STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065243	A. Building B. Wing	02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Durango Health and Rehabilitation	2911 Junction St Durango, CO 81301

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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48412 Based on record review and interviews, the facility failed to inform the resident or consult with the residents representative regarding a change in the resident's treatment for one (#1) of three residents reviewed out of five sample residents. Specifically, the facility failed to notify Resident #1's medical durable power of attorney (MDPOA) of a medication change. Findings include: I. Facility policy and procedure The Notification of Physician or Responsible Party policy, revised October 2021, was provided by the nursing home administrator (NHA) on 2/5/25 at 10:35 a.m. It read in pertinent part, It is the policy of this facility to notify the resident, his/her attending physician and/or family/responsible party of changes in the resident's condition and/or status. Unless otherwise instructed by the resident, the nurse supervisor will notify the resident's family/responsible party when: The resident is involved in any accident or incident which results in an injury including injuries of an unknown source; There is a significant change in the resident's physical, mental or psychosocial status; There is a need to alter the resident's treatment significantly; There is a change in the resident's room assignment; A decision has been made to discharge the resident from the facility; and/or, It is necessary to transfer the resident to a hospital. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's condition or status. (continued on next page)

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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NAME OF PROVIDER OR SUPPLIER Durango Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2911 Junction St Durango, CO 81301	

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	II. Resident #1 A. Resident status Resident #1, age greater than 65, was admitted on [DATE] and passed away on 12/31/24. According to the December 2024 computerized physician orders (CPO), diagnoses included Parkinson's disease (neurological disorder) without dyskinesia (involuntary movements) and neurocognitive disorder with Lewy Bodies (neurological disorder/type of dementia). The 11/20/24 minimum data set (MDS) assessment revealed Resident #1 had severe cognitive impairments with a brief interview for mental status (BIMS) score of zero out of 15. B. MDPOA interview Resident #1's MDPOA was interviewed on 2/5/25 at 12:19 p.m. He said Resident #1 was admitted to the facility with her primary diagnosis being Parkinson's disease followed by Lewy bodies dementia. He said the facility failed to notify him that Resident #1's Carbidopa-Levodopa (Parkinson's medication) was being discontinued. The MDPOA said the medication helped Resident #1 be able to complete some activities of daily living (ADLs) and have a little bit of independence. He said when the medication was discontinued, Resident #1 seemed to have a rapid decline and then she passed away. He said the medication was discontinued on 12/2/24 and he was not informed until he asked the nurse to show him Resident #1's medical record a couple weeks after the medication was stopped. The MDPOA said the physician told him it was discontinued because she was not sure Resident #1 had Parkinson's disease. He said this was confusing because Parkinson's was her admitting diagnosis and the family had been dealing with Parkinson's disease for about four years prior to the resident admitting to the facility. C. Record review Carbidopa-Levodopa 25-100 mg tablet twice a day, was ordered on 4/11/24 and discontinued on 12/2/24. The 11/21/24 physician's note documented the physician questioned if Resident #1 needed to continue the Carbidopa-Levodopa. The physician recommended a trial to discontinue the medication since the medication was not at a therapeutic level. The 12/29/24 physician's note documented the physician had a care conference with Resident #1's MDPOA and family. The physician documented the family was informed the Carbidopa-Levodopa was discontinued on 12/2/24 per best practice guidelines. -However, the facility failed to notify the MDPOA of medication changes for 27 days. IV. Staff interviews (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nurse practitioner (NP) #1 was interviewed on 2/4/25 at 11:19 a.m. NP #1 said the Carbidopa-Levodopa was discontinued based on the recommendation from the facility's medical director. NP #1 said she was not positive Resident #1 had Parkinson's disease and wanted to do imagining to confirm. She said the resident declined and the local hospital did not offer the imaging needed. She said she spoke to the family over the phone on 12/29/24 after the medication was discontinued She said the nursing department was responsible for notifying the family or the resident of medication changes. The director of nursing (DON) was interviewed on 2/4/25 at 11:45 a.m. The DON said the nursing staff notified residents or their MDPOAs of medication changes only when the medication being changed was a psychotropic medication. The DON said she did not notify Resident #1's family because the medication was not a psychotropic medication. The DON said she was not aware that the MDPOA needed to be notified of changes in the resident's care.