

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  09/24/2024
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48458</b></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 two (#3 and #8) of five residents reviewed out of five sample residents.</p> <p>Specifically, the facility failed to ensure Resident #3 and #8, who were dependent on staff for bathing, received their scheduled showers.</p> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Shower/Bathing policy, revised October 2010, was provided by the nursing home administrator (NHA) on 9/24/24 at 1:32 p.m. The policy read in pertinent part,</p> <p>Shower/bathing schedules are determined based on resident preference, including type, frequency and time of day.</p> <p>The following information should be recorded on the resident's ADL (activities of daily living) record and/or in the resident's medical record:</p> <ol style="list-style-type: none"> <li>1. The date and time the shower/tub bath was performed.</li> <li>2. The amount of assistance required to complete bathing activity.</li> <li>3. If the resident refused the shower/tub bath, the reason(s) why and the intervention taken.</li> <li>4. The signature and title of the person recording the data.</li> </ol> <p>II. Resident #3</p> <p>A. Resident status</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 #3, age less than 65, was admitted on [DATE]. According to the September 2024 computerized physician orders (CPO), diagnoses included congestive heart failure, severe obesity, asthma, hypertension (high blood pressure) and anxiety disorder.</p> <p>The 8/31/24 minimum data set (MDS) assessment revealed the resident had moderate cognitive impairments with a brief interview for mental status (BIMS) score of 12 out of 15. The resident was dependent on staff for assistance with toileting, hygiene and dressing and required a mechanical lift for transfer.</p> <p>B. Resident interview and observation</p> <p>Resident #3 was interviewed on 9/23/24 at 2:23 p.m. Resident #3 said she had two showers and one bed bath since admission to the facility on [DATE]. Resident #3 said she refused a shower once. Resident #3 said the staff did not offer showers on a regular basis and she did not know when her showers were scheduled. Resident #3 said she was told on more than one occasion that the hot water was not working in the facility. Resident #3 was lying in bed. Her fingernails were long and had brown substance underneath them. Her hair was disheveled.</p> <p>C. Record review</p> <p>Resident #3's care plan, revised 7/26/24, revealed the resident required moderate assistance with showering/bathing.</p> <p>Review of the shower schedule posted at the nurses station revealed Resident #3 was scheduled to receive showers every week on Wednesdays and Saturdays.</p> <p>Review of the July 2024 CPO revealed the following physician's order:</p> <p>Ensure resident receives her showers, if refused, document interventions attempted, ordered on 7/24/24.</p> <p>-Review of the resident's electronic medical record (EMR) revealed no documentation to indicate why the resident missed her showers or what interventions were attempted for Resident #3's missed showers from 7/22/24 to 9/23/24 (see bathing/showering record information below).</p> <p>Resident #3's bathing/showering record from 7/22/24 to 8/31/24 was provided by the NHA on 9/24/24 at 11:00 a.m.</p> <p>The bathing/shower records and the treatment administration record (TAR) were reviewed from 7/22/24 to 9/23/24. The records revealed the following:</p> <p>Resident #3 refused one shower on 8/7/24.</p> <p>-There was no further documentation to indicate Resident #3 had refused other scheduled showers.</p> <p>Per the bathing/showering record documentation (7/22/24 to 9/23/24) Resident #3 received 10 showers out of 18 opportunities.</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>D. Staff interviews</p> <p>Certified nurse aide (CNA) #5 was interviewed on 9/23/24 at 12:18 p.m. CNA #5 said the facility eliminated the bath aide during the day shift. CNA #5 said not all residents received their showers because of this.</p> <p>CNA #6 was interviewed on 9/23/24 at 12:39 p.m. CNA #6 said some of the residents did not receive showers as scheduled, including Resident #3, due to not enough staff.</p> <p>CNA #2 was interviewed on 9/24/24 at 1:45 p.m. CNA #2 said Resident #3 was scheduled for showers on Wednesdays and Saturdays. CNA #2 said when a resident refused a shower, she would ask again and if they still refused the CNA notified the nurse. CNA #2 said Resident #3 had not received showers as scheduled. CNA #2 said that Resident #3 had large areas of flaking skin and a buildup of dead skin on her feet due to lack of showering.