| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0660<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Plan the resident's discharge to meet the resident's goals and needs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52045<br><br>Based on interviews and record reviews, the facility failed to ensure an effective discharge planning process for three (#8, #6 and #7) out of four residents reviewed out of 14 sample residents.<br><br>Specifically, the facility failed to:<br><br>-Ensure the discharge planning process was documented in Resident #8, Resident #6 and Resident #7's medical record; and,<br><br>-Ensure the interdisciplinary team was involved in the discharge planning process for Resident #8, Resident #6 and Resident #7.<br><br>Findings include:<br><br>I. Resident #8<br><br>A. Resident status<br><br>Resident #8, age 76, was admitted on [DATE] and discharged home on 9/4/24. According to the September 2024 CPO diagnoses included retention of urine, hypertension, type 2 diabetes without complications and muscle weakness.<br><br>The 6/3/24 minimum data set (MDS) assessment revealed the resident had moderate cognitive impairment with a BIMS score of 10 out of 15. The resident required supervision or touch assistance with activities of daily living.<br><br>The MDS assessment indicated the resident did not have an active discharge plan.<br><br>B. Record review<br><br>The baseline care plan, dated 5/30/24, documented the resident wished to return home. The goal was to develop and follow a full discharge plan.<br><br>The discharge care plan, initiated on 5/30/24, revealed the resident's discharge plan was to remain at the facility for long term care. Pertinent interventions included reviewing the discharge plan quarterly and as requested.<br><br>(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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0660<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | The initial discharge plan evaluation dated 5/31/24 showed the resident and family were not sure of the resident's discharge plan at that time.<br><br>The initial physical therapy evaluation and plan dated 5/31/24 showed the goal was for the resident to return home.<br><br>-A review of Resident #8's EMR did not reveal documentation indicating the discharge planning process was discussed with the IDT team during the resident's stay at the facility.<br><br>The discharge summary dated 8/28/24 revealed the resident was recommended to have outpatient rehab services after discharge.<br><br>-However, review of Resident #8's EMR did not reveal documentation that home health services were established.<br><br>II. Resident #6<br><br>A. Resident status<br><br>Resident #6, age 77, was admitted on [DATE] and is still admitted to the facility. According to the November 2024 CPO, diagnoses included methicillin susceptible staphylococcus Aureus infection bacteremia, hypertension, Chronic obstructive pulmonary disease, oxygen dependence and muscle weakness.<br><br>The 11/14/24 minimum data set (MDS) assessment revealed the resident was cognitively intact with a BIMS score of 15 out of 15. The resident required assistance with activities of daily living due to oxygen dependence and weakness.<br><br>The MDS assessment documented the residents overall discharge goal was to return to the community and that there were no active discharge planning occurring.<br><br>B. Record review<br><br>The baseline care plan dated 11/13/24 documented the resident wished to return home. The goal was to develop and follow a full discharge plan.<br><br>The discharge care plan, initiated on 11/13/24, revealed the resident's discharge plan was to discharge home with home health services. Pertinent interventions included reviewing the residents discharge plan quarterly and as requested.<br><br>The initial discharge plan evaluation, dated 11/15/24, revealed the resident and the resident's family were not sure at that time which home health services agency they wanted.<br><br>-A review of the resident's EMR did not reveal documentation regarding the resident's discharge plan or documentation indicating the IDT team was involved in the resident's discharge planning.<br><br>51916<br><br>III. Resident #7<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0660<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | A. Resident status<br><br>Resident #7, age 80, was admitted on [DATE] and discharged home on 8/21/24 According to the August 2024 computerized physician orders (CPO), diagnoses included bilateral hip osteoarthritis, and bilateral total hip replacement.<br><br>B. Record review<br><br>The care plan, initiated on 8/20/24, revealed the resident desired to return home. The goal was for Resident #7 to understand the discharge plan. Pertinent interventions included establishing a pre discharge plan with the resident and family, evaluating the resident's motivation to return to the community, evaluating her abilities and strengths and determining gaps in her abilities which would affect discharge and make post discharge community resources to support independence.<br><br>The 8/8/24 occupational therapy initial note documented the resident's goal was for the resident to return home and would like to have some assistance with higher level cleaning tasks.<br><br>The 8/8/24 physical therapy initial note documented the resident's goal was to return home.<br><br>In the initial discharge planning evaluation, dated 8/13/24, documented that the resident would likely require assistance when discharged from the facility due to concerns about safety, assistive device needs and caregiver support.<br><br>The discharge summary information dated 8/20/24 failed to address if the resident still needed rehabilitation services after discharge. The summary documented the resident was recommended to have home health services at discharge.<br><br>-However, there was no indication that home health services were established upon discharge.<br><br>-The initial discharge planning showed the resident had requested community resources after discharge, however, there was no evidence to show it was provided.<br><br>A review of the resident's electronic medical record (EMR) did not reveal any documentation indicating the resident's discharge planning process was reviewed with the IDT team during the resident's stay at the facility.