

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/21/2024
NAME OF PROVIDER OR SUPPLIER  Winding Trails Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  2800 Palo Pkwy Boulder, CO 80301	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47960</b></p> <p>Based on observations, interviews and record review, the facility failed to ensure the self-administration of medications was clinically appropriate for two (#4 and #60) of two out of 35 sample residents.</p> <p>Specifically, the facility failed to appropriately assess Resident #4 and Resident #60 for self-administration of medications.</p> <p>Findings include:</p> <p>I. Professional reference</p> <p>According to [NAME], P.A., [NAME], A.G., et.al., Fundamentals of Nursing, 10 ed. (2020), E.[NAME], St. Louis Missouri, pp. 2016, was retrieved on 11/27/24, Do not leave medications at the bedside. If you leave the medication on the bedside table, how do you know they took the medication? Someone else could come in and take or discard the medication.</p> <p>II. Facility policy and procedure</p> <p>The Storage of Medications policy, updated November 2020, was provided by the director of nursing (DON) on 11/21/24 at 3:57 p.m. It read in pertinent part, Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner.</p> <p>III. Resident #4</p> <p>A. Resident status</p> <p>Resident #4, age greater than age 65, was admitted on [DATE]. According to the November 2024 computerized physician orders (CPO), diagnoses included sepsis, asthma, chronic heart failure, lymphedema (fluid retention), chronic kidney disease, hypertension (high blood pressure), cognitive communication deficit, and stage four pressure ulcer of sacral region.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 8/20/24 minimum data set (MDS) assessment revealed the resident was cognitively intact with a brief interview for mental status (BIMS) score of 14 out of 15. According to the assessment, the resident needed setup or clean up assistance with eating, oral hygiene and showering.</p> <p>B. Observations and record review</p> <p>On 11/18/24 at 11:03 a.m., during an interview with Resident #4, a tube of three percent lidocaine was found on the resident's bedside table.</p> <p>On 11/20/24 at 9:13 a.m., during a follow-up interview with Resident #4, a tube of three percent lidocaine was found on the resident's bedside table and a tube of five percent lidocaine was located in a rack a few feet away from the resident's bed.</p> <p>-Review of the November 2024 CPO did not reveal physician's orders for either of the tubes of lidocaine for Resident #4.</p> <p>-There were no assessments completed that indicated the resident was able to self administer medications.</p> <p>-The care plan, updated 11/12/24, did not reveal the resident wanted to self administer medications.</p> <p>IV. Resident #60</p> <p>A. Resident status</p> <p>Resident #60, age greater than age 65, was admitted on [DATE]. According to the November 2024 CPO, diagnoses included chronic respiratory failure, type two diabetes mellitus, gastro esophageal reflux disease, hypotension (low blood pressure), and altered mental status.</p> <p>The 9/4/24 MDS assessment revealed the resident was cognitively intact with a BIMS score of 14 out of 15.</p> <p>According to the assessment, the resident was dependent on staff for showers, lower body dressing and personal hygiene. The resident was able to eat independently.</p> <p>B. Observations and record review</p> <p>On 11/20/24 at 7:50 a.m., during observation of medication pass with licensed practical nurse (LPN) #2, the following medications were left on the Resident #60's bedside table: Vitamin C, Tums (used to treat heartburn and indigestion), Glimepiride (used to treat high blood sugar), Ocuville (a vitamin for eye health), and Protonix (used to treat excessive stomach acid causing heartburn).</p> <p>-A review of the November 2024 CPO revealed there were no physician's orders for self administration of medication.</p> <p>-There were no assessments completed that indicated the resident was able to self administer medications.</p> <p>(continued on next page)</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The care plan, updated 10/31/24, did not reveal the resident wanted to self administer medications.</p> <p>V. Staff interviews</p> <p>The director of nursing (DON) was interviewed on 11/20/24 at 9:14 a.m. The DON said she did not assess or allow any residents in the facility to self administer medications. She said it was important for the nursing staff to observe the residents as they took their medications to ensure the medications were taken correctly and on time. The DON said there were not any residents in the facility that were permitted to keep any medications or topical treatments at their bedside.</p> <p>Registered nurse (RN) #1 was interviewed on 11/21/24 at 10:48 a.m. RN #1 said medications should not ever be left at the bedside. She said there were not any residents in the facility that were permitted to self administer their medications. RN #1 said medications that were left at the bedside could be used incorrectly by the resident, get thrown away and not taken at all, hoarded and taken all at once causing an overdose or other residents could take the medications that were not prescribed for them.</p>

