

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
NAME OF PROVIDER OR SUPPLIER Fraser Meadows Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4950 Thunderbird Dr Boulder, CO 80303	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review and staff interview, the facility failed to store, prepare, distribute and serve food in a sanitary manner in the main kitchen and one out of one satellite kitchen. Specifically, the facility failed to:-Maintain the kitchen in a sanitary condition; and,-Ensure food items were properly covered, labeled, dated, and discarded within appropriate good-through timeframes. Findings include: I. Failure to maintain the kitchen in a sanitary condition A. Professional reference The Colorado Retail Food Establishment Regulations, (3/16/24), retrieved on 6/9/26, read in pertinent part, The physical facilities shall be cleaned as often as necessary to keep them clean. (6-501.12) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. (4-601.11) The premises shall be free of items that are unnecessary to the operation or maintenance of the establishment. (6-501.114) B. Observations The initial tour was completed on 6/1/26 at 9:25 a.m., and revealed the following: At 9:29 a.m., in the satellite kitchen dry storage area, food debris was observed beneath the storage shelving. There were several individual packages of peanut butter on the ground beneath the shelving. At 9:43 a.m., in the main kitchen, accumulations of food debris and crumbs were observed beneath a work table and adjacent shelving. Two cans of Sprite were observed on the floor underneath the shelving. At 9:45 a.m., in the main kitchen, there was a dark brown unidentified residue beneath the oven. Food debris, including small food particles and crumbs was also observed on the floor near the cooking equipment. A second observation of the kitchen was conducted on 6/3/26 at 1:14 p.m. The observations identified the same concerns as identified on 6/1/26 during the initial tour. C. Staff interviews Cook #1 was interviewed on 6/3/26 at 1:17 p.m. [NAME] #1 said it was the cook's responsibility to clean the floors. [NAME] #1 said he swept all areas daily after meal service, wiped counters from top to bottom, and mopped the floors when he finished his work. [NAME] #1 said he cleaned areas underneath equipment, shelving, and work tables daily. Cook #1 said he would clean up any food products, beverages, or food debris found underneath shelving or on the floor. [NAME] #1 said food debris could attract mice and rodents, was unsanitary, and could make residents sick. Cook #2 was interviewed on 6/3/26 at 1:31 p.m. [NAME] #2 said she used a cleaning checklist and completed some cleaning tasks herself while assigning other cleaning responsibilities to the other cooks. [NAME] #2 said areas underneath equipment, shelving, and work tables should be swept every day. Cook #2 said she would sweep up and discard any food products, spills, or food debris found underneath shelving or on the floor. [NAME] #3 was interviewed on 6/3/26 at 1:43 p.m. [NAME] #3 said he was responsible for overseeing the cleaning of areas underneath equipment, shelving, and work tables and delegated those responsibilities to the sous chef and cooks. The dietary manager (DM) was interviewed on 6/3/26 at 1:54 p.m. The DM said kitchen floors, shelves, work tables, and areas underneath equipment should be kept clean and free of food debris, residue, and improperly (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
--	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
NAME OF PROVIDER OR SUPPLIER Frasier Meadows Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4950 Thunderbird Dr Boulder, CO 80303	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	stored items. The DM said failure to keep these areas clean could lead to cross-contamination and sanitation concerns.II. Failure to properly label, cover, and discard expired food itemsA. Professional referenceThe Colorado Retail Food Establishment Regulations, (3/16/24), retrieved on 6/9/26, read in pertinent part, Food shall be protected from contamination by storing the food in a clean, dry location and, where it is not exposed to splash, dust, or other contamination. (3-305.11) Working containers holding food or food ingredients that are removed from their original packages for use in the food establishment shall be identified with the common name of the food. (3-302.12) Refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded. (3-501.17) A food specified in 3-501.17(A) or (B) shall be discarded if it exceeds the temperature and time combination specified, is in a container or package that does not bear a date or day, or is inappropriately marked with a date or day that exceeds the temperature and time combination. (3-501.18)B. Facility policy and procedure The Food and Supply Storage Policy, revised