<br><br>The 8/21/24 progress note documented the resident was discharged with medications, and all belongings.<br><br>-A review of the resident's EMR did not reveal documentation indicating if the resident was referred to home health services as mentioned in the initial discharge planning.<br><br>IV. Staff interviews<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0660<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | The social services director (SSD) was interviewed on 12/4/24 at 12:41 p.m. The SSD said the baseline care plan was when the discharge plan began, she said the nurse would find out what the plan was for discharge. The SSD said she then held an initial care conference with the resident and family and discharge was discussed. The SSD said she kept notes on a paper document, and then the paper document would be scanned into the electronic medical record.<br><br>The SSD was interviewed on 12/4/24 at 4:43 p.m. The SSD said she was responsible for coordinating the discharge planning process. She said the facility usually had a care conference upon admission to address the initial discharge planning evaluation. She reviewed the medical record and could not locate the care conference notes which she said they had discussed the plan.<br><br>The SSD was interviewed on 12/4/24 at 5:34 p.m. The SSD said she was unable to locate any care conference notes for Resident #7, Resident #6 or Resident #8. She said she completed them on paper, then they would get scanned into the EMR. She said Resident #7 was discharged to her daughters house. She said she reviewed the records for Resident #8, Resident #6 and Resident #7 and confirmed the records showed no documentation for discharge planning.<br><br>The regional nurse consultant (RNC) was interviewed on 12/4/24 at 5:52 p.m. The RNC said the discharge planning and the care conference notes needed to be electronic and that she would provide education to the SSD. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0661<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51916<br><br>Based on record review and interviews, the facility failed to ensure the discharge summary was complete for two (#7 and #8) of three residents reviewed for discharge out of 14 sampled residents.<br><br>Specifically, the facility failed to ensure completed discharge summaries were completed and included a recapitulation of the resident's stay for Resident #7 and Resident #8.<br><br>Findings include:<br><br>I. Resident #7<br><br>A. Resident status<br><br>Resident #7, age 80, was admitted on [DATE] and discharged home on 8/21/24 According to the August 2024 computerized physician orders (CPO), diagnoses included bilateral hip osteoarthritis and bilateral total hip replacement.<br><br>Based on a health status note on 8/8/24 and a skilled nursing progress note from 8/19/24, Resident#7 was aware of surroundings and able to make needs known.<br><br>B. Record review<br><br>The discharge summary, dated 8/20/24, documented the resident was discharged home. The discharge summary failed to show that all areas on the form were completed.<br><br>The following were missing:<br><br>-Physical and mental functional status including activities of daily living (ADLs);<br><br>-Continence;<br><br>-Communication;<br><br>-Special treatment and procedures;<br><br>-Resident needs, strengths and goals;<br><br>-Resident's customary routine;<br><br>-Summary information on and additional areas assessed;<br><br>-Pertinent lab test results;<br><br>-Rehabilitation follow up or potential;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0661<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Recapitulation of stay specifically social service and activities; and,<br><br>-Whether the resident required outpatient rehabilitation services after discharge.<br><br>The form instructed the resident to follow up with the physician, however, there was no number or name of the physician provided.<br><br>C. Staff interviews<br><br>The social service director (SSD) and the regional nurse consultant (RNC) were interviewed together on 12/4/24 at 5:34 p.m. The SSD said she opened the discharge assessment. The SSD said different members of the interdisciplinary team filled out their designated section of the assessment. The SSD said the form was to be completed in entirety and provided to the resident upon discharge. She said the licensed nurse who was discharging the resident was responsible to ensure the form was completed prior to the resident's discharge. She said she reviewed the discharge summaries for both Resident #7 and Resident #8 and confirmed they were not completely filled out.<br><br>The RNC said discharge summaries were an area which needed improvement.<br><br>The director of nursing (DON) was interviewed on 12/4/24 at 4:43 p.m. The DON said the discharge summary was a group effort. She said the discharge summary needed to be completed prior to discharge and agreed the discharging nurse was responsible to ensure it was completed.<br><br>52045<br><br>II. Resident #8<br><br>A. Resident status<br><br>Resident #8, age 76, was admitted on [DATE] and discharged on [DATE]. According to the August 2024 CPO, diagnoses included deep tissue injury of the right heel and diabetes.<br><br>The 6/3/24 minimum data set (MDS) assessment revealed the resident had moderate cognitive impairments with a BIMS score of 10 out of 15. The resident required supervision or touch assistance with activities of daily living.<br><br>B. Record review<br><br>The discharge summary, dated 8/28/24, documented the resident was discharged home. The discharge summary failed to show that all areas on the form were completed.<br><br>The following were missing:<br><br>-Physical and mental functional status including ADLs;<br><br>-Skin condition;<br><br>-Special treatment and procedures;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0661<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Resident needs, strengths and goals;<br><br>-Resident's customary routine;<br><br>-Summary information on and additional areas;<br><br>-Pertinent lab test results;<br><br>-Rehabilitation follow up or potential; and,<br><br>-Recapitulation of stay, specifically social service and activities.