

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48112</b></p> <p>Based on record review and interviews, the facility failed to ensure residents had a right to participate in the development and implementation of their person-centered plan of care for one (#2) of one resident out of 37 sample residents.</p> <p>Specifically, the facility failed to invite Resident #2's representative to participate in the care conferences to review the resident's plan of care.</p> <p>Findings include:</p> <p>I. Facility policy</p> <p>The Care Planning - Interdisciplinary Team policy, revised March 2022, was provided by the nursing home administrator (NHA) on 6/5/24 at 12:00 p.m. It read in pertinent part,</p> <p>The interdisciplinary team is responsible for the development of resident care plans.</p> <p>The resident, the resident's family and/or the resident's legal representative or surrogate are encouraged to participate in the development of and revisions to the resident's care plan.</p> <p>If it is determined that participation of the resident or representative is not practicable for development of the care plan, an explanation is documented in the medical record.</p> <p>II. Resident #2</p> <p>A. Resident status</p> <p>Resident #2, age 79, was admitted on [DATE]. According to the June 2024 computerized physician orders (CPO), diagnoses included Alzheimer's disease, severe dementia with mood disturbances, sleep apnea, hearing loss and insomnia (difficulty sleeping).</p> <p>The 5/10/24 minimum data set (MDS) assessment revealed the resident had severe cognitive impairment with a brief interview for mental status (BIMS) score of zero out of 15. He was dependent on staff for toileting, showering, personal hygiene, and dressing. He required supervision for eating and substantial assistance with oral hygiene.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>B. Resident representative interview</p> <p>The resident's representative was interviewed on 6/3/24 at 9:42 a.m. She said the facility did not invite her or the other resident's representatives to the care conferences. She said she was frustrated because the only time she was updated on the resident's care was when the facility wanted to change his risperdal (antipsychotic medication). She said the facility did not communicate with her and it took a long time to get the resident enrolled in hospice care.</p> <p>C. Record review</p> <p>The 1/23/24 multidisciplinary care conference note revealed the Resident #2's representative did not attend the care conference.</p> <p>The 4/30/24 multidisciplinary care conference note revealed the resident's representative did not attend the care conference.</p> <p>The 5/7/24 multidisciplinary care conference note revealed the resident's representative did not attend the care conference.</p> <p>The 5/16/24 multidisciplinary care conference note revealed the resident's representative did not attend the care conference.</p> <p>A review of the Resident #2's electronic medical record (EMR) on 6/5/24 at 9:00 a.m. revealed there was no documentation that the resident's representative was contacted to attend the care conferences on 1/23/24, 4/30/24, 5/7/24 and 5/16/24.</p> <p>III. Staff interviews</p> <p>The social services director (SSD) was interviewed on 6/5/24 at 10:40 a.m. The SSD said the MDS coordinator was responsible for coordinating care conferences. The SSD said care conferences were completed at least quarterly. The SSD said a care conference was held more frequently if the resident had a change in condition. The SSD said the social services department, the MDS coordinator, the dietary manager, the activities department and restorative services attended the care conferences.</p> <p>The SSD said the social services department was responsible for inviting the resident's representative. The SSD said a card was sent, by mail, 45 days before the care conference date. The SSD said the resident's representative called to confirm if they could or could not attend the conference. The SSD said if the representative did not call, social services was responsible for calling the representative the day before the care conference and when the care conference started. The SSD said the social services department documented in a progress note that a card was sent and if the resident's representative was contacted.</p> <p>The SSD said the social services department did not invite Resident #2's representative to any care conferences because she thought the representative did not want to be a part of the resident's care plan. The SSD said she should have called the representative to allow them to accept or decline. The SSD said she would contact the Resident #2's representative for future care conferences. The SSD said she would document in a progress note if the representative wanted to attend the care conferences.