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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065232 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/22/2024 |
| NAME OF PROVIDER OR SUPPLIER Atlas Post Acute | | STREET ADDRESS, CITY, STATE, ZIP CODE 2611 Jones Ave Pueblo, CO 81004 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50690</p> <p>Based on observations, record review and interviews, the facility failed to provide food that accommodated resident preferences for three (#38, #18, #23) of three residents out of 32 sample residents.</p> <p>Specifically, the facility failed to provide food choices according to resident preferences for Resident #38, Resident #18 and Resident #23.</p> <p>I. Facility policy and procedure</p> <p>The Resident Food Preferences policy, revised 2015, was provided by the nursing home administrator (NHA) on 10/22/24 at 4:30 p.m. It read in pertinent part,</p> <p>Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team. Modifications to diet will only be ordered with the resident's or representative's consent.</p> <p>Nursing staff will document the resident's food and eating preferences in the care plan.</p> <p>II. Resident #38</p> <p>A. Resident status</p> <p>Resident #38, age greater than 65, was admitted on [DATE]. According to the October 2024 computerized physician orders (CPO), diagnoses included type 2 diabetes mellitus with peripheral angiopathy (blood vessel disease).</p> <p>According to the 9/12/24 minimum data set (MDS) assessment the resident was cognitively intact with a brief interview for mental status (BIMS) score of 15 out of 15. He required set-up assistance with eating.</p> <p>The MDS assessment indicated the resident was on a therapeutic diet.</p> <p>B. Resident interview</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Resident #38 was interviewed on 10/17/24 at 9:42 a.m. The resident said he received two omelets and two sausage patties for breakfast on 10/17/24. He said he did not receive hard boiled eggs per his preference. He said there were many times he did not get hard boiled eggs with his meals and he felt like he only got them when the staff remembered.</p> <p>Resident #38 was interviewed on 10/21/24 at 12:30 p.m. The resident said he had two omelets and two sausage patties for breakfast on 10/21/24. He said he did not receive any hard boiled eggs.</p> <p>Resident #38 was interviewed on 10/22/24 at 3:56 p.m. Resident #38 said a while back when there was a different DM, he had been asked about his meal preferences and if there was anything he wanted on a regular basis. He said he told the DM he liked cottage cheese and that he wanted two hard boiled eggs with every meal. The resident said the staff did not always come the night before and ask him what he wanted to eat the next day. He said if he got something he did not like, or that was cooked poorly, he would not necessarily ask for anything else.</p> <p>C. Record review and observations</p> <p>The resident's care plan, revised 8/21/23, revealed the resident was on a therapeutic diet related to his diagnosis of diabetes. He had the potential for nutrition risk, weight fluctuations, and the potential for inconsistent meal intakes related to personal food preferences. Interventions included providing the therapeutic diet as ordered, honoring food preferences as indicated in the meal tracker application, and offering alternate choices as needed.</p> <p>On 8/13/24, a nutritional risk assessment revealed the goals for Resident #38 included consuming over 75% of meals, maintaining or gradually losing weight until goal weight was reached, continuing with the current diet order, monitor meal intakes, weights, and labs, and honor food preferences as able.</p> <p>The October 2024 CPO revealed the resident was on a consistent carbohydrate (diabetic) diet, with regular textured foods, thin liquid consistency, and double protein/entree portions with all meals related to weight loss, ordered on 3/24/24.</p> <p>Resident #38's meal tickets from 10/17/24 and 10/21/24 revealed the following:</p> <p>Double protein/entree portions with all meals. Per resident's request, no dessert on tray for lunch/dinner; he will season his own food. He does not like oregano or cilantro. He wanted two boiled eggs with each meal.</p> <p>On 10/17/24 at 12:40 p.m. Resident #38 was served his lunch in his room. He received two hamburger patties, onions and two cups of coffee.</p> <p>-The resident did not receive hard boiled eggs with his meal.</p> <p>On 10/21/24 at 12:30 p.m., Resident #38 was served his lunch in his room. He received two cups of coffee, a cup of milk, a side of cottage cheese and two hamburger patties.</p> <p>-The resident did not receive hard boiled eggs with his meal.</p> <p>(continued on next page)</p> | | |