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>48112</p> <p>Based on record review and interviews, the facility failed to provide a response, action and rationale to residents involved in group grievances.</p> <p>Specifically, the facility failed to provide a response, action and rationale for food concerns brought up in the resident council meetings.</p> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The grievances and complaints filing policy, revised April 2017, was provided by the nursing home administrator (NHA) on 11/21/24 at 3:32 p.m. It revealed in pertinent part, All grievances, complaints or recommendations stemming from resident or family groups concerning issues of resident care in the facility will be considered. Actions on such issues will be responded to in writing, including a rationale for the response.</p> <p>II. Resident group interview</p> <p>A group interview was conducted on 11/19/24 at 1:01 p.m. with five residents (Resident #10, #12, #21, #46 and #68) who were identified as alert and oriented through facility and assessment.</p> <p>Resident #10 said he wanted different snacks than half of a ham sandwich. He said he was told this was what the facility offered as snacks.</p> <p>Resident #12 said she bought her own snacks because she did not like the snacks offered by the facility.</p> <p>Resident #21 said he did not like the snacks offered by the facility. Resident #21 said when he had bagels brought in by a resident representative an unknown nurse would not reheat the bagel.</p> <p>Resident #21 said he was trying to elevate his snacks because he did not like the facility's snacks.</p> <p>The residents said they did not feel the facility provided prompt resolutions to their concerns.</p> <p>III. Resident council notes</p> <p>The June 2024 resident council notes were reviewed. It revealed residents wanted infused water and the residents said the food was occasionally too spicy. The residents wanted fresh snacks and did not want as many processed foods. The residents asked to cook on the barbeque grills and wanted more slow cook methods like cooking and smoking for more tender meats.</p> <p>The 7/23/24 resident council notes were reviewed.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-There was no documentation on the 7/23/24 resident council notes that the concerns the residents brought up in the June 2024 resident council meeting were reviewed or approved by the residents.</p> <p>The 10/21/24 resident council notes were reviewed. The residents asked for more protein at breakfast and said the eggs were not good. The residents asked for more fresh fruit, asked for sliced oranges and wanted easy to peel oranges like cuties. The residents also said the portion sizes were small and they felt hungry.</p> <p>The 11/18/24 resident council notes were reviewed.</p> <p>-There was no documentation on the 11/18/24 resident council notes that the concerns the resident brought up in the October 2024 resident council meeting were reviewed or approved by the residents.</p> <p>V. Staff interview</p> <p>The NHA was interviewed on 11/21/24 at 9:50 a.m. The NHA said the activities director (AD) was the interim AD and was hired on 8/5/24. The NHA said the AD had a consultant to monitor and support the AD. The NHA said the consultant started on 8/12/24.</p> <p>The NHA said the AD was responsible for coordinating the resident council meeting. The NHA said the resident council agenda was driven by the residents. The NHA said the agenda covered old topics and new business. The NHA said the residents knew when the resident council occurred because they had an activities calendar in their room.</p> <p>The NHA said when a resident brought up a concern at resident council, the AD told the department either verbally or through a text message. The NHA said he assumed the AD followed up with the department. The NHA said the AD asked the resident if they needed help to fill out a grievance form or if the resident wanted the AD to fill out the grievance form. The NHA said he did not know the AD did not go over concerns with the resident council to ensure the residents approved of the resolution. The NHA said there was no documentation that the staff responded to the residents' concerns for the June 2024 or October 2024 resident council.</p> <p>The NHA was interviewed on 11/21/24 at 3:45 p.m. The NHA said a performance improvement project (PIP) for activity services was identified on 10/30/24.</p> <p>VI. Facility follow up</p> <p>The NHA provided the activity services PIP on 11/22/24 at 11:50 a.m. It revealed the PIP addressed the facilities activities program. The PIP was identified on 10/30/24. The facility was in the process of reconfiguring the activity program to better meet the residents' needs. The activity changes included weekend activities, residents directed activities and one on one activities.</p> <p>-However, the PIP did not address how the facility would provide a response, action and rationale for concerns discussed at resident council.</p>		

