

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Wellsprings Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3636 S Pearl St Englewood, CO 80113	

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** 48458</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 (#1) of six residents reviewed out of 11 sample residents.</p> <p>Specifically, the facility failed to ensure Resident #1, who was dependent on staff for bathing, received her scheduled showers.</p> <p>Findings include:</p> <p>I. Facility policy and procedure.</p> <p>The Activities of Daily Living policy, revised March 2018, was provided by the quality mentor (QM) on 12/4/24 at 11:20 a.m. The policy read in pertinent part, Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with hygiene (bathing, dressing, grooming, and oral care).</p> <p>II. Resident status</p> <p>Resident #1, age less than 65, was admitted on [DATE]. According to the December 2024 computerized physician orders (CPO), diagnoses included muscle wasting and atrophy (decrease in size of a body part), chronic obstructive pulmonary (lung) disease, depression, epilepsy (seizure disorder) and kidney disease.</p> <p>The 9/18/24 minimum data set (MDS) assessment revealed the resident was cognitively intact with a brief interview for mental status (BIMS) score of 15 out of 15. The resident used a wheelchair and had impairments in both legs.</p> <p>The resident required partial/moderate assistance with personal hygiene (grooming) and substantial/maximal assistance with showering/bathing herself.</p> <p>III. Resident interview and observation</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #1 was interviewed on 12/3/24 at 3:35 p.m. Resident #1 said the staff did not change the linens and she had not received her showers as scheduled. Resident #1 said she had only received three showers over the past two months. Resident #1 said she needed help to shower. Resident #1 said a lot of the residents smelled like urine and were not receiving their showers. Resident #1 was sitting on the bed. Her hair was disheveled and there was a smell of body odor in the room.</p> <p>IV. Record review</p> <p>Resident #1's care plan, revised on 4/26/24, revealed the resident required partial assistance with personal hygiene.</p> <p>-The care plan did not specify the specific assistance required for showering, however, it revealed instructions to provide a sponge bath to Resident #1 when a full bath or shower could not be tolerated.</p> <p>Review of the shower schedule posted at the nurse's station revealed Resident #1 was scheduled to receive showers every week on Wednesdays and Saturdays.</p> <p>Resident #1's bathing/shower record from 9/30/24 to 12/3/24 was provided by the QM on 12/4/24 at 9:24 a. m. The bathing/shower record and the treatment administration record (TAR) were reviewed from 9/30/24 to 12/3/24.</p> <p>The records revealed the following:</p> <p>Resident #1 received five showers out of 16 opportunities.</p> <p>-Review of the resident's electronic medical record (EMR) revealed multiple entries showing the shower was either not applicable or resident was not available, however, the record also revealed no shower refusals and no documentation regarding attempted interventions to resolve Resident #1's missed showers from 9/30/24 to 12/3/24.</p> <p>V. Staff interviews</p> <p>Certified nurse aide (CNA) #2 was interviewed on 12/4/24 at 11:00 a.m. CNA #2 said if a resident refused a shower, the refusal was documented on a shower refusal form. CNA #2 said Resident #1 had no refusal forms completed at that time. CNA #2 said if a resident was not available to shower, there should be follow-up with the resident to arrange the shower or document reasons the resident did not shower and report the follow-up conversation as needed.</p> <p>Licensed practical nurse (LPN) #1 was interviewed on 12/4/24 at 11:10 a.m. LPN #1 said she did not know why there were documentation entries of not applicable or not available on Resident #1's shower record. She said the staff were trained to document when a resident received showers or if the resident refused. She said staff should not document not applicable for the residents' showers. LPN #1 said Resident #1 might have been outside of the building from 8:00 a.m. to 4:00 p.m. on some dates, but she would expect staff to ask the resident about showering upon return, and to document the outcome on the same day.</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>CNA #1 was interviewed on 12/4/24 at 11:25 a.m. CNA #1 said if a resident was out of the building or unavailable, there should be documentation which included that the shower was not completed and the reason why it was not done. CNA #1 said when a resident did not shower, the information should be passed on to the next shift during report and follow up documentation completed. CNA #1 said documentation that the resident was not available did not mean the resident refused and follow up with the resident was required</p> <p>The director of nursing (DON) and the QM were interviewed together on 12/4/24 at 12:43 p.m. The DON said she did not know if the staff were documenting shower refusals and she did not have records for refusals of showers. The DON said the documentation of showers was identified as a needed process improvement process which had not yet been implemented.</p> <p>The DON said she did not know if Resident #1 received showers on the dates when not applicable or not available were documented.</p> <p>The QM said she would expect Resident #1 to receive eight showers in a four week period and would have expected 16 showers during the two month period from 9/30/24 to 12/3/24. The QM said she would expect the staff to follow up with Resident #1 if she was initially not available and then document shower completion or refusal at each occurrence.</p>		

