

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065384	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/05/2025
NAME OF PROVIDER OR SUPPLIER  Sandrock Ridge Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  943 W 8th Dr Craig, CO 81625	

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 0561  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.  (continued on next page)

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interviews, the facility failed to honor resident choices for six (#4, #10, #11, #14, #15 and #18) of 10 residents reviewed out of 18 sample residents. Specifically, the facility failed to offer Resident #4, Resident #10 and Resident #11, Resident #14, Resident #15 and Resident #18's preferred community activities outside of the facility. Findings include: I. Resident #4A. Resident status Resident #4, age less than 65, was admitted on [DATE]. According to the August 2025 computerized physician orders (CPO), diagnoses included acquired absence of the left leg (above the knee), neuromuscular dysfunction of the bladder, Spina Bifida and Osteochondrodysplasia (a genetic disorder affecting the legs). The 3/31/25 minimum data set (MDS) assessment revealed the resident was cognitively intact with a brief interview for mental status (BIMS) score of 15 out of 15. She was dependent on staff assistance with repositioning, transfers, toileting, dressing and showering. B. Resident interview Resident #4 was interviewed on 8/5/25 at 9:15 a.m. Resident #4 said the bus the facility used to transport residents broke down around August last year (2024). Resident #4 said the bus was not replaced and the facility did not provide a community activity outside of the facility until June 2025. Resident #4 said she attended resident council meetings to complain about the lack of activities and filed a grievance with the facility. Resident #4 said the facility used to offer multiple trips to the store each month and activities at a local lake. She said the facility offered a group stroll and roll activity to a park down the road, but it was not the same since staff can only push so many wheelchairs and it was too far for most residents to walk independently. Resident #4 said she would like to be able to go into town for events or to the store again. C. Record review Resident #4's care plan, initiated on 5/20/24 and last revised on 1/29/25, indicated Resident #4 was dependent on staff meeting the emotional, intellectual, and social needs of Resident #4 due to their physical limitations. Pertinent interventions included assistance with arranging community activities and arranging transportation. II. Resident #10A. Resident status Resident #10, age less than 65, was admitted on [DATE]. According to the August 2025 CPO, diagnoses included left sided hemiplegia (loss of function of one side of the body), lupus (autoimmune disease) and rheumatoid arthritis. The 4/29/25 MDS assessment revealed the resident was cognitively intact with a BIMS score of 15 out of 15. Resident #10 required touching assistance with transferring to and from the shower/tub and was independent with all other activities of daily living (ADL). B. Resident interview Resident #10 was interviewed on 8/5/25 at 09:38 a.m. Resident #10 said the facility had not offered her any community activities outside of the facility since her admission. Resident #10 said until they recently hired the new staff for activities, the facility was only offering Bingo. Resident #10 said she would like to be able to go to the store and activities in town. III. Resident #11A. Resident status Resident #11, age greater than 65, was admitted on [DATE]. According to the August 2025 CPO, diagnoses included chronic obstructive pulmonary disease (COPD), Bipolar disorder (mental illness), anxiety and vitamin D deficiency. The 7/21/25 MDS assessment revealed the resident was cognitively intact with a BIMS score of 13 out of 15. Resident #11 required moderate assistance with bathing, and required set up and clean up assistance with eating, oral hygiene, and personal hygiene. Resident #11 ambulated independently. B. Resident interview Resident #11 was interviewed on 8/5/25 at 2:38 p.m. Resident #11 said he used to go all over the community for outings and really enjoyed going out. He said the facility stopped the outings on the bus, which added to his feelings of being trapped. He said there was a roll and stroll sheet to sign up but then they took the sign up sheet down. He said he would like more opportunities to spend time outside the facility on outings. C. Record review Resident #11's care plan, initiated on 4/20/22 and last revised on 2/14/25, indicated Resident #11 preferred activities included going outside and walking around when the weather permitted. Interventions included inviting Resident #11 to group activities providing activities suited to his interest and to read, listen to music, or go outside if Resident #11 did not want to participate in the group activity in order to provide social and sensory stimulation. IV. Resident #14A. Resident status Resident #14, age greater than 65, was admitted on [DATE]. According to the August 2025 CPO, diagnoses included COPD, cerebral infarction (stroke), Bipolar disorder, anxiety and post-traumatic stress disorder (PTSD). The 6/6/25 MDS assessment revealed the resident was cognitively intact with a BIMS score of 15 out of 15. Resident #14 required moderate assistance with bathing and toileting; and required set up and clean up assistance with eating, dressing, oral hygiene, and personal hygiene. Resident #14 was able to ambulate small distances with moderate assistance and able to use a wheelchair to wheel herself independently at least 50 feet but less than 150 feet. R. Resident</p>		