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<p>F 0570</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Assure the security of all personal funds of residents deposited with the facility.</p> <p>48458</p> <p>Based on record review and interviews, the facility failed to ensure a surety bond or otherwise provide assurance satisfactory to the secretary to assure the security of all personal funds of residents deposited with the facility.</p> <p>Specifically the facility failed to ensure the surety bond had the correct amount to cover the entire balance for the residents' personal needs account at the facility.</p> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Management of Residents' Personal Funds policy, revised April 2017, was provided by the regional clinical resource (RCR) on 11/21/24 at 3:57 p.m. It read in pertinent part, Should the facility manage the resident's funds, the facility will act as a fiduciary of the resident funds and hold, safeguard, manage and account for the personal funds of the resident. Such funds will be managed in accordance with established policies outlined in this chapter that relate to financial management.</p> <p>II. Record review</p> <p>The surety bond letter was provided by the business office manager (BOM) on 11/20/24 at 3:00 p.m. It was dated 5/8/24 and signed by the facility's principal representative and the surety representative attorney-in-fact and documented the surety bond #30220042 patient funds were for the amount of \$14,000.00. The certificate was effective 9/1/2023 at 12:01 a.m. and shall continue in full force and effect until 9/1/24, unless renewed by continuation certificate.</p> <p>The facility statements for resident personal funds were provided by the BOM on 11/21/24 at 1:00 p.m. and revealed the account balance was greater than \$14,000.00 on multiple occasions in May 2024, June 2024, July 2024, August 2024, September 2024 and October 2024.</p> <p>III. Staff interviews</p> <p>The business office manager (BOM) was interviewed on 11/21/24 at 9:18 a.m. The BOM said the amount of coverage for the surety bond was increased on 11/20/24 to \$50,000.00 (during the survey). The BOM said the bonding company had added the \$50,000.00 coverage retroactive to 10/1/24. The BOM said the facility recognized on 11/20/24 (during the survey) the need to increase the personal funds coverage because the balance totals had been greater than \$14,000.00 at times over the past several months. The BOM said he was told by the facility's corporate business office that the facility had surety bond coverage for September 2024. -However, the BOM said the letter did not provide coverage retroactive to 9/1/24, the ending date of previous coverage.</p> <p>The nursing home administrator (NHA) was interviewed on 11/21/24 at 1:41 p.m. The NHA said the facility should have had a surety bond which covered the total balance in resident personal funds at all times.</p> <p>(continued on next page)</p>		

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<p>F 0570</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>IV. Facility follow up</p> <p>The BOM provided an updated surety bond on 11/21/24 at 1:00 p.m. (during the survey). The BOM provided a document titled Bond Increase Rider which increased the #30220042 bond from \$14,000.00 to \$50,000.00 effective 9/1/24. The rider was signed on 11/20/24 by a facility principal representative and the surety company attorney-in-fact.</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47960</p> <p>Based on record review and interviews, the facility failed to incorporate the recommendations from the preadmission screening and resident review (PASRR) Level II determination and evaluation report into the assessment, care planning and transition of care for one (#63) of three residents out of 35 sample residents.</p> <p>Specifically, the facility failed to:</p> <ul style="list-style-type: none"> <li>-Take steps to ensure services were provided as recommended in Resident #63's PASRR Level II report; and,</li> <li>-Ensure the PASRR Level II recommendations were included in Resident #63's care plan.</li> </ul> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Behavioral Assessment, Intervention and Monitoring policy, revised March 2019, was provided by the nursing home administrator (NHA) on 11/20/24 at 4:00 p.m. It read in pertinent part, The facility will provide and residents will receive behavioral health services as needed to attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care. Behavioral symptoms will be identified using facility-approved behavioral screening tools and the comprehensive assessment. The care plan will incorporate findings from the comprehensive assessment and PASARR Level II determinations (as appropriate), and be consistent with current standards of practice.</p> <p>II. Resident status</p> <p>Resident #63, age greater than 65, was admitted on [DATE]. According to the November 2024 computerized physician orders (CPO), diagnoses included renal insufficiency, dementia, anxiety disorder, depression, and bipolar disorder (mental illness that causes unusual shifts in behavior).