

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065212	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Westlake Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1637 29th Avenue Pl Greeley, CO 80634	

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 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** 19262</p> <p>Based on observations, record review 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 ensure two ceiling swamp cooler vents, two shower rooms and eight mechanical rooms were thoroughly cleaned, free from debris and did not contain any black discoloration on any surfaces.</p> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Safe and Homelike Environment policy, revised September 2024, was provided by the assistant director of nursing (ADON) on 10/16/24 at 12:12 p.m. The policy revealed that in accordance with residents' rights, the facility would provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This included ensuring that the resident could receive care/services safely and the physical layout of the facility maximized resident independence and did not pose a safety risk.</p> <p>The environment referred to any environment in the facility that was frequented by residents, including (but not limited to) the residents' rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas and activity areas.</p> <p>The term orderly was defined as an uncluttered physical environment that was neat and well kept. The term sanitary included, but was not limited to, preventing the spread of disease-causing organisms by keeping resident care equipment clean and properly stored. Resident care equipment included but was not limited to, equipment used in the completion of the activities of daily living. Housekeeping and maintenance services would be provided as necessary to maintain a sanitary, orderly and comfortable environment.</p> <p>II. Observations</p> <p>An environmental tour of the facility was conducted on 10/16/24 at 10:00 a.m. The following observations were made:</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The hallway ceiling air vent (Swamp Cooler) by resident room [ROOM NUMBER] had two missing vent louvers. There was dark debris on the vent louvers and on the ceiling surrounding the vent.</p> <p>The hallway ceiling air vent (Swamp Cooler) by resident room [ROOM NUMBER] had dark debris on the vent/louvers and on the ceiling surrounding the vent. The ceiling adjacent to the vent had sheetrock damage and sagged (bulged) downward.</p> <p>The shower room on hall 300 had water-dripping from the showerhead. The ceiling exhaust vent in the shower room had no cover and contained debris. There was debris in the corners of the shower. The floor tile in the shower had a brown discoloration. There was black discoloration where the walls met the floor. There was black discoloration where the shower room walls joined in a corner.</p> <p>The shower room on hall 200 had water-dripping from the showerhead. The ceiling exhaust fan was non-functional. There was black discoloration where the walls met the floor. There was black discoloration where the shower room walls met in a corner. The shower floor contained a large area of black discoloration.</p> <p>The mechanical room on the South One hall by resident room [ROOM NUMBER] had sheet rock damage on one wall, black discolored areas on two walls and black discoloration on the floor. The air from this furnace (an appliance fired by gas, oil, or wood in which air or water was heated to be circulated throughout a building in a heating system) supplied air to resident rooms.</p> <p>The mechanical room on the South Two hall by resident room [ROOM NUMBER] had sheet rock damage on one wall, one water stained wall and an unkempt floor. The air from this furnace supplied air to resident rooms.</p> <p>The mechanical room on the South Three hall by resident room [ROOM NUMBER] had sheet rock damage on one wall and two holes in the wall by the entrance door frame. The air from this furnace supplied air to resident rooms.</p> <p>The mechanical room on the South Four hall by resident room [ROOM NUMBER] had numerous dead gnats on the floor and on the furnace unit. There was cracked paint on the ceiling and on three walls. The floor vent was rusty and there was sheetrock damage on one wall. There were two holes in the wall by the entrance door frame. The air from this furnace supplied air to resident rooms.</p> <p>The mechanical room on the North One hall by resident room [ROOM NUMBER] had sheet rock damage on three walls, an unkempt floor, an unkempt floor vent and a small water line that was leaking water into a trash can. The air from this furnace supplied air to resident rooms.</p> <p>The mechanical room on the North Two hall by resident room [ROOM NUMBER] had an unkempt floor and an unkempt floor vent that was bent in the middle. The air from this furnace supplied air to resident rooms.</p> <p>The mechanical room on the North Three hall by resident room [ROOM NUMBER] had sheet rock damage on two walls, a rusty/unkempt floor vent and black discoloration on the entire back wall. The air from this furnace supplied air to resident rooms.</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 mechanical room on the North Four hall by resident room [ROOM NUMBER] had sheet rock damage on two walls, one loose floor tile and an unkempt floor. The air from this furnace supplied air to resident rooms.</p> <p>III. Staff interviews</p> <p>A second environmental tour of the facility was conducted on 10/16/24 at 12:06 p.m., with the maintenance supervisor (MS), unit manager (UM) #1 and the accounts manager (AM). They agreed with the above observations.</p> <p>The MS, UM #1 and the AM were interviewed on 10/16/24 at 2:29 p.m. They said no residents or family members had discussed with them any issues with air quality or black discolorations in the bathrooms. They said there were no work orders for the above observations. The MS said there were work order notebooks at the two nurse's stations.</p> <p>The MS said the staff could fill out work orders, text him, call him or verbally tell him of any issues that needed repairs.</p> <p>UM #2 was interviewed on 10/16/24 at 4:57 p.m. UM #2 said a service contractor was coming to the facility tomorrow (10/17/24), to evaluate the requirements for the repairs on the North Three hall mechanical room. She said nine residents would be moved from the North Three hall for a short period so the repairs could be made to the mechanical room. UM #2 said the residents and their family members would be informed/asked about room changes and the residents would be able to move back to their rooms after the repairs had been completed.</p> <p>The nursing home administrator (NHA) was interviewed via a conference call on 10/16/24 at 5:25 p.m. The NHA said the facility came under new management on 10/1/24. He said approximately two weeks after that date, he was made aware that there was black discoloration in one of the mechanical rooms and he was unsure which mechanical room it was.</p>