<br><br>C. Staff interview<br><br>The SSD was interviewed on 12/4/24 at 5:34 p.m. The SSD said she was unable to locate any care conference notes which documented discharge planning for Resident #8. The SSD said it was her responsibility to make sure the discharge process was completed. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0676<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51916<br><br>Based on observations, record review and interviews, the facility failed to provide care and services for an activity of daily living (ADL) for four (#13, #5, #9 and #14) out of five residents reviewed out of 14 sample residents.<br><br>Specifically, the facility failed to ensure meal assistance was provided for Resident #5, Resident #9, Resident #13 and Resident #14, who required physical assistance and encouragement with food intake.<br><br>Findings include:<br><br>I. Resident #13<br><br>A. Resident status<br><br>Resident #13, age 77, was admitted on [DATE] and readmitted on [DATE]. According to the December 2024 computerized physician orders (CPO), diagnoses include [NAME] Syndrome (absence of one X chromosome in females, symptoms include certain learning disabilities), dementia, mixed incontinence and gastro-esophageal reflux disease (GERD) with esophagitis, with bleeding.<br><br>The 10/17/24 minimum data set (MDS) assessment revealed the resident had moderate cognitive impairments with a brief interview for mental status (BIMS) score of eight out of 15. She required set-up assistance during meals.<br><br>B. Observations<br><br>During a continuous observation of the dinner meal on 12/2/24, beginning at 5:05 p.m. and ending at 5:34 p. m., the following was observed:<br><br>At 5:34 p.m. the resident received her meal. She picked up the fork and began to eat.<br><br>At 5:14 p.m. the resident was picking at her meal.<br><br>At 5:20 p.m. she was not eating her meal. The staff did not provide cueing or assistance.<br><br>At 5:34 p.m. the resident was asked by an unidentified certified nurse aide (CNA) if she was ready to watch television. The resident had only eaten approximately 50% of her meal. The CNA assisted her away from the table. She was not encouraged to eat more of her meal.<br><br>During a continuous observation of the lunch meal on 12/3/24, beginning at 12:19 p.m. and ending at 12:46 p. m. the following was observed:<br><br>At 12:19 p.m. the resident received her meal which consisted of a sandwich.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0676<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | At 12:29 p.m. CNA #1 asked if she would like her sandwich cut, as it was not cut. The resident had not touched the egg salad sandwich.<br><br>At 12:32 p.m. the resident was eating the sandwich, after it was cut into quarters.<br><br>At 12:46 p.m. LPN #1 said to the resident that she had not eaten much and asked the resident if she was ready to lay down. LPN #1 did not provide encouragement or cueing to the resident. The resident left the table with eating one quarter of the sandwich.<br><br>During a continuous observation of the dinner meal on 12/3/24, beginning at 5:10 p.m. and ending at 5:20 p. m. the following was observed:<br><br>At 5:10 p.m. the resident had her meal. She received a sandwich and Jello.<br><br>At 5:17 p.m. the resident was asked by CNA #2 if she was done eating, the resident had only eaten half of her sandwich and not touched her Jello. The resident was not provided an alternative, cueing or encouragement.<br><br>At 5:20 p.m. she was assisted from the table.<br><br>C. Record review<br><br>The ADL care plan, revised on 7/29/24, revealed Resident #13 had an ADL self-care performance deficit related to dementia, generalized weakness, unsteady gait and history of falls. Pertinent interventions included providing one on one supervision, cueing and set-up assistance at meals.<br><br>D. Staff interviews<br><br>CNA #2 was interviewed on 12/4/24 at 2:20 p.m. CNA #2 said Resident #13 responded well to cueing at meals. She said she assisted Resident #13 with her meal that morning (12/4/24) because she was more tired than normal. She said the staff offered her different options and that large meals intimidated her. She said Resident #13 normally consumed 50 to 75% of small portioned meals.<br><br>II. Resident #5<br><br>A. Resident status<br><br>Resident #5, age 88, was admitted on [DATE] and readmitted on [DATE].According to the December 2024 CPO, diagnoses included altered mental status,other symptoms and signs involving cognitive functions and awareness, cognitive communication deficit, unspecified dementia (unspecified severity) with agitation and dysphagia (difficulty swallowing).<br><br>The 10/28/24 MDS assessment revealed Resident #5 had a severe cognitive impairment with a BIMS score of two out of 15. She required hands-on assistance and supervision during meals.<br><br>B. Observations<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0676<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During a continuous observation of the dinner meal on 12/2/24, beginning at 5:00 p.m. and ending at 5:38 p. m., the following was observed:<br><br>At 5:00 p.m. Resident #5 was sitting in the dining room waiting for her meal tray. She had half a glass of water in front of her.<br><br>At 5:08 p.m. Resident #5 called for help which alerted a staff member she wanted something else to drink.<br><br>At 5:10 p.m. the resident was given another glass of water and chocolate milk.<br><br>At 5:13 p.m. an unidentified CNA gave Resident #5 her meal tray then walked away. The unidentified CNA did not help the resident set-up her meal or provide cueing.<br><br>At 5:18 p.m. Resident #5 had taken small bites of her food, spitting some out at times. She ate a few bites of her dessert and 75% of her chocolate milk. The staff had not offered cueing or assistance.<br><br>At 5:25 p.m. Resident #5 continued to pick at food, taking a few bites. No cueing or encouragement was provided.<br><br>At 5:32 p.m. Resident #5 was not eating. She had a sip of water. The staff had not encouraged her to eat more.<br><br>At 5:38 p.m. Resident #5 was assisted back to her room. She had eaten 25% of her meal. She was not encouraged to eat more nor was she offered something else.