January 2026, was provided by the nursing home administrator (NHA) on 6/8/26 at 10:14 a.m. The policy revealed in pertinent part, Cover, label and date unused portions and open packages. Use the Medvantage/Freshdate labeling system or complete all sections on an orange label. Products are good through the close of business on the date noted on the label. Date and rotate items; first in, first out (FIFO). Discard food past the use-by or expiration date. Foods that are stored on ladder/speed racks must be fully covered to prevent contamination from airborne contaminants as well as from dripping condensation. Either use a bag that covers the entire cart or cover each tray individually.C. ObservationsThe initial tour of the kitchen was completed on 6/1/26 at 9:25 a.m., and revealed the following:At 9:36 a.m., in the satellite kitchen walk-in refrigerator, one package of Swiss cheese was observed with a ?today's date' of 5/21/26 and a good-through date of 5/26/26.At 9:47 a.m., in the main kitchen refrigerator, two pans containing hoisin sauce, pork sauce, and sun-dried tomato sauce were observed uncovered. There was accumulation of dust and lint on the fan guard inside the refrigerator.At 9:48 a.m., in the main kitchen walk-in refrigerator, a pan with salmon was observed covered with plastic wrap and did not have a date or label.-At 9:53 a.m., in the main kitchen walk-in refrigerator, a metal pan containing cut vegetables was observed. The vegetables included cabbage, onions, carrots, peppers, and peas. The pan was observed without a cover or date label.At 9:54 a.m., in the main kitchen walk-in refrigerator, a pan of beef was observed without cover. At 9:55 a.m., in the main kitchen walk-in refrigerator, a pan containing pork sauce was observed without a cover or wrap. At 9:57 a.m., a container of peeled sweet potatoes soaked in water was observed in the main kitchen walk-in refrigerator. The container did not have a label or a preparation date.A follow-up observation of the main kitchen refrigerator and walk-in refrigerator was conducted on 6/3/26 at 1:40 p.m. and 6/4/26 at 9:54 a.m. The observations identified the same concerns as identified on 6/1/26 during the initial tour.D. Staff interviewsCook #1 was interviewed on 6/3/26 at 1:17 p.m. [NAME] #1 said it was the cook's responsibility to ensure food items were properly covered and labeled. [NAME] #1 said he covered, labeled, and dated food items before storing them in the refrigerator and kept raw meat on the bottom shelf.Cook #1 said he would throw away any prepared food that was not dated, expired, or did not have a discard date. [NAME] #1 said he would also discard food stored uncovered in the refrigerator because he would not know how long it had been there.Cook #2 was interviewed on 6/3/26 at 1:31 p.m. [NAME] #2 said food should be labeled, dated, and covered before storage to ensure it was kept for the appropriate amount of time and discarded when required. [NAME] #2 said if she found food without a preparation date or discard date, she would ask the person who prepared it when it was made and check the temperature. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
NAME OF PROVIDER OR SUPPLIER Frasier Meadows Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4950 Thunderbird Dr Boulder, CO 80303	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	[NAME] #2 said if she could not determine when it was prepared, she would discard it. Cook #2 said prepared food stored in the refrigerator should be labeled, dated, and covered in accordance with facility policy. [NAME] #2 said food should be stored properly to protect against contamination and to ensure it was kept for the appropriate amount of time. Cook #3 was interviewed on 6/3/26 at 1:43 p.m. [NAME] #3 said he conducted daily kitchen walk-throughs and delegated responsibility to the sous chef for ensuring food items were properly labeled, dated, and covered. Cook #3 said if he found prepared food without a date or discard date, he would ask when it was prepared. [NAME] #3 said if the preparation date could not be determined, he would discard the item. Cook #3 said prepared food items stored in the refrigerator should be labeled, dated, and covered in accordance with facility policy. [NAME] #3 said labels should indicate when the food was prepared and how long it was safe to use. [NAME] #3 said covering food helped prevent cross-contamination. The DM was interviewed on 6/3/26 at 1:54 p.m. The DM said he oversaw compliance with food storage, sanitation, and infection control requirements through routine monitoring of food receiving, food temperatures, food storage practices, and verification that food items were properly labeled, dated, and stored. The DM said the management team, including the executive chef, sous chef, and cooks, shared responsibility for monitoring compliance. The DM said they conducted daily kitchen rounds and they used a sanitation checklist to monitor compliance. The DM said the sous chef and the executive chef ensured they followed the sanitation checklist. The DM said dietary staff received ongoing training, including through daily stand-up meetings. The DM said prepared foods stored in the refrigerator should be labeled, dated, and covered to identify what the item was, when it was prepared, and to protect against contamination. The DM said food items should be removed from service and discarded when they exceeded their good-through date because expired food may no longer be safe for consumption.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