</p> <p>The 10/8/24 minimum data set (MDS) assessment revealed the resident had moderate cognitive impairments with a brief interview of mental status (BIMS) score of ten out of 15.</p> <p>The assessment indicated the resident required setup assistance with oral hygiene and personal hygiene.</p> <p>The assessment indicated the resident had been evaluated for a PASRR Level II and had recommendations (see record review below).</p> <p>III. Record review</p> <p>(continued on next page)</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Resident #63's PASRR Level II, dated 9/14/24, revealed the resident had depression, anxiety and behaviors.</p> <p>The PASRR Level II documented the services were to be provided by a qualified community mental health professional such as individual therapy. The facility was to offer psychotherapy to Resident #63, per his recent neuropsychological report, to monitor symptoms and to provide support for him and facility staff in dealing with depression and behaviors.</p> <p>-A review of the comprehensive care plan, dated revised 10/14/24, did not reveal the resident's PASRR Level II screening and specialized services recommendations for his mental illness.</p> <p>-A review of Resident #63's electronic medical record (EMR) did not reveal documentation that indicated services were requested or established recommended on the Level II PASRR.</p> <p>-A review of the November 2024 CPO did not reveal a physician's order for the resident to be seen for psychotherapy. However, it did reveal orders for an antidepressant, antipsychotic and antianxiety medications.</p> <p>IV. Staff interviews</p> <p>Social services director (SSD) #1 was interviewed on 11/20/24 at 12:42 p.m. SSD #1 said the PASRR Level II recommendations were not followed up on according to her review of Resident #63's EMR. She said the reason the facility did not identify that Resident #63 was not receiving the care and services that were recommended in the Level II PASRR was because the facility did not do a whole house audit to identify which resident's had Level II PASRR recommendations until today (11/20/24). She said she was in the process of auditing all residents' PASRRs to ensure all recommendations were followed and maintained a spreadsheet to track those with PASRRs Level II recommendations and if the residents were receiving therapy, were offered therapy or had refused. SSD #1 said she believed the social services department had a lot of holes in the program and she had been working to identify gaps and make the process more seamless. She said she had been working in the facility for one month.</p> <p>The director of nursing (DON) was interviewed on 11/21/24 at 10:10 a.m. The DON said the recommendations from the PASRR Level II were maintained by the SSD. She said they had recently lost the SSD and hired a new SSD about a month ago. She was not sure where the current SSD was in the process of identifying or obtaining services for residents with recommendations.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</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 one (#278) of three residents reviewed for activities out of 35 sample residents received individualized activities in accordance with standards of care.</p> <p>Specifically, the facility failed to provide person centered comforting activities for Resident #278 who was at end of life.</p> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Safe and Homelike Environment policy, revised August 2024, was provided by the regional clinical resource (RCR) on 11/21/24 at 3:57 p.m. It read in pertinent part, The facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. A homelike environment is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. A determination of homelike should include the resident's opinion of the living environment.</p> <p>The Activity Programs policy, revised June 2018, was provided by the RCR on 11/21/24 at 3:57 p.m. It read in pertinent part, Activities offered are based on the comprehensive resident-centered assessment and the preferences of each resident. Our activity programs are designed to encourage maximum individual participation and are geared to the individual resident's needs. Adequate space and equipment are provided to ensure that needed services identified in the resident's plan of care are met.</p> <p>II. Resident #278</p> <p>A. Resident status</p> <p>Resident #278, age 75, was admitted on [DATE] and passed away at the facility on 11/21/24 According to the November 2024 computerized physician orders (CPO), diagnoses included Alzheimer's disease, malnutrition and dementia with agitation.</p> <p>The 11/12/24 minimum data set (MDS) assessment revealed the resident had severe cognitive impairments with a brief interview for mental status (BIMS) score of zero out of 15. Resident #278 was dependent on staff for activities of daily living (ADLs).</p> <p>The MDS assessment revealed it was very important for Resident #278 to listen to music she likes, be around animals such as pets and keep up with the news.</p> <p>B. Record review</p> <p>Resident #278's activity care plan, initiated 11/20/24, included inviting the resident's family members to attend activities with the resident to encourage resident participation.