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| <p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>D. Staff interviews</p> <p>The dietary manager (DM) was interviewed on 10/21/24 at 3:14 p.m. The DM said the resident's food preferences were obtained within 48 hours of their admission to the facility and yearly after that unless something changed.</p> <p>The DM said she used a dietary interview sheet to obtain the residents'likes, dislikes and preferences. The DM said if the resident's preference or situation changed, she filled out a communication sheet for staff and entered it into the computer system so it printed out on the resident's meal ticket.</p> <p>The registered dietitian (RD) and speech therapist (ST) were interviewed together on 10/22/24 at 2:18 p.m. The RD said Resident #38's original preference sheet, dated 3/7/24, did not indicate a preference for hard boiled eggs with meals. She said the resident likely requested the two hard boiled eggs from the DM by going directly to the kitchen.</p> <p>The ST said the certified nurse aides (CNA) that worked on night shift verified preferences with residents. She said unless a resident said otherwise, they would get those preferences the next day with their meals. She said if a resident did not want their usual preference, the CNAs crossed the preference off their ticket.</p> <p>The ST and the RD said if hard boiled eggs were on Resident #38's meal ticket as his preference, he should have gotten them.</p> <p>The ST said if Resident #38 did not get his eggs, then staff probably did not read the meal ticket. The ST said it was possible that they did not give him the eggs because of what else he had for his meal, like an omelet, but that should have been clarified with the resident first. She said Resident #38 was vocal about making his needs known and he knew he could request eggs if he did not get them.</p> <p>The RD and the ST said the diet orders and preferences on meal tickets should be followed, otherwise residents could choke on a texture they could not handle and the RD could not obtain accurate calorie counts. The ST and the RD said they had educated the kitchen staff on preparing meal trays, verifying orders and preferences with residents and double-checking that resident meals were correct. The ST and the RD said they also audited resident diet orders and preferences every two weeks.</p> <p>CNA #1 was interviewed on 10/22/24 at 3:23 p.m. CNA #1 said menus came out overnight and CNAs asked residents what meals they wanted for the next day. She said the CNAs also double checked to make sure the resident's preferences were up-to-date. She said if the resident did not want what was on the regular menu they could choose from the bistro menu, and the CNAs wrote that on the resident's meal ticket. CNA #1 said when she passed trays at mealtime, she checked the ticket and tray for accuracy, and if something was missing she went to the kitchen to get the missing item. She said the residents knew they could ask for specific items, especially if they were missing from their order. She said the CNAs offered to get requested items for residents. CNA #1 said if food or drink preferences were listed on the ticket, then the resident should be getting those items. She said if a resident specified they wanted hard boiled eggs at every meal and that was written on the ticket, she said she assumed the resident should get them at every meal even at breakfast, unless when asked, the resident said they did not want them at breakfast.</p> <p>(continued on next page)</p> | | |

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| <p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>CNA #2 was interviewed on 10/22/24 3:42 p.m. CNA #2 said she thought food preferences were obtained upon admission and then added to the meal tickets. She said when trays were passed in the morning, CNAs could ask preferences then and go get different items if the resident requested. She said Resident #38 liked two cups of cottage cheese with his meals, hard boiled eggs and no dessert. She said with breakfast, he still wanted the hard boiled eggs even if he had omelets for his main meal. She said the CNAs noticed if the resident was missing something and they would go get the missing item for him.</p> <p>48112</p> <p>III. Resident #18</p> <p>A. Resident status</p> <p>Resident #31, age 72 , was admitted on [DATE] and readmitted on [DATE]. According to the October 2024 CPO, diagnoses included peripheral vascular disease (blood vessels narrow and reduce blood flow), bipolar disorder (a mental illness that causes extreme mood swings) and schizophrenia (a chronic mental illness that affects a person's thoughts, feelings, and behaviors).</p> <p>The 8/21/24 MDS assessment revealed the resident was cognitively intact with a BIMS score of 13 out of 15.</p> <p>The MDS assessment revealed the resident was on a mechanically altered diet and a therapeutic diet.</p> <p>B. Resident interview</p> <p>Resident #18 was interviewed on 10/16/24 at 11:17 a.m. She said she liked small meals and her meat chopped up because she did not have all her teeth. She said she was not always served small meals.</p> <p>C. Observations</p> <p>On 10/21/24 at 11:30 a.m., cook (CK) #1 prepared Resident #18's lunch meal. CK #1 served Resident #31 a regular portion of ground chicken with sauce, a regular portion of chopped buttered egg noodles with gravy and a regular portion of chopped squash medley. Resident #18's meal ticket indicated she preferred a small portion for lunch.</p> <p>D. Record review</p> <p>The nutrition care plan, revised 8/13/24, revealed the resident received small portion lunches per preference. Interventions included honoring the resident;s food preferences as noted on the tray card system.</p> <p>The 8/20/24 nutritional assessment revealed the resident's likes and dislikes section documented to refer to the resident's meal ticket.</p> <p>IV. Resident #23</p> <p>(continued on next page)</p> | | |

