

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065202	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Cedars Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1599 Ingalls St Lakewood, CO 80214	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41032</p> <p>Based on record review and interviews, the facility failed to ensure one (#1) of three residents out of five sample residents received treatment and care for optimal skin condition of a contracted hand, in accordance with professional standards of practice.</p> <p>Specifically, the facility did not provide adequate skin care to prevent skin breakdown in Resident #1's contracted hands and between the resident's fingers and the thumb.</p> <p>Findings include:</p> <p>I. Professional reference</p> <p>According to the [NAME] Health NHS Foundation Trust Hand Contractures, February 2022, retrieved on 8/28/24, from https://www.oxfordhealth.nhs.uk/wp-content/uploads/sites/24/2023/06/1.6.3-Hand-Contractures-Advice-Sheet-for-Care-Homes.pdf,</p> <p>It is vital to adequately manage this condition in order to prevent pressure sores and skin breakdown in the palm and fingers.</p> <p>Once a hand contracture is present it can become very painful. Movements can be uncomfortable, but it is essential to maintain adequate hand hygiene;</p> <p>Hand hygiene is essential management of hand contractures. This should be achieved by regular washing and drying of the hand at least two to three times a day. It is especially important to ensure the skin is properly dry. If the skin is wet/sweaty this increases the changes to the normal skin barrier and can lead to breakdown, sores and infections. Allowing a little time to dry the hand will prevent skin from breaking down and prevent odor, which can become offensive. Also, ensure nails are regularly cut to prevent digging into the hand.</p> <p>II. Facility policy and procedure</p> <p>On 8/20/24 a request was made to the director of nursing (DON) for the facility's policy on contracture management and skin integrity management.</p> <p>-The facility did not provide any policies by the end of the survey on 8/20/24.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>III. Resident #1</p> <p>A. Resident status</p> <p>Resident #1, age less than 65, was admitted to the facility on [DATE]. According to the computerized physician's orders (CPO), diagnoses included quadriplegia (paralysis of all four limbs), traumatic brain injury and muscle contractures to several body parts.</p> <p>The 7/30/24 minimum data set (MDS) assessment documented the resident had moderately impaired cognition with a brief interview for mental status (BIMS) score of eight out of 15. The resident had contractures to several body parts. The resident was dependent upon staff for mobility and was unable to perform some positioning due to a medical condition. The resident was at risk of developing pressure injuries.</p> <p>B. Observations</p> <p>Resident #1 was observed in bed on 8/19/24 at 11:22 a.m. and 8/20/24 at 3:12 p.m. Resident #1 had contractures in both his right and left hands where his fingers were resting on the palms of his hands. The resident was wearing a splint on his right hand and his left hand had a bandage on the thumb and a small single gauze pad, folded in half, between each of his fingers. There was no type of absorbent material in the palm of either hand to absorb moisture buildup and protect the palms from skin breakdown.</p> <p>C. Resident and family interview</p> <p>A resident family representative was interviewed on 8/19/24 at 10:00 a.m. The representative said Resident #1 had developed sores on his hands from his contracted fingers and the nursing staff were not providing consistent preventative care. The representative said that family members were supplementing hand hygiene when nursing staff did not provide the necessary care to maintain the resident's skin integrity. The resident's representative said the resident's hands frequently had a foul odor, there was redness between his fingers and his palms and his fingers were often overly moist from sweat buildup and lack of proper hygiene.</p> <p>Resident #1 and his family representative were interviewed on 8/19/24 at 11:32 a.m. The family representative said they had to continually remind the nursing staff to place protective materials in the resident's hand to prevent skin injury from pressure and moisture build-up.</p> <p>Resident #1 was interviewed on 8/20/24 at 2:15 p.m. Resident #1 said he did not want to wear his splints but he was agreeable to the gauze being placed between his fingers and said the nurses did not place any gauze or other absorbing materials between his contracted fingers or where they rested on his hand and palms.</p> <p>D. Record review</p> <p>An admission progress note dated 4/22/24 documented Resident #1's hospital diagnoses including severe spasticity, left facial asymmetry, bilateral upper extremities with flexion contractures, his hands were clenched and his left lower extremity was unable to release.</p> <p>(continued on next page)</p>		

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