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The care plan did not reveal any of the resident's identified preferences or how to implement them with the resident current status.</p> <p>C. Observations</p> <p>On 11/18/24 at 2:00 p.m. Resident #278 was lying in bed with a hospital gown on.</p> <p>There was no decor or personal belongings in her room and the room was quiet.</p> <p>On 11/19/24 at 11:26 a.m., Resident #278 was in bed sleeping with a hospital gown on. The room was quiet and there were no personal belongings identified other than a small stuffed animal next to the resident. There was a foul odor in the room.</p> <p>On 11/19/24 at 1:09 p.m Resident #278 was lying in bed with her eyes closed. There were no personal belongings in the resident's room.</p> <p>D. Resident representative</p> <p>Resident #278's representative was interviewed on 11/19/24 at 11:24 a.m. The representative said the resident was receiving hospice care and required comfort care measures.</p> <p>E. Staff interviews</p> <p>Certified nurse aide (CNA) #2 was interviewed on 11/19/24 at 2:45 p.m. CNA #2 said she did not know if Resident #278 would respond to music or television. She said the staff had not tried to play music for the resident. CNA #2 said the resident often yelled and cried.</p> <p>Licensed practical nurse (LPN) #4 was interviewed on 11/19/24 at 2:50 p.m. LPN #4 said Resident #278 was receiving comfort care. LPN #4 said Resident #278's room was not personalized and he would not want to stay in the room if he were a resident. LPN #4 said he did not know if anyone had tried to play music for the resident and he did not know Resident #278's activity preferences.</p> <p>The activities director (AD) was interviewed on 11/19/24 at 2:58 p.m. The AD said Resident #278 was not willing to be interviewed when the AD initially attempted, but was able to determine the resident's preferences by 11/12/24. The AD said she did not have supplies to play music for the residents and did not know if the televisions in resident rooms had this capability.</p> <p>The director of nursing (DON) and the RCR were interviewed on 11/19/24 at 4:00 p.m. The DON said Resident #278's room was dull and there were very few items in the room to make it personalized. The DON said the facility had equipment available to play music. The RCR said the expectation at the facility was that anyone could initiate care that was identified by resident preferences as very important to the resident. The RCR said the AD should communicate to the rest of the nursing staff if an assessment was completed. The RCR said the facility team was going to evaluate all resident rooms to ensure other rooms had an appropriate environment.</p> <p>The hospice nurse (RNH) was interviewed on 11/20/24 at 12:54 p.m. The RNH said if Resident #278 had indicated music was important to her, she would expect staff to implement this. The RNH said there could be a change in resident preferences and it was important to continue to assess this.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The AD was interviewed again on 11/20/24 at 4:18 p.m. The AD said she had not had training regarding the needs and preferences of residents who received hospice care. She said she read about the needs of hospice residents on 11/20/24 and implemented a more homelike atmosphere on the morning of 11/20/24 (during the survey). The AD said she provided a blanket, music and aromatherapy. The AD said the resident preferences were identified on 11/12/24 but the preferences had not been added to the care plan or provided to the resident.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47960</p> <p>Based on observations, record review and interviews, the facility failed to ensure one (#39) of three residents with limited mobility reviewed for range of motion (ROM) received appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion out of 35 sample residents.</p> <p>Specifically, the facility failed to establish a consistent restorative nursing program within the facility to ensure Resident #39 did not have a potential decline in activities of daily living (ADL).</p> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Restorative Nursing Services policy, revised July 2017, was provided by the director of nursing (DON) on 11/21/24 at 3:57 p.m. It read in pertinent part, Restorative nursing care consists of nursing intervention that may or may not be accompanied by formalized rehabilitative services (physical, occupational or speech therapies). Restorative goals and objectives are individualized, resident-centered, and are outlined in the resident's plan of care.</p> <p>Restorative goals may include, but are not limited to supporting and assisting the resident in:</p> <ul style="list-style-type: none"> <li>-Adjusting or adapting to changing abilities;</li> <li>-Developing, maintaining or strengthening his/her physiological and psychological resources;</li> <li>-Maintaining his/her dignity, independence and self-esteem; and,</li> <li>-Participating in the development and implementation of his/her plan of care.