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The director of nursing (DON) was interviewed on 6/5/24 at 11:11 a.m. The DON said Resident #2's representative should have been invited to the care conferences that took place. The DON said the social services department was responsible for inviting the resident or resident's representative to care planning conferences.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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**</b> 31820</p> <p>Based on observations, record review and interviews, the facility failed to ensure the resident environment remained as free of accident hazards as possible for one (#87) of three residents reviewed for accidents/hazards out of 37 sample residents.</p> <p>Specifically, the facility failed to ensure Resident #87 had an order for a medication (Aleve) found at his bedside or a self medication assessment.</p> <p>Findings include:</p> <p>I. Resident status</p> <p>Resident #87, age 69, was admitted on [DATE]. According to the June 2024 computerized physician's order (CPO), diagnoses included difficulty walking, muscle weakness and abnormality of gait.</p> <p>The 5/15/24 minimum data set (MDS) assessment documented the resident was cognitively intact with a brief interview for mental status (BIMS) score of 15 out of 15.</p> <p>II. Record review</p> <p>The care plan, initiated 5/7/24 and updated 5/14/24, identified the resident had activities of daily living (ADL) self care performance deficits. Interventions included supervising and assisting the resident with ADLs.</p> <p>A review of Resident #87's electronic medical record (EMR) did not reveal the resident had a physician's order for Aleve (pain medication).</p> <p>A review of Resident #87's EMR did not reveal a self medication assessment.</p> <p>III. Observations and interview</p> <p>There was a bottle of Aleve was on a television tray in Resident #87's room on 6/2/24 at 11:15 a.m.</p> <p>There was a bottle of Aleve was on a television tray in Resident #87's room on 6/3/24 at 2:05 p.m.</p> <p>There was a bottle of Aleve was on a television tray in Resident #87's room on 6/4/24 at 10:41 a.m. Licensed practical nurse (LPN) #2 retrieved the bottle of Aleve. She said Resident #87 did not have a physician's order for Aleve.</p> <p>Resident #87 said he only had it for when he had a headache. He said he did not need to tell a doctor about a headache. He said he had purchased the bottle while out of the facility.</p> <p>LPN #2 said she would let the provider know and ask for an as needed (PRN) medication for headaches. She removed the bottle from the resident's room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	

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>IV. Staff interview</p> <p>The director of nursing (DON) was interviewed on 6/4/24 at 11:30 a.m. The DON said the facility did not have any residents who were allowed to self administer medications. She said staff should have seen the bottle of Aleve and removed it from the resident's room She said if Resident #87 needed medication for headaches, the facility could ask the provider for a PRN medication order.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31820</p> <p>Based on interviews and record review, the facility failed to ensure two (#18 and #19) of four residents investigated for abuse out of 37 sample residents were kept free from physical abuse.</p> <p>Specifically, the facility failed to:</p> <ul style="list-style-type: none"> <li>-Prevent a physical altercation between Resident #93 and Resident #19, and,</li> <li>-Prevent a physical altercation between Resident #71 and Resident #18.</li> </ul> <p>Findings include:</p> <p>I. Facility policy</p> <p>The Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating policy, reviewed September 2022, was provided by the nursing home administrator (NHA) on 6/2/24 at 3:36 p.m. The policy read in pertinent part, Findings of all investigations are documented and reported.</p> <p>Upon receiving any allegations of abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source, the administrator is responsible for determining what actions (if any) are needed for the protection of residents.</p> <p>All allegations are thoroughly investigated. The administrator initiates investigations.</p> <p>The administrator ensures that the resident and the person(s) reporting the suspected violation are protected from retaliation or reprisal by the alleged perpetrator, or by anyone associated with the facility.</p> <p>II. Altercation on 3/21/24 between Resident #93 and Resident #19</p> <p>A. Facility investigation of the altercation on 3/21/24</p> <p>The witness statement dated 3/21/24 by certified nurse aide (CNA) #7, noted she heard some yelling and saw Resident #19 on the floor being kicked by Resident #93.