</p> <p>CNA #2 said Resident #3 was not happy about the level of care she received. CNA #2 said the director of nursing (DON) was aware that residents had not received showers.</p> <p>The DON and regional director of quality and compliance (RDQC) were interviewed together on 9/24/24 at 3:10 p.m. The DON said the documentation of showers was identified as a needed process improvement process which had not been implemented. The DON said she was unable to verify how many showers Resident #3 had received since her admission. The DON said she would need to get further into the process improvement process to verify when showers were missed. The RDQC said there was an opportunity for improvement in the system as it related to resident showers.</p> <p>19262</p> <p>III. Resident #8</p> <p>A. Resident status</p> <p>Resident #8, age less than 65, was admitted on [DATE] and readmitted on [DATE]. According to the September 2024 CPO, the diagnoses included morbid obesity, acute kidney failure, muscle weakness, lumbar region intervertebral disc degeneration and cerebral infarction due to an embolism of the left middle cerebral artery.</p> <p>The 8/28/24 MDS revealed the resident was cognitively intact with a bBIMS score of 13 out of 15. The resident had a functional limitation in his range of motion with an impairment on one side of the upper (shoulder, elbow, wrist and hand) and lower (hip, knee, ankle and foot) extremities.</p> <p>B. Resident interview</p> <p>Resident #8 was interviewed on 9/23/24 at 2:39 a.m. He said he had not received two or more showers each week and he would like to have them. He said he thought his shower days were on Monday and Friday. He said each time he did not get a shower he thought, here we go again.</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>The assistant director of nursing (ADON) was interviewed on 9/24/24 at 1:06 p.m. The ADON said a resident should receive two or more showers each week according to their preferences. The ADON said staff should chart showers in the resident's EMR on a shower sheet. The ADON said the staff member should chart in the EMR during their shift and before they leave the facility. The ADON said a CNA should let a nurse know if a resident refused a shower. She said the nurse would then approach the resident and encourage the resident to shower. The ADON said the nurse should chart a progress note that included the reason for the refusal. The ADON said the resident would be offered a make-up shower that occurred only on Sundays. The ADON said staff should honor the resident's preference for a shower or a bed bath and this should be reflected in the residents care plan. The ADON said the staff should follow the physician's orders and if a resident refused a bath, a progress note of the refusal should be written.</p> <p>CNA #1 was interviewed on 9/24/24 at 1:22 p.m. CNA #1 said she provided showers to the residents. CNA #1 said the residents should receive two or more showers each week according to their preference and have a choice of a shower or a bed bath. CNA #1 said she would ask a resident up to three times if they wanted a shower before she told the nurse that the resident refused. She said the nurse would then go and ask the resident if they wanted a shower. She said after this process, she would chart in the resident's EMR of the refusal. She said if a resident accepted a shower, she charted in the EMR immediately after the shower had been given.</p> <p>CNA #2 was interviewed on 9/24/24 at 2:08 p.m. CNA #2 said she provided showers to residents. She said she reviewed the resident's kardex for resident preferences, if the resident did not have the cognitive ability to tell her their preferences. CNA #2 said residents should receive two or more showers each week according to their preferences. CNA #2 said she would ask a resident three times if they wanted a shower and then go tell the nurse that the resident refused. She said the nurse would then go talk with the resident. She said she charted in the EMR after the shower was given or by the end of her shift. CNA #2 said she was unsure if the nurse wrote a progress note on a refusal of a shower in the EMR.</p> <p>The DON was interviewed on 9/24/24 at 3:18 p.m. The DON reviewed the resident's August 2024 and September 2024 TARs and agreed on the shower documentation. The DON said the staff should follow physician's orders to document resident refusals of showers in progress notes.</p>		