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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>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** 47151</p> <p>Based on record review and interviews, the facility failed to ensure one (#6) of one resident out of 11 sample residents received treatment and care in accordance with professional standards of practice.</p> <p>Specifically, the facility failed to:</p> <ul style="list-style-type: none"> -Ensure Resident #6 was weighed weekly per physician orders; and, -Ensure Resident #6's care plan was updated to include new weight monitoring interventions related to his diagnosis of atrial fibrillation and heart failure. <p>I. Resident status</p> <p>Resident #6, age less than 65, was admitted on [DATE] and readmitted on [DATE]. According to the December 2024 computerized physician orders (CPO), diagnoses included chronic obstructive pulmonary disease (COPD), depression, atrial fibrillation (irregular heartbeat), high blood pressure and heart failure.</p> <p>The 11/28/24 minimum data set (MDS) assessment revealed the resident was cognitively intact with a brief interview for mental status (BIMS) score of 15 out of 15. He needed set up assistance with showers and tub transfers, supervision with bathing and was independent for all other activities of daily living (ADL).</p> <p>The MDS assessment documented the resident did not reject care or have weight loss or weight gain of 5% or more in the last month or 10% or more in the last 6 months.</p> <p>II. Record review</p> <p>A review of Resident #6's electronic medical record (EMR) documented his weight upon admission was 324.6 pounds (lbs). Resident #6's weights were documented in the EMR as follows:</p> <ul style="list-style-type: none"> On 8/22/24 the resident weighed 322 lbs; On 9/4/24 the resident weighed 340.6 lbs; and, On 9/19/24 the resident weighed 342.2 lbs. <ul style="list-style-type: none"> -Resident #6 had a weight gain of 20.2 lbs between 8/22/24 and 9/19/24. -Resident #6's weight was not obtained between 8/22/24 and 9/4/24 or between 9/4/24 and 9/19/24. -There was no documentation to indicate Resident #6 had refused to be weighed between 8/22/24 and 9/4/24 or between 9/4/24 and 9/19/24. <p>(continued on next page)</p>		

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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>A review of Resident #6's September 2024 CPO revealed a physician's order to weigh Resident #6 weekly on Sundays one time a day for weight monitoring and to document any refusals, ordered on 9/19/24.</p> <p>On 10/4/24 Resident #6 weighed 354.4 lbs, an additional weight gain of 12.2 lbs since the resident's last documented weigh on 9/19/24</p> <p>-Despite the 9/19/24 physician order to weigh Resident #6 weekly, the facility failed to obtain the resident's weight between 9/19/24 and 10/4/24.</p> <p>-There was no documentation to indicate Resident #6 had refused to be weighed between 9/19/24 and 10/4/24.</p> <p>An 11/7/24 re-admission note in Resident #6's EMR documented the resident was admitted to the hospital from 10/24/24 to 11/5/24 for acute respiratory failure and volume overload (too much water and sodium). He was found to have irregular heart rhythms. He was diuresed (to expel fluids) at the hospital to a dry weight (ideal body weight without the excess fluid) of 326 lbs.</p> <p>Resident #6 was discharged from the hospital back to the facility on [DATE] with physician orders for the facility to monitor the resident's daily weights and report to the provider if the resident had more than a three lbs weight gain in one day or a five lbs weight gain in one week.</p> <p>-A review of the resident's comprehensive care plan revealed the resident's care plan was not updated after his 11/5/24 re-admission to include the new order for monitoring the resident's daily weights and reporting to the provider if more than a three lbs weight gain in one day or a five lbs weight gain in one week occurred.</p> <p>III. Staff interviews</p> <p>The nursing home administrator (NHA), the quality mentor (QM), the regional MDS coordinator (RMC) and the director of nursing (DON) were interviewed together on 12/4/24 at 12:15 p.m.</p> <p>The QM said the facility policy was to obtain weights weekly from all the residents after admission. The QM said with regards to residents who received cardiac care, weekly weights were monitored to help identify possible fluid build up. The QM said a resident with congestive heart failure (CHF) was weighed and if the weight triggered (above or below 5%, 7.5% or 10%), the resident's weight would be reviewed in the morning meeting.</p> <p>The DON said weekly weights were important to monitor for fluid overload in a resident with CHF. The DON said if a resident's weight appeared incorrect or a resident needed to be re-weighed for verification, a certified nurse aide (CNA) would obtain the new weight.</p> <p>The NHA said Resident #6's care plan should have been updated with his diagnosis of CHF. She said the facility reviewed residents' care plans quarterly and as needed. The NHA said Resident #6's missing weight should have been identified at the time it was missed.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47151</p> <p>Based on observations and interviews, the facility failed to provide a safe, functional, sanitary and comfortable environment for residents, staff and the public.</p> <p>Specifically, the facility failed to:</p> <ul style="list-style-type: none"> -Ensure the resident's second floor smoking patio was free from debris and the fire blanket was visible; -Ensure the outdoor refuse area was free from debris and items were properly disposed of; and, -Ensure a resident's room was free of long standing stains on the floor. <p>I. Facility policy and procedure</p> <p>The Homelike Environment policy, revised February 2021, was provided by the quality mentor (QM) on 12/4/24 at 12:30 p.m. The policy revealed in pertinent part, Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. Staff provides person-centered care that emphasizes the residents' comfort, independence and personal needs and preferences. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include a clean, sanitary and orderly environment, inviting colors and decor, and personalized furniture and room arrangements.</p> <p>II. Observations</p> <p>On 12/3/24 at 1:00 p.m., room [ROOM NUMBER] was observed with an approximate 12 inch circular pink stain on the floor in front of the bed. The floor also had many scuff marks scattered throughout the room and brown crumbs/debris on the floor in front of the television. Resident #3 said the pink stain had been on the floor for approximately two months and was due to a spilled red drink. Resident #3 said the housekeepers did not clean the floor every day and had not done anything significant beyond regular mopping for removal of the pink stain.</p> <p>An environmental tour of the facility was conducted on 12/3/24 at 2:15 p.m. Observations revealed the following:</p> <p>On the second floor resident smoking patio, a wooden pallet approximately three feet by four feet square was in the far corner of the patio next to the wall. On top of the wood pallet was a flattened cardboard box under a square ceiling duct approximately two feet by two feet square. The ceiling duct was rusted and black on the sides. A red fire blanket box, approximately a foot long and eight inches high was on the ground next to the wood pallet.</p> <ul style="list-style-type: none"> -The fire blanket box was not visible at the entrance of the smoking patio, and only became visible after walking across the patio and standing directly in front of the wooden pallet. <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility had two large outdoor garbage dumpsters enclosed on three sides by a fence. Next to the fence was an unorganized pile of approximately 20 wooden pallets, each approximately three feet by four feet square and two shopping carts which could be seen from the second floor patio.</p> <p>A second environmental tour of the facility was conducted on 12/4/24 at 11:00 a.m. Observations revealed the same concerns as the tour that was conducted on 12/3/24 (see above).</p> <p>On 12/4/24 at 12:34 p.m., room [ROOM NUMBER] was observed with a pink stain still remaining on the floor in front of the bed. There was also dried brown liquid stain approximately three inches wide by 36 inches long in front of the bedside table in front of the television. Resident #3 said the brown liquid stain was due to a spilled chocolate drink yesterday. He said many staff members had been in his room since the spill occurred yesterday, yet it had not been cleaned.</p> <p>Observations on 12/5/24 at 9:30 a.m. revealed the ceiling duct, box and wood pallet had been removed from the resident's second floor smoking patio and the fire blanket box was visible from the entrance of the smoking patio. The approximately 20 wooden pallets were still present next to the outdoor garbage receptacle.</p> <p>III. Staff interviews</p> <p>Housekeeper (HSK) #1 was interviewed on 12/4/24 at 1:05 p.m. HSK #1 said she was aware of the pink stain on the floor in room [ROOM NUMBER]. HSK#1 said she had been unable to remove the stain. HSK#1 said there were also several rooms that needed to have stains removed from the floor and this information had not yet been reported. She said she should have reported these stains so they could be removed. HSK #1 said a different cleaning solution was required to remove the stains and she was going to report the rooms with stains to the housekeeping supervisor (HSKS).</p> <p>Certified nurse aide (CNA) #3 was interviewed on 12/5/24 at 11:00 a.m. CNA #3 said she knew the fire blanket was on the patio and it was to be used in case a resident was smoking and a fire on the resident's clothing needed to be put out.</p> <p>CNA #4 was interviewed on 12/5/24 at 11:05 a.m. CNA #4 said he worked for a staffing agency. CNA #4 said he did not know there was a fire blanket on the resident's smoking patio but he knew there was a fire blanket in the linen closet (the opposite direction of the smoking patio) and the blanket was used to smother a fire on the resident or their clothes.</p> <p>The HSKS and the QM were interviewed together on 12/5/24 at 11:07 a.m. The HSKS said the resident rooms were usually cleaned daily and this included the floors. The HSKS said there were some rooms that were not cleaned on Mondays recently due to a housekeeper on leave. He said HSK #1 was unfamiliar with the process for removing stains. He said HSK #1 could use certain chemicals to remove stains and if attempts to remove did not work within a week, it should be reported to the HSKS for removal as a different process would be required.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The maintenance supervisor (MS) was interviewed on 12/5/24 at 12:20 p.m. The MS said the facility was replacing all of the swamp coolers in the building. The MS said the ceiling duct on the resident's second floor smoking patio was removed from the facility's roof and placed there by the facility's contracted vendor because it was nearby instead of being taken out of the facility. The MS said the contracted vendor was still working to replace the cooling system in the facility and was not yet finished. The MS said when the ceiling duct was placed on the patio a gap was left so the staff could walk to the fire extinguisher and grab the fire blanket if needed. The MS said the staff should know the location of the fire blanket.</p> <p>The MS said the pallets next to the outdoor garbage dumpsters were under the products that were delivered to the facility by contracted vendors. The MS said someone usually picked up the wood pallets and removed them but the pallets had not been removed recently. The MS said the contracted vendors would not take the wood pallets back or remove them at the time of delivery to the facility.</p> <p>48458</p>		