

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Creekside Village Rehabilitation and Nursing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 E Stuart St Fort Collins, CO 80525	
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 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to choose his or her attending physician.</p> <p>41172</p> <p>Based on record review and interviews, the facility failed to provide a choice of attending physician to residents.</p> <p>Specifically, the facility switched to a new provider group of attending physicians and did not notify all of the residents or provide choices.</p> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Resident Choice of Attending Physician policy was requested from the director of nursing (DON) on 7/17/24 at 11:38 a.m.</p> <p>-The policy was not received by the end of the survey on 7/17/24.</p> <p>II. Resident interviews</p> <p>Resident #3 was interviewed on 7/17/24 at 11:54 a.m. Resident #3 said he remembered a meeting where the new provider came and introduced herself. However, he said there was no other communication from the facility regarding a new provider. He said the decision to bring in a new provider for the facility was made by the facility corporation and he was not given a choice in the matter. He said the nursing staff told him he had to use the new provider and he had no choice in his provider. Resident #3 said he received nothing in writing about the change or what to do if he was not satisfied with the new provider. He said he was not satisfied with the new provider because he had been working on getting his pain pump for his back restarted with the previous provider and now that was at a stand still. He said the new provider did not notify him when medication changes were made. He said he had no say and no choice in the change of providers.</p> <p>Resident #4 was interviewed on 7/17/24. He said he lived at the facility with his wife. He said they were not notified that the facility would be changing physicians and they were not given a choice of providers.</p> <p>III. Record Review</p> <p>The May 2024, June 2024 and July 2024 resident council minutes were reviewed.</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 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-There was no documentation indicating the residents were notified of a house-wide change in providers.</p> <p>Individual resident letters notifying them of a change in provider and choices were requested from the DON on 7/17/24 at 11:38 a.m</p> <p>-There was no documentation provided by the end of the survey on 7/17/24 (see interviews below).</p> <p>Documentation of a meeting held with the new provider or any type of documentation that residents were notified of the change and given options for choices was requested from the DON on 7/17/24 at 11:38 a.m</p> <p>-No documentation was received by the end of the survey on 7/17/24 (see interviews below).</p> <p>IV. Staff interviews</p> <p>The DON was interviewed on 7/17/24 at 11:38 a.m. The DON said the facility had switched provider groups at the beginning of May 2024. She said this affected almost all the residents. The DON said she thought there was a meeting with the new provider group on 5/3/24. She said she had no documentation from the meeting and not all residents who would be changing providers were able to attend the meeting.</p> <p>The DON said the information about the new provider group should have been reviewed in the May 2024 resident council meeting.</p> <p>-However, there was no documentation of a change in providers in the May 2024 resident council meeting (see record review above).</p> <p>The DON said she did not think any written notice had gone out to the residents about the change in providers or choice of attending providers.</p> <p>-The nursing home administrator (NHA) was unavailable for an interview during the survey.</p> <p>The regional director of quality assurance (RDQA) was interviewed via phone on 7/17/24 at 12:10 p.m. The RDQA said the facility changed providers around 5/6/24. She said it was up to the facility to ensure residents were aware of the change in house-wide providers and that they were given a choice for which provider they wanted to have. The RDQA said she had no documentation that notification to residents regarding the change in providers had occurred.</p>		