</li> </ul> <p>II. Resident #39</p> <p>A. Resident status</p> <p>Resident #39, age greater than 65, was admitted on [DATE]. According to the November 2024 computerized physicians orders (CPO), the diagnoses included heart disease, chronic respiratory failure and muscle weakness.</p> <p>The 9/7/24 minimum data set (MDS) assessment revealed the resident was cognitively intact with a brief interview for mental status score (BIMS) of 14 out of 15. She had no behaviors and did not reject care.</p> <p>According to the MDS assessment, the resident did not receive restorative nursing services.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>B. Resident interview</p> <p>Resident #39 was interviewed on 9/26/22 at 11:23 a.m. Resident #39 said she was supposed to get ROM therapy every day but that did not happen. She said she felt like she was getting weaker and losing strength.</p> <p>C. Record review</p> <p>A review of the November 2024 CPO revealed the following physician's orders:</p> <p>-Restorative nursing to perform ROM to bilateral lower extremities daily, ordered on 10/4/23.</p> <p>A review of the task sheet for restorative nurse assistant (RNA) services for the past 30 days revealed the following:</p> <p>-Resident #39 received RNA services on 11/15/24, 11/16/24, 11/17/24, 11/18/24, 11/19/24 and 11/20/24 for a total of six days out of 30 days.</p> <p>D. Staff interviews</p> <p>The physical therapist (PT) was interviewed on 11/21/24 at 9:06 a.m. The PT said the facility has not had a restorative nursing program since October 2024. He said he recently put a book together for the certified nurse aides (CNA) with instructions on how to use splints for residents with contractures. PT said the CNA's were able to perform range of motion exercises with residents if they had time.</p> <p>The nursing home administrator (NHA) was interviewed on 11/21/24 at 9:51 a.m. The NHA said there was a restorative nursing program at the facility and it was the responsibility of the DON to oversee it. He said the floor staff were all trained to perform restorative nursing therapy.</p> <p>The therapy consultant (TC) was interviewed on 11/21/24 at 12:36 p.m. The TC said the facility did not have a restorative nursing program and he was asked to help them establish one in November 2024. He said he trained one staff member so that person would be able to train the rest of the CNA staff.</p> <p>CNA #3 was interviewed on 11/21/24 at 1:00 p.m. CNA #3 said she was trained by the PT on 11/18/24 (during the survey) on how to complete restorative services. She said the facility started the restorative program the week prior to the survey start.</p> <p>The staffing coordinator (SC) was interviewed on 11/21/24 at 1:17 p.m. The SC said she was trained by the TC on 11/13/24. She said the TC taught her how to train the CNA staff to perform restorative nursing exercises. The SC said she has trained about 75% of the staff so far.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>48112</p> <p>Based on observations, record review and interviews, the facility failed to consistently serve food that was palatable and attractive.</p> <p>Specifically, the facility failed to ensure resident food was palatable in taste and texture.</p> <p>Findings include:</p> <p>I. Resident interviews</p> <p>Resident #13 was interviewed on 11/18/24 at 1:31 p.m. He said the food was served cold. He said cold eggs were terrible.</p> <p>Resident #9 was interviewed on 11/18/24 2:21 p.m. She said the food was terrible and not nutritious. She said the food was served cold. She said the facility served what they like and not what she likes.</p> <p>Resident #39 was interviewed on 11/18/24 at 2:40 p.m. She said the food was terrible, because the food was either undercooked and raw or overcooked.</p> <p>Resident #29 was interviewed on 11/18/24 at 2:52 p.m. He said the texture of the food was terrible. He said it was hard to cut the food. He said once the food was chopped it was hard to chew. He said the meat was the hardest to chew but most of the food was hard to chop and chew.</p> <p>Resident #68 was interviewed on 11/18/24 at 4:05 p.m. He said the food was not good and was not fresh. He said he ordered from a food delivery service to replace the food the facility provided to him.</p> <p>II. Record review</p> <p>The June 2024 resident council meeting notes were reviewed. It revealed the food was sometimes too spicy. The residents said there were too many processed foods.</p> <p>-There was no documentation of what the facility did to resolve the grievance.</p> <p>The October 2024 resident council meeting notes were reviewed. It revealed a resident said the eggs were not good.</p> <p>-There was no documentation of what the facility did to resolve the grievance.</p> <p>IV. Observations</p> <p>A test tray for a regular diet was evaluated by four surveyors immediately after the last resident had been served their meal for lunch on 11/21/24 at 12:18 p.m.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The test tray consisted of cheese pizza, tossed salad with ranch dressing, a dinner roll and peaches.</p> <p>-The cheese pizza was dry, crunchy and tasted bland. The pizza was difficult to cut.