</p> <p>The victim statement dated 3/21/24 documented Resident #19 said he saw Resident #93 leaving his room with his belongings. Resident #19 told Resident #93 to give the items back. Resident #93 then slammed Resident #19 to the ground and started kicking Resident #19. Resident #19 stated he was afraid of Resident #93.</p> <p>A progress note dated 3/21/24 at 11:30 a.m. identified Resident #93 was in Resident #19's room. Resident #19 confronted Resident #93 for taking his belongings. Resident #93 pushed Resident #19 into the wall then threw Resident #19 to the floor and kicked Resident #19. Resident #93 admitted to pushing Resident #19.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>B. Resident #19</p> <p>1. Resident status</p> <p>Resident #19, age 69, was admitted on [DATE], and readmitted on [DATE]. According to the June 2024 computerized physician's orders (CPO), diagnoses included paranoid schizophrenia (mental illness that affects a person's thoughts and behaviors), type II diabetes and chronic obstructive pulmonary disease (COPD).</p> <p>The 4/20/24 minimum data set (MDS) assessment documented the resident was moderately cognitively intact with a brief interview for mental status (BIMS) score of 11 out of 15.</p> <p>The MDS assessment did not identify behaviors during the assessment period.</p> <p>2. Record review</p> <p>The care plan, initiated 6/29/23, identified Resident #19 had the inability to problem solve. Interventions included the staff were to remind Resident #19 to ask for help.</p> <p>The care plan, initiated 6/29/23, identified the diagnosis of schizophrenia to include paranoid ideation. Interventions included the target behaviors of paranoia and people persecuting him. Staff were to monitor for the behaviors.</p> <p>The progress note, dated 3/21/24 at 10:50 a.m. identified the following injuries to Resident #19 from the altercation with Resident #93:</p> <ul style="list-style-type: none"> <li>-A scalp contusion to the forehead,</li> <li>-An abrasion to the right arm measuring 0.5 centimeters (cm) by 0.3 cm;</li> <li>-An abrasion to the left hand measuring 0.1 cm by 0.5 cm;</li> <li>-An abrasion to the right arm measuring 1.2 cm by 0.5 cm; and,</li> <li>-A contusion to the right side of the forehead measuring 4.3 cm by 4 cm.</li> </ul> <p>The progress note dated 3/21/24 at 3:21 p.m. noted the resident had returned from the hospital with a contusion on the right side of the forehead that had been cleansed with normal saline (NS) and Bacitracin (topical antibiotic ointment) was applied. There were abrasions to his left and right arms also.</p> <p>C. Resident #93</p> <p>1. Resident status</p> <p>Resident #93, age 72, was admitted on [DATE] and discharged to the hospital on 3/21/24. According to the March 2024 CPO, diagnoses included Alzheimer's disease, dementia and amnesia (memory loss).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 3/20/24 MDS assessment documented the resident had moderate cognitive impairments with a BIMS score of eight out of 15.</p> <p>The MDS assessment did not identify any behaviors during the look back period.</p> <p>2. Record review</p> <p>The care plan, initiated 3/11/24, identified the resident had a diagnosis of dementia which made it hard for him to know time or place. Interventions included if he became upset, try to find out the cause and address it or resolve it.</p> <p>The care plan, initiated 3/13/24, identified Resident #93 was at risk for impaired psychiatric/mood status secondary to amnesia, dementia, anxiety, and Alzheimer's disease. Interventions included providing a calm and safe environment when the patient was emotional or frustrated and allowing time to voice his feelings.</p> <p>The multidisciplinary care conference form dated 3/19/24, identified Resident #93 would get confused regarding which room was his and he needed redirection to find his room. Interventions included potentially placing a sign on his door as a visual cue.</p> <p>-The facility failed to update Resident #93's care plan with the intervention discussed in the care conference on 3/19/24.</p> <p>The progress noted dated 3/21/24 at 11:30 a.m. identified the provider gave a verbal order to send Resident #93 to the hospital for an evaluation after the altercation.</p> <p>Resident #93 did not return to the facility following his discharge to the hospital.</p> <p>D. Staff interviews</p> <p>CNA #3 was interviewed on 6/4/23 at 1:55 p.m. CNA #3 said Resident #93 had a habit of wandering into other resident's rooms and saying items he found were his. She said when the altercation on 3/21/24 occurred, she saw Resident #19 on the floor getting kicked. She said she helped separate both the residents and called the administrative staff. She said Resident #19 had a scrape on his knees and a rug burn on his head. She said the other residents were afraid of Resident #93.