NAME OF PROVIDER OR SUPPLIER Frasier Meadows Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4950 Thunderbird Dr Boulder, CO 80303	
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 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. Based on record review and interview, the facility failed to ensure residents' rights regarding arbitration were protected for three (#28, #36 and #39) of three residents reviewed for arbitration out of a sample size of 27. Specifically, the facility failed to inform the Resident #28, Resident #36, Resident #39 or their representative that they had the right to rescind or terminate the agreement within 30 calendar days of signing. Findings include: I. Facility admission agreement and policy The admission Agreement and Binding Arbitration Agreement, revised January 2025, was provided by the nursing home administrator (NHA) on 6/1/26 at 11:52 a.m. Review of the agreement revealed it did not inform the resident or their representative of their right to revoke the agreement. The facility policy for arbitration agreement was requested on 6/4/26 at 1:38 p.m. and was not provided by the facility. II. Contract review A review of the binding arbitration agreement was completed on 6/4/26 at 10:41 a.m. Resident #28's representative signed the agreement on 10/22/25. Resident #36's representative signed the agreement on 7/31/25. Resident #39's representative signed the agreement on 12/20/24. Review of the agreement revealed it did not include, or inform the resident, or the resident's representative of their right to revoke the agreement within 30 days of signing. III. Staff interviews The director of nursing (DON) was interviewed on 06/04/2026 at 11:04 a.m. The DON said she was acting as the admission coordinator temporarily. The DON said that there were no additional documents regarding the arbitration agreements and confirmed that the revised date on the agreement was the most current agreement. The DON said she explained the arbitration agreement to the resident and the resident's representative upon admission to ensure residents knew what they were signing. The DON said if someone wanted to rescind the arbitration agreement, they would do so, but no one asked. The DON said she did not realize there was a 30-day stipulation that needed to be in the contract and the facility will be updating the agreement to reflect this.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
NAME OF PROVIDER OR SUPPLIER Frasier Meadows Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4950 Thunderbird Dr Boulder, CO 80303	
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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on record review and interviews, the facility failed to ensure certified nurse aides (CNA) received at least 12 hours of annual in-service training that also included dementia management training to ensure continued competence for five of five CNAs reviewed. Specifically, the facility failed to have a system in place to ensure CNAs including CNA #5, CNA #8, CNA #9, CNA #10 and CNA #11 received annual dementia training. Findings include: I. Training record review review A review of CNA training was completed on 6/4/26 at 10:10 a.m. CNA #5, hired on 11/27/23, last completed dementia specific training on 12/31/23. CNA #8, hired on 3/07/11, last completed dementia specific training on 10/17/24. CNA #9, hired on 2/14/06, last completed dementia specific training on 11/18/24. CNA #10, hired on 11/9/11, last completed dementia specific training on 6/21/24. CNA #11, hired on 11/23/11, last completed dementia specific training on 4/6/24. II. Staff interviews CNA #12 was interviewed on 6/4/26 at 11:51 a.m. CNA #12 said she was trained on how to manage individuals with dementia, but did not remember the last time she completed the dementia specific training. During the interview CNA #12 opened her online training and revealed she completed dementia specific training in 2024. The nursing home administrator (NHA) was interviewed on 6/4/26 at 12:02 p.m. The NHA said she recognized training was needed for the facility and during quality assurance and performance improvement (QAPI) meetings. The NHA