</p> <p>-The tossed salad consisted of leafy greens. No other vegetables were on the salad.</p> <p>III. Staff interviews</p> <p>The dietary manager (DM) and the corporate dietary director (CDD) were interviewed together on 11/21/24 at 2:36 p.m. The CDD said pizza should not be crunchy and hard to eat. The CDD said she would revisit having pizza on the menu because residents either loved or disliked pizza. The DM said CK #1 had a difficult time slicing the pizza during meal service because the crust was hard. The DM said the salad should have had cucumber as a garnish. The DM said the pork chop was seasoned with garlic, spices, and salt. The DM said the pork chop was baked in the oven and then stored in hot water in a metal tin during meal service. The CDD said the pork chop was stored in hot water to prevent the meat from drying out. The DM and the CDD said they did not know residents said the meat was hard to slice.</p> <p>The nursing home administrator (NHA) was interviewed on 11/21/24 at 3:45 p.m. The NHA did not know the residents did not like the taste of the food. The NHA said a performance improvement project (PIP) for dietary services was implemented on 11/1/24. The NHA said the PIP did not include the palatability of the food. The NHA said a food satisfaction survey was completed for each resident.</p> <p>VI. Facility follow up</p> <p>The NHA provided the dietary services PIP on 11/22/24 at 11:50 a.m. It revealed the PIP addressed a food satisfaction survey was completed on 11/1/24. The survey asked residents if the resident liked snack options, how to order alternative meal options, meal portion sizes and meal choices.</p> <p>-The survey did not include if the residents liked the taste, texture, and consistency of food served during meals.</p>

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37166</p> <p>Based on record review and interviews, the facility failed to ensure the facility's binding arbitration agreement was thoroughly and accurately explained to the residents and or resident representatives before signing the agreement for two (#60 and #63) of three residents out of 35 sample residents.</p> <p>Specifically, the facility failed to:</p> <ul style="list-style-type: none"> <li>-Thoroughly explain the binding arbitration agreement in a form and in a manner to ensure Resident #60 and Resident #63 understood the agreement before signing the arbitration agreement; and,</li> <li>-Ensure staff reviewing the arbitration agreement with Resident #60 and Resident #63 had knowledge and skills to assess cognitive ability of residents to ensure residents understood the components of the agreement at the time it was presented to them.</li> </ul> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Binding Arbitration Agreements policy, revised November 2023, was provided by the nursing home administrator (NHA) on 11/20/24. It read in pertinent part,</p> <p>Residents (or representatives) are informed of the nature and implications of any proposed binding arbitration agreements so as to make informed decisions on whether to enter into such agreements.</p> <p>Residents (or their representatives) have the right to make informed decisions about important aspects of their health, welfare and safety.</p> <p>Upon admission, or any time during the resident's stay, the resident (or representative) may be presented with the opportunity to utilize a binding arbitration agreement to resolve disputes as long as the terms and conditions of the agreement comply with federal regulations.</p> <p>Binding arbitration agreements may be offered either before (pre-dispute) or after (post-dispute) a dispute arises.</p> <p>Binding arbitration agreements are voluntary for the residents. Residents are not compelled, pressured, or coerced to enter into a binding arbitration agreement. It is unambiguously communicated to residents (or representatives) that binding arbitration agreements are optional and not required as a condition of admission or to receive care at this facility.</p> <p>The terms and conditions of a binding arbitration agreement are explained to the resident (or representative) in a way that ensures his or her understanding of the agreement, including that the resident may be giving up his or her right to have a dispute decided in a court proceeding (litigation).</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The terms and conditions of a binding arbitration agreement are explained to the resident (or representative) in a form and manner that he or she understands, taking into consideration the resident's (or representative's) language, literacy and stated preference for learning.</p> <p>After the terms and conditions of the agreement are explained, the resident or representative must acknowledge that he or she understands the agreement before being asked to sign the document.</p> <p>A signature alone is not sufficient acknowledgement of understanding.</p> <p>The resident (or representative) must verbally acknowledge understanding, and the verbal acknowledgement documented by the staff member who explains the agreement.