<br><br>During a continuous observation of the dinner meal on 12/3/24, beginning at 5:05 p.m. and ending at 5:35 p. m., the following was observed:<br><br>At 5:05 p.m. the resident had her meal in front of her. The resident was not eating. The staff did not offer cueing or assistance to the resident.<br><br>At 5:10 p.m. the resident picked up her fork and ate a few bites. She had a glass of milk, but had not touched it. The staff did not offer cueing or assistance to the resident.<br><br>At 5:35 p.m. CNA #1 asked the resident if she was done with her meal. The resident shook her head yes. She consumed less than 25% of her meal. She was not offered assistance or encouragement or an alternative prior to leaving the dining room.<br><br>C. Record review<br><br>The care plan, revised on 8/13/24, revealed Resident #5 has an ADL self-care performance deficit related to dementia and fatigue. Pertinent interventions included providing supervision and set up assistance by one staff member to eat.<br><br>D. Staff interviews<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0676<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | CNA #2 was interviewed on 12/4/24 at 2:20 p.m. CNA #2 said Resident #5 required cueing when eating and that she got anxious in the dining room. She said Resident #5 required assistance with feeding at times and preferred a bland diet. She said Resident #5 would spit out food she did not like. CNA #2 said when this behavior was observed, the staff offered the resident other options.<br><br>The director of nursing (DON) was interviewed on 12/4/24 at 2:38 p.m. The DON said she provided education to the staff regarding meals and meal assistance today (12/4/24).<br><br>52045<br><br>III. Resident #9<br><br>A. Resident status<br><br>Resident #9, age greater than 65, was admitted to the facility on [DATE]. According to the December 2024 computerized physician orders (CPO) diagnoses included Alzheimer's disease, and dysphagia (difficulty swallowing).<br><br>The 9/4/24 minimum data set (MDS) assessment revealed the resident had short-term and long term memory deficits and was severely cognitively impaired per staff assessment. She required supervision and touching assistance with meals.<br><br>B. Observations<br><br>During a continuous observation of the lunch meal on 12/3/24, beginning at 12:14 p.m. and ending at 12:56 p. m., the following was observed:<br><br>At 12:14 p.m Resident #9 received his meal and a glass of chocolate milk.<br><br>At 12:22 p.m Resident #9 picked at his food. The staff did not provide the resident encouragement.<br><br>At 12:26 p.m CNA #1 sat next to Resident #9 at the table. CNA #1 provided assistance to another resident at the table, but did not provide cueing or encouragement to to Resident #9. Resident #9 continued sitting at the table with his eyes closed and was not eating.<br><br>At 12:37 p.m Resident #9 had not received any cueing or encouragement.<br><br>At 12:43 p.m Resident #9 was not eating his meal. He had not received any encouragement.<br><br>At 12:56 p.m CNA #4 said to CNA #1 that Resident #9 did not eat. CNA #1 said he ate good at breakfast. The staff did not offer any meal substitutes to the resident or provide encouragement before he was assisted away from the table.<br><br>During a continuous observation of the dinner meal on 12/3/24, beginning at 5:24 p.m and ending at 5:30 p. m., the following was observed:<br><br>At 5:24 p.m. Resident #9 sitting at the table not eating his evening meal with no encouragement or assistance from staff<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0676<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | At 5:30 p.m CNA #1 sat next to Resident #9 to help another resident but she did not provide any encouragement to Resident #9. He ate approximately 50% of his meal with no encouragement offered of an alternative meal.<br><br>C. Record review<br><br>The care plan, revised on 9/23/24, revealed Resident #9 had an ADL self-care performance deficit related to Alzheimer's and history of fractures. Pertinent interventions included providing set up of his meal and supervision and assistance.<br><br>D. Staff interviews<br><br>Licensed practical nurse (LPN) #1 was interviewed on 12/4/24 at 10:05 a.m. LPN #1 said Resident #9 needed supervision assistance with meals.<br><br>IV. Resident #14<br><br>A. Resident status<br><br>Resident #14, age greater than 65, was admitted to the facility on [DATE]. According to the December 2024 CPO, diagnoses include altered mental status, dementia, unspecified hearing loss, muscle weakness and dysphasia.<br><br>The 10/10/24 MDS assessment revealed Resident #14 had severe cognitive impairments with a BIMS score of three out of 15. Resident #14 required set up and feeding assistance with meals.<br><br>B. Observations<br><br>During a continuous observation of the dinner meal on 12/2/24, beginning at 5:15 p.m. and ending at 5:34 p. m., the following was observed:<br><br>At 5:15 p.m. Resident #14 received her meal with no set up assistance provided.<br><br>At 5:20 p.m Resident #14 remained in the dining room and was not eating her meal. The staff had not offered any assistance or cueing to the resident.<br><br>At 5:34 p.m. Resident #14 had not eaten any of her meal. CNA #1 assisted Resident #24 from the table. Resident #14 was not offered any cueing or assistance during the meal.<br><br>C. Record Review<br><br>The care plan, revised on 10/11/24 revealed Resident #14 had an ADL self-care performance deficit related to confusion and dementia. Pertinent interventions included Resident #14 was able to feed self but required cueing, reminders and set up assistance for meals.<br><br>D. Staff interviews<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0676<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | CNA #4 was interviewed on 12/4/24 at 2:30 p.m. CNA #4 said Resident #14 sometimes did not eat all of her meals. CNA #4 said when the resident did not eat all of their meal, the staff were supposed to offer another meal choice. CNA #4 did not state why Resident #14 was not offered another meal. CNA #4 said sometimes there was only one CNA in the dining room to help multiple residents eat at meal times. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0697<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe, appropriate pain management for a resident who requires such services.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51916<br><br>Based on record review and interviews, the facility failed to manage pain in the manner consistent with professional standards of practice for one (#11) of four residents reviewed for pain out of 14 sample residents.<br><br>Specifically, the facility failed to ensure Resident #11's pain was managed appropriately and consistently to meet the resident's stated level of acceptable pain.<br><br>Findings include:<br><br>I. Facility policy and procedure<br><br>The Pain Assessment and Management policy, reviewed 9/5/24, was received from the nursing home administrator (NHA) on 12/4/24 at 1:01 p.m., read in pertinent part, Based on the comprehensive assessment of a resident, this facility must ensure that residents receive the treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management.<br><br>A resident will be assessed for pain indicators upon admission/readmission, quarterly and with any change in condition.<br><br>An individualized pain management care plan will be developed and initiated when pain indicators are identified. The care plan will be reviewed and revised by the interdisciplinary team (IDT) upon completion of each MDS (minimum data set) assessment and as needed.<br><br>A pain goal is set; alert and oriented residents state an acceptable level of pain on an intensity scale where zero is no pain and ten is the worst pain imaginable, according to the Numeric Pain Intensity Scale rating from the Medication Administration Record (MAR) and a comprehensive pain management care plan is initiated and implemented based on initial and ongoing pain assessments. Approaches are modified as necessary.<br><br>II. Resident #11<br><br>A. Resident status<br><br>Resident #11, age 72, was admitted on [DATE] and readmitted on [DATE]. According to the December 2024 computerized physician orders (CPO), diagnoses included history of low back pain unspecified, polyneuropathy (a disease that damages the peripheral nerves, causing weakness, numbness, and burning pain), peripheral vascular disease (PVD) resulting in right lower extremity amputation below the knee secondary to a necrotic (dead tissue) wound with osteomyelitis (infection of bone tissue), phantom limb syndrome with pain (a condition where a person feels like an amputated limb is still there, and may experience pain or other sensations in that limb), limb ischemia (a condition that occurs when blood flow to an extremity is severely reduced or blocked, leading to pain, sores, and other complications), pain to an unspecified joint and pain to an unspecified hip.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0697<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | The 11/18/24 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. He was able to self-propel in his manual wheelchair and perform most activities of daily living independently.<br><br>The MDS assessment documented the resident had pain almost constantly which affected his sleep and frequently affected his day to day activity. The resident received both scheduled and as needed (PRN) pain medications and non-pharmacological pain interventions.<br><br>The MDS assessment indicated Resident #11's pain rating upon the completion of the assessment was a 10 on a numeric pain scale of 1-10.<br><br>B. Resident interview<br><br>Resident #11 was interviewed on 12/4/24 at 1:35 p.m. Resident #11 said his pain was not being controlled. He said he had been having increased pain to his left leg after a surgical procedure two weeks ago which involved a surgical incision from his left groin to his mid-calf. He said he would rate his pain level as a score of 37 if he could, but he said the pain scale only went to a 10. He said the facility finally increased his pain medication and his first dose of the new medication would be administered that evening (12/4/24).<br><br>C. Record review<br><br>Resident #11's quarterly pain assessment from 10/4/24 documented the resident's pain level was a 10 out of 10, generalized pain. The assessment indicated the resident's acceptable pain level was a 5 out of 10.<br><br>-Review of Resident #11's electronic medical record (EMR) revealed there was no pain assessment documented upon the resident's readmission to the facility on [DATE].<br><br>The 11/20/24 care plan report identified Resident #11 had expressed pain/discomfort related to aftercare following surgical amputation of his right leg below the knee, back pain related to intervertebral disc disorders and left hip related to bursitis and polyneuropathy. The care plan indicate the resident's acceptable pain level goal was a 5 out of 10. Interventions included trying non-pharmacological interventions before offering medication, including rest, reposition, elevation, and distraction.<br><br>-The care plan failed to include Resident #11's pain related to his post-operative surgical incision.<br><br>Review of Resident #11's November 2024 CPO revealed the following physician's orders for pain management:<br><br>Resident #11's pain level is assessed every shift (day and night). His acceptable level of pain is set at 5 out of 10 on the numeric scale (0-10). Pain locations include right below knee amputation, shoulders and back. Non-pharmacological interventions include rest, reposition, elevation and distraction. Do not rouse resident from sleep and do not exceed 3,000 mg (milligrams) of Tylenol in a 24-hour period, ordered 4/4/24.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0697<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | The physician's order for the daily pain assessments failed to include the resident's new location of pain to his left lower extremity.<br><br>Lidocaine external gel 4%: apply to left lower extremity topically four times a day for acute on chronic pain, avoid incision; ordered 11/27/24 and discontinued on 11/29/24.<br><br>Lidocaine external patch 4% (Lidocaine). Apply to the left lower extremity topically one time a day for pain and remove at bedtime, ordered 11/29/24.<br><br>Lyrica oral capsule 75 mg (Pregabalin). Give one capsule by mouth three times a day for chronic pain, ordered 8/5/24.