said they were needing to wait until their new fiscal year, in July 2026, in order to secure funding for training. She said they are getting this corrected as soon as possible. The NHA said it was her understanding dementia training was supposed to be two hours of training annually for CNAs and the training was needed for staff to ensure dementia residents were well taken care of. CNA #6 was interviewed on 6/4/26 at 1:46 p.m. CNA #6 said he did not remember when he last completed dementia training. CNA #5 was interviewed on 6/4/26 at 1:50 p.m. CNA #5 said she completed dementia specific training when she first started and completed it annually since then. She said she thought she completed it in September 2025 or December 2025, but was not sure. CNA #5 said education and training was necessary for resident safety. -However, documentation shows CNA #5 completed dementia training on 12/31/23.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
NAME OF PROVIDER OR SUPPLIER Frasier Meadows Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4950 Thunderbird Dr Boulder, CO 80303	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to ensure residents received adequate supervision to prevent accidents for one (#4) of five residents reviewed for accidents out of 27 sample residents. Specifically, the facility failed to ensure: -Resident #4, who had a pressure ulcer, had physician's orders for the settings on his air mattress; and, -Ensure staff regularly checked on the functioning of Resident #4's air mattress. Findings include: I. Facility policy and procedure The Bed Maintenance and Inspections policy, implemented 9/1/24, was provided by the nursing home administrator (NHA) on 6/4/26 at 9:44 a.m. It read in pertinent part, It is the policy of this facility to conduct regular inspections of all bed frames, mattresses in any bed rails that may be used as part of the regular maintenance program to identify and avoid areas of possible entrapment. The central supply coordinator or designee is responsible for keeping records of bed inspections and maintenance. A list of bed frames, mattresses and bed rails will be maintained including the manufacturer for each. The central supply coordinator shall be notified of any new equipment brought into the facility. The central supply coordinator or designee, shall review each manufacturer's recommendations and requirements for maintenance and bed inspections and shall establish a maintenance and inspection schedule accordingly. Bed frame mattresses and bedroom inspections will be conducted upon each item entering the facility and then placed on regularly scheduled inspections and maintenance cycles according to the manufacturer's recommendation to include manufacturers time frame recommendations. A. Resident status Resident #4, age greater than 65, was admitted on [DATE]. According to the June 2026 computerized physician orders (CPO), diagnoses included Alzheimer's disease, dementia, muscle wasting and atrophy hypertension, history of urinary tract infections and long-term use of anticoagulants. The 4/24/26 minimum data set (MDS) assessment revealed the resident was unable to complete the brief interview for mental status (BIMS) assessment. The facility indicated that the facility should not conduct a staff assessment for cognitive status. The resident was dependent on staff for rolling in bed left to right, chair-to-chair transfers, toileting hygiene, and lower body dressing. The MDS assessment indicated Resident #4 was at risk for developing pressure injuries. The MDS indicated the resident had one stage three pressure ulcer and did not have a pressure injury upon admission. The MDS indicated the resident had a pressure reducing device for his chair and bed. B. Observations On 6/2/26 at 11:37 a.m., Resident #4 was in his bed lying on his back on his right side. He was lying on an air mattress. The air mattress indicated it was in the ON position. The air mattress was was set to alternate setting. -However, review of the electronic medical record (EMR) did not indicate the settings for the air mattress to be on (see record review below). C. Record review The skin care plan, dated 10/26/25, revealed Resident #4 was at risk for skin breakdown due to weakness and possible friction and shearing with transfer and positioning. Pertinent interventions included assisting the resident with toileting per her plan (initiated 10/26/25), avoiding hot water, or scrubbing of skin, gently pat skin dry (initiated 10/26/25), encourage fluid intake outside of mealtimes (initiated 10/26/25), frequent turning and repositioning as appropriate (initiated 10/26/25), inspecting skin with cares, report any changes to skin (initiated 10/26/25), and keep linen dry and wrinkle free (initiated 10/26/26). -Review of the care plan failed to include the use of the air mattress as an implemented intervention or the settings of the air mattress. -Review of Resident #4's EMR, medication administration record (MAR) and treatment administration record (TAR) (4/1/26 to 6/4/26) did not reveal documentation indicating the facility regularly checked on the function or (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
