieving boots all the time. At 11:35 a.m., a CNA #1 entered Resident #25's room and escorted the resident to the dining room for lunch. CNA #1 did not assist or offer to reposition the resident before taking the resident to the dining room. At 12:15 p.m. a CNA #1 assisted Resident #25 back to her room. CNA #1 did not reposition the resident. The resident was left sitting up in her wheelchair in her room. At 12:21 p.m., Resident #25 put her call bell on requesting to go to bed. CNA #1 entered the resident's room and told Resident #25 she had to wait for CNA #2 to return from break. Resident #25 was interviewed on 1/15/25 at 12:30 p.m. Resident #25 said she asked to go back to bed and was told that she had to wait until CNA #2 returned because CNA #2 went to lunch. At 12:50 p.m. CNA #1 and CNA #2 entered Resident #25's room and transferred her to bed. -Resident #25 sat up in her wheelchair in the same position without repositioning for four hours and 20 minutes. D. Record Review Review of the comprehensive care plan, revised on 11/4/24, revealed Resident #25 had a pressure ulcer on her buttock. The care focus goal was for the resident's pressure ulcer to show signs of healing. Interventions included frequent repositioning with staff assistance. The bedside Kardex, dated 1/14/25, revealed staff should offer and encourage Resident #25 to accept turning and repositioning assistance, as necessary. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampden Hills Post Acute	14699 E Hampden Ave Aurora, CO 80014

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's electronic medical record (EMR) ADL task response history revealed Resident #25 did not refuse any offers for repositioning from staff. E. Staff interviews RN #2 was interviewed on 1/15/25 at 12:35 p.m. RN #2 said offloading, turning and repositioning for residents who were unable to perform the task on their own should be provided by staff every two hours. The DON and the assistant director of nursing (ADON) were interviewed together on 1/16/25 at 5:46 p.m. The DON said physically dependent residents needed to be repositioned every two hours or more frequently if the resident had a pressure wound. The DON said the CNAs were trained on the importance of repositioning dependent residents to relieve pressure points. -Documentation of the last resident positioning training for staff was requested but was not provided by the facility as of the conclusion of the survey on 1/16/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 14699 E Hampden Ave Aurora, CO 80014	

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42838 Based on observations, record reviews and interviews, the facility failed to ensure proper treatment and assistive device to maintain hearing abilities for one (#138) of three residents reviewed for hearing and vision services out of 59 sample residents. Specifically, the facility failed to provide a hearing exam for Resident #138 when requested Findings include: I. Facility policy and procedure The Hearing policy, revised April 2024, was provided by the nursing home administrator (NHA) on 1/16/25 at 7:00 p.m. It read in pertinent part It is the policy of this facility to ensure that all residents have access to hearing and vision services and receive adaptive equipment as indicated. The facility will utilize the comprehensive assessment process for identifying and assessing a resident's vision and hearing abilities in order to provide person-centered care. This process includes: obtaining history from medical records, the family, and the resident regarding hearing and vision abilities, MDS (minimum data set) and care area assessments, ongoing monitoring of sensory problems, care plan development and implementation and evaluation. II. Resident # 138 A. Resident status Resident #138, age 68, was admitted on [DATE]. According to the January 2025 computerized physician orders (CPO), diagnoses include anxiety disorder, hypothyroidism and dysphagia (difficulty swallowing). The 12/13/24 minimum data set (MDS) assessment revealed the resident was cognitively intact with a brief interview for mental status (BIMS) score of 14 out of 15. The MDS assessment indicated the resident did not have any hearing concerns. B. Resident interview Resident #138 was interviewed on 1/13/25 at 11:12 a.m. Resident #138 said he needed to see an audiologist (hearing doctor) because his hearing was worsening and he wanted to get hearing aides. Resident #138 said he told staff about his concerns but the facility was not helping him to see the audiologist. Resident #138 was interviewed again on 1/16/25 at 8:42 a.m. Resident #138 said he had not had any hearing appointments since he had been admitted to the facility on [DATE]. Resident #138 said he just wanted his hearing tested and that he had spoken to the staff about trying to make an appointment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER: Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE: 14699 E Hampden Ave Aurora, CO 80014	

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	C. Record Review A progress note, dated 12/7/24, documented Resident #138 had poor hearing and he did not have hearing aids. -Review of Resident #138's electronic medical record (EMR) did not reveal documentation that the resident had seen the audiologist. -Review of Resident #138's EMR did not revealed documentation indicating the facility provided the resident education regarding the consent form to receive hearing services (see interview below). D. Staff interview Social services assistant (SSA) #2 was interviewed on 1/16/25 at 2:51 p.m. SSA #2 said Resident #138 told her he wanted to see the audiologist but when he refused to sign the consent to get hearing services, she did not proceed. SSA #2 said because the resident would not sign the consent for treatment the audiologist would not have agreed to see the resident. She said she was not sure if the resident understood the nature of the consent but thought it was probably explained to him. SSA #2 said she had not asked the audiologist if the resident could give verbal consent with a witness since he did not want to sign the consent document. SSA #2 said she would follow up with Resident #138 about the consent form and hearing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER: Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE: 14699 E Hampden Ave Aurora, CO 80014	