<br><br>Robaxin 750 mg oral tablet (Methocarbamol). Give one tablet by mouth one time a day and at bedtime for pain, ordered 4/12/24.<br><br>Tylenol oral tablet 325 mg (Acetaminophen). Give 650 mg by mouth four times a day for pain, ordered 8/28/24.<br><br>Oxycodone HCl oral tablet 5 mg. Give one tablet every 8 hours for pain, ordered 5/29/24 and discontinued on 11/20/24.<br><br>Xtampza ER (oxycodone) oral capsule 12-hour abuse deterrent 9 mg. Give one capsule by mouth every 12 hours for pain with a start date of 11/20/24.<br><br>Oxycodone HCl oral tablet 2.5 mg every eight hours as needed for severe pain levels of 8 to 10, ordered 7/12/24 and discontinued on 11/15/24.<br><br>Oxycodone HCl oral tablet 5 mg. Give one tablet by mouth every six hours as needed for moderate pain levels of 3 to 7. Give two tablets by mouth every six hours as needed for severe pain levels of 8 to 10, ordered 11/15/24.<br><br>Order administration notes from the November 2024 and December 2024 medication administration records (MAR) for PRN (as needed) Oxycodone indicated the resident's acceptable pain level was 5 out of 10.<br><br>An alert progress note from 11/19/24 at 12:45 p.m. documented Resident #11 refused wound care services from the wound doctor. He had received one Oxycodone 5 mg tablet PRN at 11:29 a.m. with no pain level indicated upon administration. His follow-up pain level at 2:20 p.m. was 6 out of 10 and the nurse documented the pain medication was effective.<br><br>-Although the nurse documented the pain medication was effective, the resident's pain level was still above his stated acceptable pain level of 5 out of 10.<br><br>An Oxycodone administration note in progress notes from 11/22/24 at 12:51 p.m. revealed the resident was unable to work with physical therapy (PT) due to a pain level of 10 out of 10 and facial grimacing.<br><br>Review of Resident #11's November 2024 MAR revealed the following:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0697<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 11/16/24 at 10:17 a.m., the resident was administered one tablet of Oxycodone 5 mg PRN for a pain level of 9 out of 10. He refused to take two tablets due to fear of constipation. Upon reassessment for pain medication effectiveness at 12:30 p.m., almost two hours after the administration of the medication, Resident #11 rated his pain at an 8 out of 10. The nurse documented the intervention as ineffective.<br><br>-However, there was no follow-up note indicating further intervention was attempted or that a physician was notified.<br><br>On 11/17/24 at 9:38 a.m., the resident was administered two tablets of Oxycodone 5 mg PRN for a pain level of 9 out of 10. Upon reassessment for pain medication effectiveness at 12:17 p.m., almost three hours after the administration of the medication, Resident #11 rated his pain at an 8 out of 10. The nurse documented the pain medication was effective.<br><br>-However, Resident #11's pain level of 8 out of 10 was still above the resident's stated acceptable pain level of 5 out of 10.<br><br>On 11/19/24 at 11:29 a.m., the resident was administered one tablet of Oxycodone 5 mg PRN, his pain level and non-pharmacological interventions were not documented upon administration. Upon reassessment for pain medication effectiveness at 2:20 p.m., almost three hours after the administration of the medication, Resident #11 rated his pain level at 6 out of 10. The nurse documented the pain medication was effective.<br><br>-However, Resident #11's pain level of 6 out of 10 was still above the resident's stated acceptable pain level of 5 out of 10.<br><br>On 11/22/24 at 12:51 p.m., the resident was administered two tablets of Oxycodone 5 mg PRN for a pain level of 10 out of 10. Resident #11 was unable to participate with PT due to his pain and facial grimacing was observed in the note. Upon reassessment for pain medication effectiveness at 4:20 p.m., almost four hours after the administration of the medication, the resident rated his pain level at an 8 out of 10. The nurse documented the pain medication was effective.<br><br>-However, Resident #11's pain level of 8 out of 10 was still above the resident's stated acceptable pain level of 5 out of 10.<br><br>On 11/24/24 at 2:14 p.m., the resident was administered two tablets of Oxycodone 5 mg PRN for a pain level of 8 out of 10. Upon reassessment for pain medication effectiveness at 3:43 p.m., Resident #11 rated his pain level at 7 out of 10. The nurse documented the pain medication was effective.<br><br>-However, Resident #11's pain level of 7 out of 10 was still above the resident's stated acceptable pain level of 5 out of 10.<br><br>On 11/24/24 at 10:10 p.m., the resident was administered two tablets of Oxycodone 5 mg PRN for a pain level of 10 out of 10, the note stated that repositioning was ineffective. Upon reassessment for pain medication effectiveness at 11:43 p.m., Resident #11 rated his pain level at 6 out of 10. The nurse documented the pain medication was effective.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0697<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -However, Resident #11's pain level of 6 out of 10 was still above the resident's stated acceptable pain level of 5 out of 10.<br><br>On 11/27/24 at 9:05 a.m., the resident was administered one tablet of Oxycodone 5 mg PRN for a pain level of 8 out of 10. Upon reassessment for pain medication effectiveness at 11:56 a.m., almost three hours after the administration of the medication, Resident #11 rated his pain level at 8 out of 10. The nurse documented the pain medication was effective.<br><br>-However, Resident #11's pain level of 8 out of 10 was still above the resident's stated acceptable pain level of 5 out of 10.<br><br>On 11/28/24 at 8:20 a.m., the resident was administered one tablet of Oxycodone 5 mg PRN for a pain level of 7 out of 10. Upon reassessment for pain medication effectiveness at 11:13 a.m., almost three hours after the administration of the medication, Resident #11 rated his pain level at 7 out of 10. The nurse documented the pain medication was effective.<br><br>-However, Resident #11's pain level of 7 out of 10 was still above the resident's stated acceptable pain level of 5 out of 10.