NAME OF PROVIDER OR SUPPLIER Frasier Meadows Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4950 Thunderbird Dr Boulder, CO 80303	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	settings of Resident #4's air mattress.-Review of the June 2026 CPO did not reveal physician's orders for the settings of Resident #4's air mattress. A nursing long term care evaluation note, dated 4/7/26 at 4:09 p.m., revealed the resident had a new pressure injury to lower back related to air mattress failure.Review of Resident #4's EMR did not reveal documentation indicating the facility staff were checking on the resident every two hours on 4/7/26 when the air mattress failed. D. Staff interviews Registered nurse (RN) #1 was interviewed on 6/3/26 at 10:37 a.m. She said Resident #4 was using an air mattress before he developed his pressure injury, because he was at risk for skin breakdown. She said the air mattress helped with offloading of pressure on his buttocks. She said the pressure injury started as a dark spot on his skin. She said the nursing staff noticed the dark spot on his skin after his air mattress failed and stopped working. She said the nursing staff were supposed to check his air mattress, whenever they entered his room to ensure the air mattress was on and operating correctly. She said she did not know what setting the air mattress was supposed to be set to. She said she would expect there to be a physician's order for the settings for the air mattress and for it to be on the resident's care plan. -However, review of the June 2026 CPO and the care plan did not reveal the settings for the resident's air mattress.Certified nurse aide (CNA) #3 was interviewed on 6/3/26 at 10:50 a.m. She said if she noticed a resident's air mattress was flat, she would notify the nurse. She said the nurses were responsible for checking the air mattress and adjusting the settings if needed. She said there was no set schedule for checking the air mattress for Resident #4CNA #4 was interviewed on 6/3/26 at 10:58 a.m. She said the nurses were responsible for monitoring the settings on air mattresses. She said the nurses check the air mattress every day. She said she was not responsible for checking the air mattress, because she was not trained on how to operate the air mattress. The central supply coordinator was interviewed on 6/3/26 at 1:57 p.m. He said the air mattress were stored in the storage area when not in use. He said he set up the air mattress for a resident if he was notified by the nursing staff that it was needed. He said he would place the air mattress on the bed frame for a resident, plug in the device and check if it inflated. He said after he ensured the air mattress was operating, he did not monitor the air mattress on a continuous basis. He said the nursing staff were responsible for monitoring the air mattress functionality. He said he was unsure of the manufacturers recommendations regarding the length of life for the air mattress. The NHA and the director of nursing (DON) were interviewed together on 6/4/26 at 12:33 a.m. The NHA said she had worked at the facility for approximately four weeks. She said the facility should have followed the facility bed maintenance and inspection policy to ensure the air mattress for Resident #4 was monitored and maintained accordingly. She said according to their bed maintenance and inspections policy the air mattress should be checked on a regular basis. She said the central supply coordinator was responsible for initiating the routing schedule to monitor the functioning of the air mattress according to the manufacturer recommendations.The DON said the care plan and the physician's orders should include the use of the air mattress for Resident #4. She said she would obtain physician's orders and update the care plan immediately to ensure staff were aware of the plan of care for Resident #4. She said it was important for the nursing staff to clearly communicate any interventions and orders for Resident #4, because he was at risk for developing pressure injuries. The DON said the nursing placed Resident #4 in his bed after lunch. She said when the nursing staff went to check on the resident later that day and they noticed the air mattress was completely deflated. She said the cause of the air mattress deflating was due to normal wear and tear. She said she requested the central supply coordinator to remove and replace the air mattress immediately. She said she was unsure of the warranty, or the length of life for the air mattress.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