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42838 Based on observations, record review and interviews, the facility failed to assist residents to obtain routine or emergency dental services, as needed, for two (#60 and #23) of two residents out of 59 sample residents. Specifically, the facility failed to: -Follow up on a social services referral for denture replacements for Resident #60; and, -Place a timely referral for dental services for Resident #23. Findings include: I. Facility policy and procedure The Dental Policy, revised October 2024, was provided by the nursing home administrator (NHA) on 1/16/25 at 7:00 p.m. It read in pertinent part, It is the policy of this facility, in accordance with residents' needs, to promptly assist residents in obtaining routine (to the extent covered under the State plan) and emergency dental care. Routine dental services means an annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings (new and repairs), minor partial or full denture adjustments, smoothing of broken teeth, and limited prosthodontic procedures, taking impressions for dentures and fitting dentures. Emergency dental services includes services needed to treat an episode of acute pain in teeth, gums, or palate, broken, or otherwise damaged teeth, or any other problem of the oral cavity that required immediate attention by a dentist. Promptly means within 3 (three) business days or less from the time the loss or damage to dentures or need for emergent services is identified unless the facility can provide documentation of extenuating circumstances that resulted in the delay. II. Resident #60 A. Resident status Resident #60 age 78, was admitted on [DATE]. According to the January 2025 computerized physician orders (CPO), diagnoses included dementia, anxiety and depression. The 12/27/24 minimum data set (MDS) assessment revealed the resident was moderately cognitively intact with a brief interview for mental health status (BIMS) score of 10 out of 15. The MDS assessment did not document any dental concerns or problems. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 14699 E Hampden Ave Aurora, CO 80014	

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	B. Resident interviews Resident #60 was interviewed on 1/15/25 at 10:30 a.m. Resident #60 said she had been waiting for her new dentures for the past seven months. She said the facility was supposed to be assisting her through the process and she had not heard anything since her admission to the facility regarding the status of her dentures. Resident #60 said not having dentures was problematic and bothered her because she was having a hard time chewing. Resident #60 was interviewed a second time on 1/16/25 at 12:10 p.m. Resident #60 said she required both upper and lower dentures and could only eat soft foods at this time. Resident #60 said she needed to eat slowly in order to chew her food due to needing dentures. She said she wanted dentures. C. Record review The comprehensive care plan, initiated on 2/27/24, documented a care focus for activities of daily living (ADL) self-care performance deficit. The goal was the resident would safely perform ADLs with appropriate assistance. Interventions included oral hygiene and indicated the resident was waiting for dentures (initiated on 3/11/24). The nutrition note dated 3/4/24 documented Resident #60 told the nurse that her appetite had been good and she had been eating her meals. The resident reported she had no teeth but she was supposed to be getting dentures soon. -However, the note did not document who was helping the resident obtain her dentures or when they would be arriving. The social services note dated 3/4/24 documented the resident wore dentures but did not have dentures at that time. The note documented that the social worker sent a referral for new dentures and the new dentures would be coming in about two months (May 2024). The social services note dated 6/3/24 documented Resident #60 used dentures. -However, Resident #60 did not have dentures during the interviews on 1/15/25 and 1/16/25 (see resident interviews above). -Review of Resident #60's progress notes revealed there was no documentation to indicate the facility had followed up when the resident's dentures did not arrive at the facility. D. Staff interviews Social services assistant (SSA) #2 was interviewed on 1/16/25 at 12:29 p.m. SSA#2 said she was not aware of any dental concerns for Resident #60 and she did not know the resident was still waiting for dentures. SSA#2 said she would have to check into the status of the resident's dentures. SSA #2 said, from what she remembered, the social services department initially thought Resident #60 had been fitted for dentures but realized that was not the case, so a denture referral was placed for the resident in March 2024. SSA #2 said she would follow up. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 14699 E Hampden Ave Aurora, CO 80014	