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| <p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>A. Resident status</p> <p>Resident #23, age 73, was admitted on [DATE] and readmitted on [DATE]. According to the October 2024 CPO, diagnoses included peripheral vascular disease, cerebral infarction (disrupted blood flow to the brain), malignant neoplasm of the colon (colon cancer), anoxic brain injury (brain deprived of oxygen), psychotic disturbance, mood disturbance, anxiety and severe protein-calorie malnutrition (the body does not get enough foot, protein, and calories).</p> <p>The 9/26/24 MDS assessment revealed the resident had moderate cognitive impairments with a BIMS score of nine out of 15</p> <p>The MDS assessment revealed the resident was on a mechanically altered diet and a therapeutic diet.</p> <p>B. Resident representative interview</p> <p>Resident #23's representative was interviewed on 10/17/24 at 8:51 a.m. She said the facility called her to see if the resident could take an antidepressant medication because the medication helped increase appetite. She said she asked the facility to offer food he liked to eat to help with his food intake. The representative said Resident #23 liked pancakes, biscuits and gravy and apples. The representative said the resident had an apple fritter recently and an unknown staff member said they would see if he could have more apples in his diet.</p> <p>C. Record review</p> <p>The nutrition care plan, revised 9/10/24, revealed the resident received double portions for all meals.</p> <p>The 9/9/24 nutritional interview revealed the resident liked applesauce as a snack.</p> <p>-The nutritional interview did not document the resident's likes and did not indicate the resident was to receive double portions for all meals.</p> <p>The 10/1/24 interdisciplinary team progress note revealed the resident enjoyed biscuits and gravy and would provide double portions when available.</p> <p>The 10/22/24 interdisciplinary team weight progress note revealed the resident received white gravy at breakfast per his request.</p> <p>The facility provided a grievance form and investigation document for Resident #23. The 9/20/24 grievance form revealed the resident asked for more pureed eggs. The kitchen staff said there were no pureed eggs available. The investigation revealed dietary staff were educated on 9/20/24. The investigation revealed if the dietary staff ran out of a serving, they should prepare more on the spot to meet the resident's request.</p> <p>V. Staff interviews</p> <p>(continued on next page)</p> | | |

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| <p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The DM was interviewed on 10/21/24 at 3:13 p.m. The DM said she was responsible for obtaining the resident's food preferences. She said she reviewed the food preferences at admission, annually and as needed. She said she documented the preferences on the dietary interview form. She said dietary staff knew a resident's food likes and dislikes based on the resident's meal ticket.</p> <p>The DM said Resident #18 preferred small portions at lunch. She said she did not know Resident #18 received a regular portion of the lunch meal on 10/21/24. She said she would work with the staff to ensure resident's received their food preferences.</p> <p>The DM said Resident #23 liked white gravy, hamburgers and biscuits with gravy. The DM said the meal ticket should indicate to serve double portions of biscuits of gravy.</p> <p>The RD and the ST were interviewed on 10/22/24 at 2:17 p.m. The RD said the DM was responsible for obtaining the resident's food preferences. The RD said the food preferences interview was completed at admission, annually and as needed.</p> <p>The ST said the resident's food preferences were also changed if the resident had weight changes or if their diet order changed based on their therapy sessions.</p> <p>The RD said a resident's routine likes were placed on the meal ticket. The ST said the DM, the RD and the ST had access to the resident's meal tickets.</p> <p>The RD and the ST said Resident #18 preferred small portions at lunch. The RD and the ST did not know Resident #18 received a regular portion of the lunch meal on 10/21/24.</p> <p>The NHA was interviewed on 10/22/24 at 11:11 a.m. The NHA said a dining committee meeting was started about four to five months ago because there was a high number of food grievances. The NHA said the residents who filed a grievance about food were invited to the dining committee. The NHA said another intervention included the manager on duty did a test tray once a day for quality assurance. The NHA said she was not aware Resident #18 was not served a small portion on 10/21/24 and Resident #23 was not served a double portion on 10/21/24 per their preferences.</p> <p>VI. Facility follow up</p> <p>The NHA provided an inservice agenda and sign in sheet on 10/22/24 (during the survey). The nursing and dietary staff were trained on 10/22/24. The training included for the staff to read the resident's meal ticket before giving the meal to the resident. The training said the staff should ensure the resident received the correct diet order, fluids, portion sizes, quantity and supplement.</p> <p>The NHA provided a meal ticket for Resident #23. It revealed the double portion preference was removed.</p> <p>-However, the resident's preference for double portions when biscuits and gravy was on the menu was missing from the meal ticket.</p> | | |