NAME OF PROVIDER OR SUPPLIER Frasier Meadows Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4950 Thunderbird Dr Boulder, CO 80303	
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to ensure residents who required respiratory care received care consistent with professional standards of practice for two (#52 and #3) of five residents out of 27 sample residents. Specifically, the facility failed to:-Ensure to maintain, clean, sanitize and properly store Resident #52's bilevel positive airway pressure (BiPAP) machine (a type of non-invasive ventilation that helps people breathe by providing pressurized air through a mask or nasal plugs) and mask;- Ensure Resident #3's CPAP (continuous positive airway pressure) therapy was provided per physician's orders; and,-Ensure Resident #3 had a physician's order specifying the oxygen flow rate.Findings include:I. Facility policy and procedureThe Oxygen Administration policy, undated, was provided by the nursing home administrator (NHA) on 6/5/56 at 4:55 p.m. It read in pertinent part, Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goals and preferences.Oxygen is administered under orders of a physician, except in the case of an emergency.The resident's care plan shall identify the interventions for oxygen therapy, based upon the resident's assessment and orders, including the type of oxygen delivery system, when to administer, such as continuous or intermittent and/or when to discontinue, and equipment setting for the prescribed flow rates.Follow manufacturer recommendations for the frequency of cleaning equipment filters. Keep delivery devices covered in plastic bag when not in use. Cleaning and care of equipment shall be in accordance with facility policies for such equipment.II. Resident #52A. Resident statusResident #52, age [AGE], was admitted on [DATE]. According to the June 2026 computerized physician orders (CPO), diagnoses included chronic respiratory failure unspecified whether with hypoxia (low oxygen in the body) or hypercapnia (too much carbon dioxide in the blood), hypertension (high blood pressure), and amyotrophic lateral sclerosis (disease that causes muscle weakness).The 2/23/26 minimum data set (MDS) assessment revealed Resident #52 was cognitively intact with a brief interview for mental status (BIMS) score of 15 out of 15. He was dependent on staff with eating, hygiene, toileting, bathing and dressing. The MDS assessment did not document that the resident used a BiPAP device. -However, Resident #52 used a BiPAP machine (see record review, observations and interviews below).B. Resident interview and observationsResident #52 was interviewed on 6/1/26 at 4:02 p.m. Resident #52 said he used a BiPAP machine each night. Resident #52 said his personal caregiver cleaned the BiPAP equipment every Friday and the facility staff did not clean it. Resident #52 said his personal caregiver washed the nasal mask with soap and water and allowed it to air dry. Resident #52 said there was no process for changing the hoses or tubing.Resident #52's BiPAP machine was on the nightstand in the resident's room during the interview. The BiPAP machine was connected to a nasal mask. The nasal mask was resting on a washcloth. There was hair on the washcloth and there was yellowish residue inside the nasal mask.Resident #52 was interviewed again on 6/2/26 at 10:44 a.m. Resident #52 said the staff had removed the nasal mask that morning (6/2/26) and placed it on the nightstand without cleaning it. During the interview, the the nasal mask still had yellowish residue inside it. There was moisture on the nightstand where the nasal mask was placed.C. Record reviewReview of Resident #52's June 2026 CPO revealed the following physician's orders related to the resident's BiPAP machine:-BiPAP on at bedtime and off in the morning, ordered 2/17/26.Review of Resident #52's comprehensive care plan, initiated 3/2/26, revealed the resident had a BiPAP for night use and had respiratory failure and utilized oxygen.-The care plan failed to include interventions related to cleaning, sanitizing, (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
NAME OF PROVIDER OR SUPPLIER Frasier Meadows Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4950 Thunderbird Dr Boulder, CO 80303	