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	20287 III. Resident #23 A. Resident status Resident #23, age 73, was admitted on [DATE]. According to the January 2025 CPO, diagnoses included unspecified protein-calorie malnutrition and type 2 diabetes. The 11/5/24 MDS assessment revealed the resident had no cognitive impairments with a brief interview for mental status (BIMS) score of 15 out of 15. The 4/9/24 MDS assessment revealed the resident had no natural teeth or tooth fragments (edentulous). B. Resident interview and observation Resident #23 was interviewed on 1/14/25 at 10:06 a.m. Resident #23 was wearing an upper set of dentures, but she was not wearing a lower denture. Resident #23 said her bottom denture was missing. She said she ate in bed and she snacked on cheetos. She said without her bottom denture she had difficulty eating. She said she was told by a social worker that, because she had received dentures within the past two years, she could not get a replacement for her bottom denture due to cost. C. Record review The nutrition assessment dated [DATE] documented Resident #23 used to have a full set of dentures, however, she now only had the upper dentures. The resident denied having difficulty with eating. The care plan, updated 6/4/24, identified that Resident #23 had the potential for oral health problems related to being edentulous (no teeth). Pertinent interventions included assisting the resident with dental appointments. -Review of Resident #23's electronic medical record (EMR) did not reveal any documentation to indicate the resident had been referred to the dentist for follow up regarding her missing lower denture. D. Staff interviews The social services director (SSD) was interviewed on 1/16/25 at 8:00 a.m. The SSD said she was not aware Resident #23 was missing her lower dentures because another social worker maintained the ancillary appointments for residents. She said she would look into the situation. The nursing home administrator (NHA) was interviewed on 1/16/25 at approximately 5:00 p.m. The NHA said if the facility was made aware that a resident had lost their dentures, the facility would pay for new dentures when there was no other funding available to the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 14699 E Hampden Ave Aurora, CO 80014	

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	SSA #1 was interviewed on 1/16/25 at 6:30 p.m. SSA #1 confirmed Resident #23 did not have lower dentures. She said she was told the resident's dentures were lost and found several times. However, she said the facility had been unable to locate Resident #23's lower dentures since November 2024. SSA #1 said the resident was currently on the list to see the dentist. SSA #1 was interviewed a second time on 1/16/25 at 6:52 p.m. SSA #1 said Resident #23 had just been placed on the dentist list earlier today (1/16/25). She said there was no documentation regarding the resident's missing dentures in the resident's EMR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 14699 E Hampden Ave Aurora, CO 80014	

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 51711 Based on observations, record review and interviews, the facility failed to ensure menus were followed to meet the resident's nutritional needs. Specifically, the facility failed to: -Follow the correct portion sizes to ensure adequate nutrition was provided to the residents; and, -Follow the weekly menu to ensure adequate nutrition was provided to the residents. Findings include: I. Facility policy and procedure The Food and Nutrition Services, Menus policy, dated August 2019, was provided by the nursing home administrator (NHA) on 1/16/25 at 9:28 p.m. It revealed in pertinent part, This facility's menus and extensions shall be prepared in advance. Menus procedures: If any meal served varies from the planned menu, the change and the reason for the change are noted in the kitchen and /or in the record book used solely for recording such changes; these changes are to be reviewed and approved by the dietitian. Menu spreadsheets are utilized to ensure all menu items are served at the correct portion sizes. II. Failure to follow the correct portion sizes to ensure adequate nutrition was provided to the residents. A. Observations and record review During a continuous observation during the lunch meal on 1/15/25, beginning at 11:15 a.m. and ending at 12:08 p.m., the following was observed: An unidentified dietary aide placed one gray #8 scoop of tortellini on each resident's meal trays who received a regular diet. -The menu extensions documented residents who received a regular diet should have received two gray #8 scoops of tortellini. III. Failure to follow the weekly menu to ensure adequate nutrition was provided to the residents A. Observations and record review Review of the menu and the menu extensions for the 1/14/25 dinner meal revealed that 2% (percent) milk was to be served with dinner. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 14699 E Hampden Ave Aurora, CO 80014	

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a continuous observation on 1/14/25 of the dinner service, beginning at 4:17 p.m. and ending at 5:43 p.m., in the main and second floor dining rooms, the following was observed: -The dietary aides in the main and second floor dining rooms did not offer or serve residents milk as a beverage during the observation period. They offered coffee and juice instead. The dietary aides did not offer a dairy substitute to the residents. IV. Staff interviews The dietary consultant (DC) and the registered dietitian (RD) were interviewed together on 1/15/25 at 3:36 p. m. The DC said during the lunch meal on 11/15/25 the wrong amount of tortellini was served. She said two scoops, using the gray #8 scoops of tortellini should have been served. The DC and the RD were interviewed again on 1/16/25 at 3:09 p.m. The DC said the calorie count was inclusive of all items noted on the menu for the day. The DC said the milk should be offered, however, if the resident refused the milk, an alternative to the milk should be offered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 14699 E Hampden Ave Aurora, CO 80014	

