

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Heritage Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 Village Rd Carbondale, CO 81623	

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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50314</p> <p>Based on observations, record review and interviews, the facility failed to ensure proper treatment and assistive devices to maintain hearing abilities for one (#26) of one resident reviewed for hearing and vision problems out of 28 sample residents.</p> <p>Specifically, the facility failed to ensure Resident #26 was assisted to receive a replacement hearing aid after her right hearing aid was lost.</p> <p>Findings include:</p> <p>I. Resident #26</p> <p>A. Resident status</p> <p>Resident #26, age greater than 65, was admitted on [DATE]. According to the August 2024 computerized physician orders (CPO), diagnoses included hearing loss of both ears, macular degeneration and anxiety disorder.</p> <p>The 6/10/24 minimum data set (MDS) assessment revealed the resident had no cognitive impairment with a brief interview for mental status (BIMS) score of 14 out of 15. The assessment documented the resident had moderate difficulty hearing and required the use of hearing aides.</p> <p>B. Resident Observations</p> <p>On 8/26/24 at 3:51 p.m. Resident #26 was wearing one hearing aid in her left ear and no hearing aid in her right ear.</p> <p>On 8/27/24 at 9:41 Resident #26 was wearing one hearing aid in her left ear and no hearing aid in her right ear.</p> <p>On 8/28/24 at 1:44 p.m. Resident #26 was wearing one hearing aid in her left ear and no hearing aid in her right ear.</p> <p>C. 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.

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: 065237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Heritage Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 Village Rd Carbondale, CO 81623	

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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #26 was interviewed on 8/26/24 at 3:51 p.m. Resident #26 said she only had one hearing aid in her left ear. Resident #26 said her right hearing aid was lost by the facility a long time ago. Resident #26 said the facility told her they would replace it but the facility never replaced it. Resident #26 said she had low vision and having low vision with one missing hearing aid made it very difficult for her to interact with other residents, family members and staff. Resident #26 said she was frustrated the facility had not assisted her in replacing her hearing aid.</p> <p>D. Record review</p> <p>A facility incident report form was provided by the nursing home administrator (NHA) on 8/27/24 at 3:11 p.m. The facility incident report form documented that Resident #26 reported her hearing aid was missing on 6/27/24 at 8:55 a.m. The incident report form documented that the facility would replace one lost hearing aid. The incident report form documented that this information was shared with Resident #26 on 8/8/24.</p> <p>-However, Resident #26 reported the facility had not replaced the hearing aid as of 8/26/24. (see interview above)</p> <p>A progress notes dated 8/29/24 (during the survey) documented a staff member spoke to the audiology clinic and Resident #26's hearing aid would be replaced.</p> <p>-However, the facility failed to attempt to replace the hearing aid for more than two months after it was reported missing.</p> <p>E. Staff Interviews</p> <p>The social service director (SSD) was interviewed on 8/27/24 at 1:25 p.m. The SSD said she was not involved in Resident #26's investigation concerning her hearing aid. The SSD said the NHA completed all investigations of missing property and would only involve the SSD upon request. The SSD said she did not know the current status of replacing Resident #26's hearing aid that was lost.</p> <p>The NHA was interviewed on 8/27/24 at 1:44 p.m. The NHA said Resident #26 was missing one hearing aid and the facility offered to replace it. The NHA said she completed the investigation into the hearing aid. The NHA said the hearing aid had not been replaced yet because the facility was experiencing logistical problems with reaching the audiology clinic. The NHA said she did not have documentation that the facility attempted to get Resident #26's hearing aid replaced.</p> <p>The NHA was interviewed again on 8/29/24 at 3:41 p.m. The NHA said the facility's transportation driver was able to get ahold of the audiology clinic today (8/29/24) to discuss replacing Resident #26's hearing aid. The NHA said the facility would implement a call log so the facility could document when calls were made to other care partners on behalf of resident care.</p>