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	maintaining, and replacing tubing, or storing the resident's BiPAP equipment. Review of Resident #52's electronic medical record (EMR) did not reveal documentation indicating the facility was cleaning the resident's BiPAP. III. Staff interviews Certified nurse aide (CNA) #6 was interviewed on 6/3/26 at 3:23 p.m. CNA #6 said Resident #52 asked staff to apply the BiPAP mask at bedtime and the CNAs assisted him with applying the mask. CNA #6 said CNAs were responsible for cleaning the BiPAP equipment daily. CNA #6 said the BiPAP mask should be cleaned in the morning after the resident got up. CNA #6 said staff removed the BiPAP mask from the tubing, cleaned it daily with alcohol or warm water, dried it, and placed it on a paper towel. CNA #6 said staff also cleaned the mask whenever residue, buildup, or soiling was observed. During the interview, CNA #6 looked at the BiPAP mask and said there was hair and residue on the mask and said the BiPAP mask should be sanitized for infection control purposes. CNA #7 was interviewed on 6/3/26 at 4:10 p.m. CNA #7 said BiPAP equipment should be cleaned once a week, but did not know when it was supposed to be cleaned. CNA #7 said the CNAs were responsible for cleaning the nasal mask and BiPAP equipment. CNA #7 said the equipment should be washed with warm water, air dried, and placed on a towel, countertop, or nightstand. CNA #7 said if residue, buildup, or soiling was observed on the nasal pillow, she would wash it. CNA #7 said the equipment should be cleaned and sanitized daily for infection control. The assistant director of nursing (ADON) was interviewed on 6/3/26 at 4:14 p.m. The ADON said Resident #52 had an order for BiPAP use at bedtime and removal in the morning. The ADON said there were no orders or tasks for cleaning and sanitizing the BiPAP equipment and said there should be a task for daily cleaning. The ADON said she would create a task for the CNAs to document the cleaning. The ADON said the CNAs were responsible for cleaning, disinfecting, and maintaining the equipment by washing it daily with warm water and allowing it to air dry. The ADON said the CNAs should monitor the cleanliness of the BiPAP machine and nasal pillow, clean it, and document it. The ADON said facility staff were responsible for maintaining the equipment and said private caregivers were not responsible. The ADON said failure to routinely clean the nasal pillow could result in an infection. The director of nursing (DON) was interviewed on 6/4/26 at 11:09 a.m. The DON said the facility's general process for cleaning BiPAP equipment was weekly cleaning unless the mask was visibly soiled, in which case it should be washed with warm water and allowed to air dry. The DON said nurses were responsible for applying CPAP and BiPAP equipment and were ultimately responsible for cleaning the nasal pillow. The DON said they could assign a morning task for the CNAs to clean the equipment. The DON said staff received training on cleaning and monitoring respiratory equipment through in-services provided by the ADON and DON. The DON said a resident's private caregiver could assist with cleaning the equipment if it was the resident's preference and this should be included on the resident's care plan. The DON said a nasal mask with visible residue buildup would indicate that it was either not cleaned that morning or was cleaned ineffectively. The DON said proper cleaning was important to reduce the resident's risk for infection. III. Resident #3A. Resident status Resident #3, age greater than 65, was admitted on [DATE]. According to the June 2026 CPO, diagnoses included unsteadiness on feet, history of falling, and major depressive disorder. The 4/27/26 MDS assessment revealed Resident #3 was cognitively intact with a BIMS score of 13 out of 15. She required substantial assistance with eating and oral hygiene. She was dependent on staff for toileting, bathing and transferring. The MDS assessment did not document that the resident used a CPAP device or oxygen. -However, observations, record review and interviews revealed the resident used a CPAP (see below). B. Resident interview and observations Resident #3 was interviewed on 6/1/26 at 3:04 p.m. Resident #3 said she no longer used her CPAP machine because she was on oxygen at all times. Resident #3 said her physician had told her to stop using the CPAP. Resident #3 said she did not know (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
NAME OF PROVIDER OR SUPPLIER Frasier Meadows Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4950 Thunderbird Dr Boulder, CO 80303	
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	whether staff cleaned the CPAP nasal cannula because she had not used it in a while.-However, Resident #3 had active physician's orders for the use of the CPAP at night (see record review below).Resident #3's CPAP machine was observed on the nightstand in the resident's room. The CPAP nasal cannula had visible dust buildup on the portion that inserted into the resident's nose.C. Record reviewThe 4/20/26 nursing progress note revealed the resident was to use oxygen while in bed, CPAP at night, and nasal cannula oxygen when resting during the day.A review of Resident #3's June 2026 CPO revealed the following physician's orders:Titrate supplemental oxygen to maintain oxygenation over 90%, every shift, ordered on 4/25/26. Oxygen: obtain SPO2 (oxygen saturation) every shift for hypoxia, ordered on 3/31/26. CPAP on at bedtime and off in the morning, ordered on 5/25/25.Fill CPAP chamber with distilled water at bedtime and empty water and clean chamber and mask in the morning, air dry mask, ordered on 6/21/25. -However, the physician's orders failed to specify Resident #3's oxygen flow rate.