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46849 Based on record review and interviews, the facility failed to ensure specialized rehabilitative services to maintain highest practicable level of functioning for one (#158) of two residents reviewed for specialized rehabilitative services out of 59 sample residents. Specifically, the facility failed to ensure services for Residents #158 were provided to maintain the residents highest practicable levels of functioning. Findings include: I. Resident #158 A. Resident status Resident #158, age 85, was admitted on [DATE]. According to the January 2025 computerized physician orders (CPO), diagnoses included stroke, polyneuropathy and adult failure to thrive. The 11/20/24 minimum data set (MDS) assessment revealed the resident had severe cognitive impairment with a brief interview for mental status (BIMS) score of six out of 15. He required extensive assistance for bed mobility, repositioning, bathing, dressing, transferring and toilet use. Staff provided only set up assistance for meals. The MDS assessment indicated the resident had no deficits with swallowing or eating and was not receiving speech therapy services. B. Resident observation and interview Resident #158 was interviewed 1/14/25 at 4:30 p.m. Resident #158 said the facility sometimes helped him eat his meals in his room and other times the staff just left his tray on the bedside table for him to feed himself. He was unable to say how long this had been occurring. On 1/15/25 at 6:10 p.m. Resident #158 was in his room. A staff member brought in his meal tray and left it on his bedside table. The staff member did not remain in the resident's room to assist the resident with eating. II. Record review The January 2025 CPO revealed the following physician orders: ST (speech therapist) to evaluate and treat related to pocketing food in the mouth and intermittent cough when swallowing, ordered on 12/15/24. Regular diet, mechanical soft texture, thin liquids consistency, ordered on 12/21/24. Supplement shakes two times a day for weight maintenance, ordered on 1/6/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Hampden Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 14699 E Hampden Ave Aurora, CO 80014	

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #158's nutrition care plan, revised 12/20/24, revealed the resident had nutritional deficits related to a history of throat cancer. Interventions included to provide and serve diet as ordered. -The care plan failed to identify the degree of eating assistance or monitoring the resident required. -Review of Resident #158's comprehensive care plan revealed there was no speech therapy care plan focus related to pocketing food or intermittent coughing when swallowing for the resident. A review of Resident #158's electronic medical record (EMR) from 12/15/24 to 1/16/25 revealed the following progress notes: A nursing note, dated 12/15/24, revealed Resident #158 was noted to have a generalized decline as evidenced by being more lethargic and sleepier. The staff encouraged fluids and assisted the resident with the meal. The resident was observed by nursing to be pocketing food and fell asleep while he was eating. The nurse had to remain with the resident to provide cueing to ensure he swallowed his food. The nurse notified the physician and an order for speech therapy was obtained. A registered dietitian (RD) nutrition note, dated 12/20/24, revealed Resident #158 had triggered for an 8 pound (lb) weight loss since 11/22/24. The note indicated the potential cause of the weight change may have been related to increased confusion, lethargy, difficulty swallowing and decreased intake. A RD nutrition note, dated 1/6/25, revealed the RD had changed Resident #158's diet order on 12/21/24 to mechanical soft texture. -Despite the documentation in the progress notes that Resident #158 was having difficulty with swallowing and had been noted to have an 8 lb weight loss, there was no documentation in the resident's EMR to indicate that a speech therapy evaluation had been completed (see physician's order above). III. Staff interviews The director of rehabilitation (DOR) and the speech therapist (ST) were interviewed together on 1/15/25 at 2:09 p.m. The DOT said Resident #158 had been receiving physical and occupational therapy for balance, transfers and general functional mobility with upper extremities. The DOT said the resident had not received speech therapy. The DOT said orders for therapy services were communicated in the morning management meetings, during the Risk Management meeting or the nurses reached out to the therapy department directly. The DOT said he was unable to explain why the 12/15/24 physician's order for a speech therapy evaluation for Resident #158 had not been completed by the therapy department. The ST said she would complete an evaluation with the resident by the end of the day (1/15/25). Certified nurse aide (CNA) #7 was interviewed on 1/15/25 at 2:38 p.m. CNA #7 said the staff did not provide Resident #158 with eating assistance. CNA #7 said the resident ate in his room and the staff checked on him because he ate slowly but the staff did not assist him with eating. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampden Hills Post Acute	14699 E Hampden Ave Aurora, CO 80014

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The director of nursing (DON) was interviewed on 1/16/25 at 3:49 p.m. The DON said the nursing department communicated new physician's orders for therapy in the morning management meetings, where the therapy department was in attendance. The DON said the therapy department also reviewed the daily physician order reports. The DON acknowledged the facility did not have an explanation for why the 12/15/24 speech therapy evaluation order for Resident #158 was missed.