<br><br>On 11/28/24 at 9:49 p.m., the resident was administered two tablets of Oxycodone 5 mg PRN for a pain level of 10 out of 10. A progress note indicated that repositioning and distraction were ineffective. Upon reassessment for pain medication effectiveness at 10:51 p.m., Resident #11 rated his pain level at 6 out of 10. The nurse documented the pain medication was effective.<br><br>-However, Resident #11's pain level of 6 out of 10 was still above the resident's stated acceptable pain level of 5 out of 10.<br><br>On 11/30/24 at 3:10 p.m., the resident was administered two tablets of Oxycodone 5 mg PRN for a pain level of 10 out of 10. A progress note indicated that repositioning and distraction were ineffective. Upon reassessment for pain medication effectiveness at 4:46 p.m., Resident #11 rated his pain level at 7 out of 10. The nurse documented the pain medication was effective.<br><br>-However, Resident #11's pain level of 7 out of 10 was still above the resident's stated acceptable pain level of 5 out of 10.<br><br>III. Staff interviews<br><br>Licensed practical nurse (LPN) #1 was interviewed on 12/4/24 at 1:50 p.m. LPN #1 said Resident #11 had a surgical procedure two weeks prior. She said despite medication changes made to the resident's pain regimen since his return to the facility, his pain had been difficult to manage. She said the physician increased his Xtampza from 9 mg every 12 hours to 12 mg every 12 hours on 12/4/24 (during the survey) and the facility was waiting for the new dose of the medication to arrive.<br><br>The director of nursing (DON) was interviewed on 12/4/24 at 2:38 p.m. She said care plans for pain were reviewed with the IDT and suggestions were given. She said pain meetings began at the end of August 2024. The DON said at the meetings, the IDT evaluated residents' pain medications and MDS assessment pain levels, how often the residents' pain was being addressed and what was being done to treat residents' pain.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0697<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | The DON said pain assessments should be done upon admission and readmission, quarterly, every shift and with changes in condition. She said a pain assessment should have been completed for Resident #11 upon his readmission to the facility on [DATE]. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0742<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52045<br><br>Based on observations, record review and interviews, the facility failed to ensure that residents requiring treatments and services for mental disorders or psychosocial adjustment difficulties received appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well being for two (#2 and #4) of four residents reviewed out of 14 sample residents.<br><br>Specifically, the facility failed to provide mental health counseling services for Resident #2 and Resident #4.<br><br>Findings include:<br><br>I. Facility policy and procedure<br><br>The Behavioral Health Services policy, reviewed on 9/6/24, was received from the nursing home administrator (NHA) on 12/4/24 at 1:02 p.m. The policy read in pertinent part, The facility will provide behavioral health care and services that create an environment that promotes emotional and psychosocial well-being, meets each resident's needs and includes individualized approaches to care.<br><br>The nursing assessment and social services assessment are completed upon admission/readmission, quarterly and as needed with change of condition. Through this assessment, the facility should identify residents who develop decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, and may have made verbalizations indicating psychosocial adjustment difficulty.<br><br>If a determined need is present, the facility should consult with the attending physician to make a referral to a mental health professional for assessment and potential for ongoing follow-up.<br><br>The facility must determine through its facility assessment what types of behavioral health services it may be able to provide.<br><br>II. Resident #2<br><br>A. Resident status<br><br>Resident #2, age less than 65, was admitted on [DATE]. According to the December 2024 computerized physician orders (CPO), diagnoses included opioid dependence, chronic pain syndrome, osteoarthritis (difficulty walking), depression and anxiety.<br><br>The 10/22/24 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.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0742<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | The MDS assessment indicated the resident had felt down, depressed or hopeless nearly every day over the seven day look back period. The resident had a score of 15 out of 27 on the Patient Health Questionnaire-9 (PHQ-9 - a screening tool used for depression), which indicated she had moderately severe depression.<br><br>B. Observations<br><br>On 12/3/24 at 8:15 a.m. Resident #2 was observed crying in her room alone.<br><br>On 12/4/24 at 9:30 a.m. Resident #2 was in the hallway speaking to the social services director (SSD). The resident was crying as she spoke to the SSD.<br><br>C. Resident interview<br><br>Resident #2 was interviewed on 12/3/24 at 8:10 a.m. Resident #2 said she could not stop crying. Resident #2 said she had felt depressed ever since she was admitted to the facility because she felt like no one was listening to her when she had a complaint about her pain. Resident #2 said she had been asking for counseling services but she had not received any. Resident #2 said her depression had increased and she cried often.<br><br>D. Record review<br><br>Review of the behavior care plan, revised 11/1/24, revealed Resident #2 had a behavior problem including making false accusations and using profanity towards staff, manipulation and repeatedly asking for scheduled and PRN pain medications to be given together, related to panic and anxiety disorder. Interventions included assisting the resident to develop more appropriate methods of coping and interacting.<br><br>A review of Resident #2's December 2024 CPO revealed a physician's order for a referral for mental health services, ordered 11/19/24.<br><br>-Review of Resident #2's EMR failed to reveal documentation to indicate the resident had received any mental health services or refused when mental health services were offered to her.