-Review of Resident #3's comprehensive care plan revealed no interventions related to the resident's oxygen flow rate or ensuring CPAP therapy was provided as ordered.A review of the April 2026 through June 2026 treatment administration record (TAR) revealed staff documented the CPAP was applied as ordered (see staff interviews below).D. Staff interviewsThe ADON was interviewed on 6/3/26 at 4:25 p.m. The ADON said Resident #3 had an active CPAP order and there was no physician's order to discontinue the CPAP. The ADON said oxygen use had not replaced the CPAP. The ADON said staff used whatever oxygen flow rate was needed to maintain the resident's oxygen saturation above 90 percent and said 2 liters per minute was typically sufficient.The ADON said the May 2026 medication administration record (MAR) revealed the CPAP was applied at bedtime. The ADON said there were some documented refusals on the May 2026 MAR related to filling the CPAP chamber with distilled water and cleaning the CPAP equipment. However, the ADON said there should be documentation of refusals when the CPAP itself was not used.Registered nurse (RN) #4 was interviewed on 6/3/26 at 4:35 p.m. RN #4 said Resident #3 had been refusing the CPAP. RN #4 said Resident #3 said she did not need the CPAP and only needed oxygen. RN #4 said she documented the refusals in the TAR. RN #4 said she verbally notified the physician of the resident's CPAP refusals but did not document the physician notification. RN #4 said she could not recall when she spoke with the physician.RN #3 was interviewed on 6/3/26 at 4:46 p.m. RN #3 said the resident had not been refusing the CPAP. RN #3 said the resident had concerns about her oxygen saturation levels and said that she wanted to continue using oxygen.RN #3 said she documented not applicable for the use of the CPAP in the progress notes until the resident's care plan was updated. RN #3 said that 2 liters per minute of oxygen was usually sufficient to maintain the resident's oxygen saturation above 90 percent.The DON was interviewed on 6/4/26 at 11:04 a.m. The DON said there should be a documented oxygen flow rate order. The DON said staff should contact the Nurse Practitioner (NP) to clarify the order when the flow rate was not specified. The DON said oxygen was a medication and the order should clearly indicate how much oxygen is to be administered. The DON said it was important to have a specific oxygen flow rate to determine how much oxygen was necessary to maintain appropriate oxygen levels. The DON said she would have the oxygen order revised to include a specified flow rate.The DON said it was unclear from the documentation whether the resident refused the CPAP or whether the CPAP was simply not used.Licensed practical nurse (LPN) #1 was interviewed on 6/4/26 at 12:58 p.m. LPN #1 said there should be a physician order in the resident's clinical record for oxygen use. LPN #1 said if a resident did not have an oxygen order, she would contact the physician. LPN #1 said if the resident had an order to titrate oxygen to maintain an oxygen saturation above 90 percent, she would typically start at 2 liters per minute (LPM) and adjust as needed to maintain the resident's oxygen saturation above 90 (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
NAME OF PROVIDER OR SUPPLIER Frasier Meadows Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4950 Thunderbird Dr Boulder, CO 80303	
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	percent. LPN #1 said it was important to have a physician order for oxygen use to ensure resident safety. LPN #1 said excessive oxygen flow rates could be harmful to residents, particularly those with cardiac or pulmonary conditions. The NHA and the nurse practitioner (NP) were interviewed together on 6/4/26 at 1:43 p.m. The NHA shared concerns regarding the resident's oxygen administration and CPAP use. The NP said the resident should have used the CPAP machine as ordered and said the resident used the CPAP for anxiety-related reasons. The NP said if the resident refused to use the CPAP machine, staff should have offered oxygen whenever the resident was in bed sleeping or resting. The NP said she understood that the absence of a specified oxygen flow rate order for the resident could create confusion for staff. The NP said the intent was for staff to administer one to two LPM of oxygen and titrate as needed to maintain the resident's oxygen saturation above 90 percent. The NP said she would clarify the oxygen order and add a specific flow rate.		