

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2024
NAME OF PROVIDER OR SUPPLIER  Malley Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  401 Malley Dr Northglenn, CO 80233	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 09262</p> <p>Based on observation, record review, interview, and policy review, the facility failed to 1.) maintain a comfortable temperature for residents in their rooms and hallway for two of three units (West unit and the East unit), and 2.) maintain the residents' wheelchairs in a condition that was in good repair. Specifically, the wheelchair arms for seven of 78 residents' wheelchairs (Resident (R) 64, R239, R8, R240, R1, R118, and R117) were cracked and missing vinyl exposing the white material underneath. This failure prevented the cleaning and sanitizing of the wheelchair arm rests.</p> <p>Findings include:</p> <p>1.</p> <p>a. Interview on 09/23/24 at 12:03 PM, R24 stated that her room gets hot and that she needs to use her fan. She stated that the room is not air conditioned (AC) and that the AC was in the hallway.</p> <p>Review of R24's electronic medical record (EMR) Care Plan tab revealed R24's annual Minimum Data Set (MDS), with an assessment referent date of 06/20/24, indicated a Brief Interview of Mental Status (BIMS) score of 14 out of 15, indicating the resident's cognition was intact.</p> <p>b. Interview on 09/23/24 at 12:11 PM, R1 stated that her room was hot, and she has to use her fan.</p> <p>Review of R1's EMR Care Plan tab revealed a quarterly MDS, with an ARD of 08/22/24, which indicated a BIMS score of 15 out of 15, indicating the resident's cognition was intact.</p> <p>c. Interview on 09/23/24 at 1:30 PM, R40 stated that it was very hot in her room last night.</p> <p>Review of R40's EMR Care Plan tab revealed a quarterly MDS, with an ARD of 07/25/25, which indicated a BIMS score of 15 out of 15, indicating the resident's cognition was intact.</p> <p>d. Review of R94's admission MDS, with an ARD of 07/23/24 and located in the resident's EMR section titled MDS, documented that the resident was cognitively intact and able to make decisions for herself.</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
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 09/23/24 at 11:15 AM revealed R94's room was stifling hot. There was no air coming from the air conditioning vents.</p> <p>During an interview with R94 on 09/23/24 at 1:30 PM, the resident stated that her room was hot as hell. R94 noted that she had complained several times to the staff and the Administrator, but nothing was ever done.</p> <p>Interview with the Director of Nursing (DON) on 09/23/24 at 1:42 PM, the DON stated the rooms do not have AC in them and that the hallways have the AC.</p> <p>Interview with the Maintenance Director on 09/23/24 at 2:43 PM, he confirmed that the residents' room do not have AC and that the AC was in the hallways. The Maintenance Director stated that when he checks the residents' hot water temperature in their bathrooms, he notices if the rooms are hot. He stated that he does not have any documentation of checking the residents' ambient room temperatures.</p> <p>During an interview on 9/24/24 at 11:10 AM, Certified Nursing Aide (CNA) 5 revealed the night shift usually turned the heat on at night because it was too cold, and the day shift must turn the heat off in the morning.</p> <p>During the tour of the residents' rooms throughout the facility and the thermostats on each hallway at 09/25/24 at 4:30 PM, the following observations were made of the thermostats.</p> <p>Observation on the [NAME] unit of the thermostat near room [ROOM NUMBER]B, revealed it was turned off. The Maintenance Director stated when the thermostat is turned off, there is no AC in that hallway and that causes the rooms on that hallway to feel warm. When the Maintenance Director turned on the thermostat and the AC came on, the hallway was 79.0 degrees Fahrenheit (F).</p> <p>Observation on the [NAME] unit of the thermostat in the hallway outside of the beauty shop, revealed it was turned off. When the Maintenance Director turned on the thermostat and there was AC, the temperature in the hallways was 77 degrees F.</p> <p>Observation of the East unit nurses' station revealed the thermostat was turned off, and when the Maintenance Director turned on the thermostat and there was AC, the temperature was 75.0 degrees F.</p> <p>Review of the facility's policy titled, Safe and Homelike Environment, dated 2024 and provided by the Administrator indicated, . 7. The facility will maintain comfortable and safe temperature levels. a. The facility should strive to keep the temperature in common resident areas between 71 and 81 degrees F .</p> <p>2. During the tour of the facility on 09/25/24 at 4:30 PM, the following observations were made of the residents' wheelchair arm rests:</p> <p>R64, R239, R8, R240, R1, R118 and R117's wheelchair arm rests were cracked, exposing the white material below.</p> <p>Interview with the Maintenance Director on 09/25/24 at 4:53 PM, he stated that the Rehabilitation department or restorative nursing was responsible for the replacement of the damaged wheelchair arm rests.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's policy titled, Wheelchair Management, dated 03/2024 and provided by the Administrator, indicated, . 5. The facility will maintain the wheelchair by providing maintenance as needed .</p>