</p> <p>Any facility personnel who are responsible for explaining the terms and conditions of binding arbitration agreements to the residents (or representatives) are trained in the specifics of this policy.</p> <p>II. Resident #60</p> <p>A. Resident status</p> <p>Resident #60, age greater than 65, was admitted on [DATE]. According to the November 2024 computerized physician orders (CPO), diagnoses included chronic respiratory failure, diabetes and altered mental status.</p> <p>The 9/4/23 minimum data set (MDS) assessment revealed the resident was cognitively intact with a brief interview for mental status (BIMS) score of 13 out of 15.</p> <p>B. Resident interview</p> <p>Resident #60 was interviewed on 11/20/24 at 2:14 p.m. He said he understood what the arbitration agreement was and was able to summarize the main points of the agreement.</p> <p>-However, he said he did not recall signing it with this facility. He said when he was admitted to the facility, he was in a haze, and I did not remember anything.</p> <p>C. Record review and additional resident interview</p> <p>Review of the admission records revealed Resident #60 signed binding arbitration agreement on 9/1/23 in the presence of marketing coordinator (MC).</p> <p>The resident #60 requested a copy of the arbitration agreement.</p> <p>The signed copy of the binding arbitration agreement was provided to the resident in the presence of NHA on 11/20/24 at 3:35 p.m. The resident reviewed the document and stated: this is not my signature, I did not sign this.</p> <p>III. Resident #63</p> <p>A. Resident status</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #63, age greater than 65, was admitted on [DATE]. According to the November 2024 CPO, diagnoses included frontotemporal neurocognitive disorder (progressive brain disease), bipolar disorder (mental disorder that causes unusual behavior shifts), major depressive disorder and anxiety disorder.</p> <p>The 10/8/24 MDS assessment revealed the resident had moderate cognitive impairments with a BIMS score of 10 out of 15.</p> <p>B. Resident interview</p> <p>Resident #63 was interviewed on 11/20/24 at 2:25 p.m. He said he did not know what a binding arbitration agreement was. He said he did not recall signing such an agreement.</p> <p>C. Record review</p> <p>Review of the admission records revealed Resident #63 signed a binding arbitration agreement on 10/3/24 in the presence of MC.</p> <p>IV. Staff interviews</p> <p>The MC was interviewed on 11/20/24 at 1:14 p.m. The MC said he was the marketing coordinator and part of his responsibilities was to go over the admission package that included arbitration agreement.</p> <p>The MC said the arbitration agreement was presented at the same time as the admission packet. He said he explained the details of the agreement to the residents before they signed it. He said the residents could rescind the agreement within 30 days of signing, by telling him so. The MC said there was no formal process to document the process.</p> <p>The NHA was interviewed on 11/21/24 at 10:43 a.m. The NHA said Resident #60 did say he was in a haze when he signed the document. He said he contacted his legal team for advice and since Resident #60 was cognitively intact per the BIMS assessment, the agreement was valid.</p> <p>The MC was interviewed a second time on 11/21/24 at 2:30 p.m. The MNC said he did not recall the time or any details of the events when he witnessed Resident #60 and Resident #63 signing the binding arbitration agreement. He said his background was in business and marketing. He said he did not have a nursing/medical or clinical background. He said he assumed residents understood the legal terminology if they did not ask any questions.</p> <p>Primary care provider (PCP) #1 was interviewed on 11/21/24 at 1:27 p.m. PCP #1 said she was the physician for Resident #60 and Resident #63. She said there were different levels of cognition. She said being able to make decisions about daily routine was a different type of cognition than understanding legal terminology. She said even individuals with good cognition might not fully understand legal terminology. She said when the residents admitted they could be under the influence of medications and have limited judgement. She said for an individual who was not a clinical medical professional it would be difficult to determine if the resident had the full mental capacity to make a legal decision at a certain time.</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PCP #1 said when Resident #60 was admitted , he was under the influence of medications and could not recall all the events that occurred to him in the hospital and after. She said she had several conversations with him where she went over his medical situation and treatments he received in the hospital. She said Resident #60's cognition was improving, but it was not at its full capacity when he was admitted .</p> <p>PCP #1 said Resident #63 had a neurocognitive disorder that damaged nerve cells in the frontal and temporal lobes of his brain. She said it would take a clinical medical professional to determine Resident #60's cognitive capacity to understand the legal terminology at the time it was offered to him.</p>