<br><br>E. Staff interview<br><br>The SSD was interviewed on 12/4/24 at 1:10 p.m. The SSD said Resident #2 was referred to a mental health services agency on 8/29/24 and Resident #2 refused. The SSD said she called the mental health services agency again on 9/27/24 and Resident #2 refused counseling services again.<br><br>-However, there was no documentation in Resident #2's EMR to indicate counseling services had been offered and she refused (see record review above).<br><br>51916<br><br>III. Resident #4<br><br>A. Resident status<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0742<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Resident #4, age less than 65, was admitted on [DATE] and readmitted on [DATE]. According to the December 2024 CPO, diagnoses included major depressive disorder (MDD), recurrent, severe with psychotic symptoms, paranoid schizophrenia, insomnia, unspecified and cognitive communication deficit.<br><br>The 9/26/24 MDS assessment revealed Resident #4 was cognitively intact with a BIMS score of 14 out of 15. The resident was independent with most activities of daily living (ADLs) requiring minimal assistance due to dizziness and gait imbalance.<br><br>The MDS assessment indicated the resident had felt down, depressed or hopeless for half or more of the days over the seven day look back period.<br><br>B. Resident interview<br><br>Resident #4 was interviewed on 12/4/24 at 8:00 a.m. Resident #4 said he was having a hard time with his depression lately because his sister was actively dying and her prognosis was poor. The resident said he had not had counseling services for a while. He said he would like to have counseling services via telehealth (service provided through a video conference) as he did not want to leave the building.<br><br>C. Record review<br><br>A 9/26/24 psychosocial progress note documented Resident #4 had agreed to receive services from the new mental health services agency via telehealth.<br><br>-However, there was no documentation in Resident #4's EMR to indicate the dates the resident received counseling services via telehealth between 9/26/24 and 12/4/24 or documentation to indicate the resident had refused counseling services (see SSD interview below).<br><br>Review of Resident #4's December 2024 CPO revealed a physician's order for the resident to receive mental health services with the new agency, ordered 11/19/24.<br><br>-However, there was no documentation in the resident's EMR to indicate the new mental health services agency had been contacted to begin providing counseling services for Resident #4.<br><br>-There was no documentation in Resident #4's EMR to indicate the resident had refused counseling services.<br><br>The trauma-informed care plan, revised 10/1/24, revealed Resident #4 required trauma-informed care due to having experienced several traumatic/stressful events throughout life, such as natural disaster, auto accident, exposure to a toxic substance, physical assault, assault with a weapon, sexual assault and a sudden accidental death. The resident would, at times, have repeated/disturbing/unwanted memories and dreams related to these events and feelings of the events happening again. He avoided memories related to the events and was jumpy/easily startled. Pertinent interventions include the SSD was to offer and arrange counseling services as tolerated (initiated 2/5/2020) and referral to a mental health services agency for counseling services (initiated 10/1/24).<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065217 | A. Building<br>B. Wing | 12/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Canon Lodge Care Center | 905 Harding Ave<br>Canon City, CO 81212 |

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 0742<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | The pre-admission screening and resident review (PASRR) Level II care plan, revised 7/22/24, revealed Resident #4 had PASRR Level II with the primary diagnosis of paranoid schizophrenia as well as major depressive disorder, recurrent, severe with psychotic symptoms. Based on the PASRR Level II evaluation findings, it was recommended for Resident #4 to receive individual therapy three times a month. Pertinent interventions included providing ongoing documentation and evaluation of the resident's mood, the resident participating in treatments, cares, medication management and psychiatric stability and reporting significant changes to his physician, psychiatrist and PASSR,if necessary, for further evaluation.<br><br>D. Staff interviews<br><br>The SSD was interviewed on 12/4/24 at 11:50 a.m. The SSD said the facility's mental health services agency had recently changed. She said the previous mental health agency stopped providing services for the facility in June 2024 or July 2024, as the therapist had retired and there the agency did not have a replacement therapist. The SSD said the facility recently contracted with a new mental health services agency in September 2024. However, to this date Resident #4 and one other are the only ones that will start services.<br><br>The SSD said she was unable to provide documentation of the dates Resident #4 was provided with counseling services.<br><br>The director of nursing (DON) was interviewed on 12/4/24 at 12:06 p.m. The DON said Resident #4's first counseling session with the new mental health services contract agency was scheduled for tomorrow (12/5/24). She said it was the responsibility of the SSD to offer and arrange counseling services for residents. She said Resident #4 had a physician's order to receive counseling services that was obtained on 11/19/24. She said the SSD had called the mental health services agency back today (12/4/24) to follow up on the referral.<br><br>The SSD was interviewed a second time on 12/4/24 at 1:10 p.m. The SSD said Resident #4 refused telehealth counseling services on 9/25/24. She said after talking to the new mental health agency (during the survey), she found out the agency had called Resident #4's private cell phone and he had declined their services on 9/25/24. She said she was not aware the company had contacted the resident and she had not followed up on the physician's referral for the resident to have counseling services. |