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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>065235 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Pioneer Health Care Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>900 S 12th St<br>Rocky Ford, CO 81067 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48114</b></p> <p>Based on observations, record review and interviews, the facility failed to provide assistance with activities of daily living (ADL) for one (#8) of five residents reviewed for ADL care out of 28 sample residents.</p> <p>Specifically, the facility failed to ensure Resident #8 received oral and personal hygiene daily.</p> <p>A. Resident status</p> <p>Resident #8, age 67, was admitted on [DATE]. According to the April 2024 computerized physician orders (CPO), diagnoses included acute embolism and thrombosis of unspecified deep veins of right lower extremity (blood clot), unspecified fracture of lower end of right tibia (larger bone of the two lower leg bones) and multiple sclerosis (deterioration of the nerves).</p> <p>The 12/1/23 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. She required set-up or clean up assistance with oral hygiene and eating. She required partial/moderate assistance with personal hygiene, showering/bathing and upper body dressing.</p> <p>B. Resident interview and observations</p> <p>Resident #8 was interviewed on 4/15/24 at 10:53 a.m. Resident #8 said the staff did not offer for her to wash her hands and face in the morning when she woke up. She said the staff did not bring her toothbrush for her to brush her teeth in the morning. She said it was important for her to have her oral hygiene completed in the morning because it made her feel complete.</p> <p>Resident #8 was interviewed again on 4/16/24 at 4:07 p.m. Resident #8 said she was not provided with oral and personal hygiene this morning (4/16/24). She said her care provider came to visit her this afternoon and wrote a note that stated, Morning and night give Resident #8 her pink basin with warm water and fresh washcloth daily for personal hygiene. The note was posted on the bathroom door. The resident said she was only provided with her toothbrush to brush her teeth last night (4/15/24). She said her face and hands were not washed before getting ready for bed.</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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Resident #8 was interviewed again on 4/17/24 at 2:37 p.m. Resident #8 said staff did not provide her morning hygiene. She said she spoke with the nursing home administrator (NHA) this morning (4/17/24) and showed him her sign. She said the NHA said it was a great idea and he said he was going to work on it. She said when she was not provided with morning hygiene it made her feel incomplete for the day. She said it made her feel bewildered and surprised that oral and personal hygiene were not completed in the morning.</p> <p>Resident #8 said she did not let staff know about wanting her oral and personal hygiene done in the morning because she did not want to upset the staff. She said her care provider had voiced the concerns to staff. She said she was hoping the staff would look at the note and she would not have to say anything.</p> <p>C. Record review</p> <p>The activities of daily living (ADL) care plan, dated 11/25/23, documented Resident #8 had an ADL self-care performance deficit.</p> <p>The interventions included personal hygiene, providing moderate assistance by one staff with personal hygiene and oral care, encouraging the resident to participate to the fullest extent possible with each interaction, encouraging the resident to use her call bell to call for assistance and praising all efforts at self-care.</p> <p>The comprehensive care plan, dated 4/17/24 (during the survey), documented Resident #8 preferred to have her showers on Monday, Wednesday and Friday mornings. She liked to have a warm basin of water and wash cloth provided upon awakening to wash her face off and to promote independence in doing so.</p> <p>The interventions included offering showers in the morning on her preferred shower days.</p> <p>D. Staff interviews</p> <p>Registered nurse (RN) #3 was interviewed on 4/18/24 at 9:56 a.m. RN #3 said Resident #8 required set up assistance with her toothbrush and was able to brush her teeth on her own. He said when staff got her the supplies she was able to do everything on her own. He said ADL care should be provided every day. He said the certified nurse aides (CNA) were responsible for providing oral and personal hygiene care to the residents. He said the CNAs should be providing oral and personal hygiene every morning when the resident got up. He said Resident #8 should have received personal and oral hygiene care every morning.</p> <p>CNA #5 was interviewed on 4/18/24 at 10:13 a.m. CNA #5 said residents should be provided with personal and oral hygiene daily. He said he was responsible for providing personal and oral hygiene to the residents. He said</p> <p>Resident #8 required set-up assistance for personal hygiene as she was able to wash her own face. He said Resident #8 should be provided with personal and oral hygiene every day, however, he said he had never provided personal and oral hygiene for Resident #8.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>The DON was interviewed on 4/18/24 at 10:54 a.m. The DON said the CNAs were responsible for providing personal and oral hygiene for all the residents. She said personal and oral hygiene was part of the CNAs job duties.</p> <p>She said providing personal and oral hygiene should be done everyday. She said she spoke with Resident #8 on 4/17/24 (during the survey process) and put in an order to put her basin at her bedside upon awakening. She said Resident #8 required extensive assistance due to her physical functional ability. She said Resident #8 had good days and tried to be independent and other days she needed more help.</p> |  |  |