</p> <p>The NHA was interviewed on 6/5/24 at 12:30 p.m. The NHA said the facility immediately separated the residents and each resident was placed on one on one staff monitoring until they were both sent to the hospital to see if they had suffered any injuries beyond the noted ones by the staff. She said the facility worked hard to prevent abuse in any form.</p> <p>III. Altercation on 5/28/24 between Resident #18 and Resident #71</p> <p>A. Facility investigation</p> <p>Housekeeper (HSK) #1's statement, dated 5/28/24, indicated Resident #71 yelled at Resident #18, then got up and went over and slapped Resident #18 in the face. She said she could not hear what they were saying to each other.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The investigation documented that during the investigation, Resident #71 continued to deny slapping Resident #18 even after showing him the video evidence.</p> <p>A progress note, dated 5/28/24 at 3:42 p.m., noted Resident #18 went outside to smoke and Resident #71 slapped him. Resident #18 was taken back inside the facility by staff. Resident #18 was noted to have a red mark on his left cheek.</p> <p>B. Resident #18</p> <p>1. Resident status</p> <p>Resident #18, age 69, was admitted on [DATE] and readmitted on [DATE]. According to the June 2024 CPO, diagnoses included cerebral infarction (stroke), aphasia (difficulty talking) and left side weakness.</p> <p>The 3/20/24 MDS assessment documented the resident was cognitively intact with a BIMS score of 13 out of 15.</p> <p>The MDS assessment identified one episode of verbal behaviors during the assessment period.</p> <p>2. Record review</p> <p>The care plan, revised 2/20/24, identified Resident #18 would display behaviors that included knocking people down. Interventions included allowing Resident #18 to express his feelings in appropriate ways, analyzing the behavior for a possible cause and effect relationship and explaining his behavior was not acceptable.</p> <p>C. Resident #71</p> <p>1. Resident status</p> <p>Resident #71, age less than 65, was admitted on [DATE] and discharged home on 5/28/24. According to the May 2024 CPO, diagnoses included chronic obstructive pulmonary disease (COPD), heart disease and respiratory failure.</p> <p>The 3/20/24 MDS assessment documented the resident was cognitively intact with a BIMS score of 15 out of 15.</p> <p>The MDS assessment identified one episode of verbal behaviors during the assessment period.</p> <p>2. Record review</p> <p>The care plan, initiated 10/16/23, identified Resident #71 had impaired psychiatric/mood status related to depression. Interventions included providing him with quality listening time and encouraging expressions of feelings.</p> <p>-The facility failed to identify and care plan that Resident #71 displayed verbal behaviors towards others (see MDS assessment above).</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The progress note, dated 5/28/24 at 3:21 p.m. documented Resident #71 began yelling at Resident #18. Resident #71 stood up and slapped Resident #18 on the left cheek. A nurse in the building heard a commotion, went outside to see what was going on. The nurse took Resident #18 into the facility. When Resident #71 was questioned, he denied he hit Resident #18. Resident #71 was shown the video of him hitting Resident #18 on the left cheek. Resident #71 was put on a one on one staff monitoring.</p> <p>IV. Staff interviews</p> <p>The social services assistant (SSA) was interviewed on 6/4/24 at 2:30 p.m. The SSA said Resident #71 was planning to leave the facility at the end of May 2024. She said he had not displayed any kind of aggressive behavior toward another resident before. She said he denied the assault even after he watched the video. She said Resident #18 had a reddened cheek after the incident.</p> <p>The NHA was interviewed on 6/5/24 at 12:30 p.m. The NHA said Resident #71 had not displayed aggressive behaviors previous to the altercation. She said after the one on one was started, Resident #71 signed out of the facility against medical advice (AMA) shortly after the altercation. She said everyone who lived at the facility had the right to be free from any form of abuse to include physical abuse.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31820</p> <p>Based on observations, record review and interviews, the facility failed to ensure one (#80) of three residents with skin conditions of 37 sample residents received the highest practicable treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan.</p> <p>Specifically, the facility failed to identify, assess, monitor and care plan a large growth on Resident #80's face.</p> <p>Findings include:</p> <p>I. Resident status</p> <p>Resident #80, age over 65, was admitted on [DATE]. According to the June 2024 computerized physician's order (CPO), diagnoses included atrial fibrillation (irregular heart beat), dysphagia (difficulty swallowing) and chronic obstructive pulmonary disease (COPD).</p> <p>The 4/20/24 minimum data set (MDS) assessment documented the resident was cognitively intact with a brief interview for mental status (BIMS) score of 12 out of 15.</p> <p>II. Observation</p> <p>On 6/2/24 at 1:15 p.m. Resident #80 was observed to have a large growth that was approximately the size of a pear on the right side of his face in front of his right ear.</p> <p>III. Record review</p> <p>A 11/1/23 physician's note identified a mass on the right side of Resident #80's face by the mandible (jaw).</p> <p>A 12/20/23 physician's note identified the mass on the right side of the resident's face near the mandible.</p> <p>A 2/21/24 physician's note identified a large mass on the right side of the resident's face.</p> <p>A 4/16/24 physician's note identified a large growth on the right side of the resident's face by the mandible.</p> <p>-Resident #80's care plan did not address the growth on the right side of the resident's face.</p> <p>-The resident's admission assessment did not identify the resident had a growth on the right side of his face.</p> <p>-The facility did not have any assessments or monitoring of the growth on the right side of his face.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>IV. Interviews</p> <p>Certified nurse aide (CNA) #8 was interviewed on 6/4/24 at 10:10 a.m. CNA #8 said Resident #80 had always had the growth on his face. She said she did not think there were any special treatments for the growth. She said the family did not want any procedures done to the growth. She said if staff saw any changes to the growth she would report the changes to the nurse.</p> <p>Registered nurse (RN) #1 was interviewed on 6/5/24 at 9:00 a.m. RN #1 said the growth on Resident #80's face had always been there. She said she did not have an order to monitor the area. She said if she saw a change in the area she would have notified the director of nursing (DON). She said the family did not want any treatment to the area.</p> <p>The DON was interviewed on 6/5/24 at 11:15 a.m. The DON said the facility should have identified the growth upon initial assessment when the resident was admitted to the facility. She said she did not know why the growth was not being monitored by the facility staff. She said she did not know why there was not a care plan identifying the growth and indicating that the family wished to not remove the growth. She said the provider would see the resident later that day (6/5/24) and she would provide education to have the staff start monitoring the area. She said she would have a care plan started to identify the growth and the wishes of the family for non-treatment.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47150</p> <p>Based on observations, record review, and interviews the facility failed to use a person-centered approach when determining the use of bed rails for four (#27, #36, #40, and #70) of ten residents reviewed for bed rails out of 37 sample residents.</p> <p>Specifically, for Resident #27, #36, #40 and #70, the facility failed to:</p> <ul style="list-style-type: none"> <li>-Assess the resident for risk of entrapment prior to installing the bed rails;</li> <li>-Obtain consent, which included the risks versus benefits of bed rails, from the resident and/or the resident's representative prior to bed rail installation; and,</li> <li>-Conduct quarterly assessments of the bed rails to evaluate the safety and/or continued need for bed rails.</li> </ul> <p>Findings include:</p> <p>I. Professional reference</p> <p>The U.S. (United States) Food and Drug Administration (FDA) Recommendations for Health Care Providers Using Adult Portable Bed Rails (2/27/23), was retrieved on 6/8/24 from <a href="https://www.fda.gov/medical-devices/adult-portable-bed-rail-safety/recommendations-health-care-providers-using-adult-portable-bed-rails">https://www.fda.gov/medical-devices/adult-portable-bed-rail-safety/recommendations-health-care-providers-using-adult-portable-bed-rails</a>. It read in pertinent part,</p> <p>Avoid the routine use of adult bed rails without first conducting an individual patient or resident assessment.</p> <p>Evaluation is needed to assess the relative risk of using the bed rail compared with not using it for an individual patient.</p> <p>II. Facility policy and procedure</p> <p>The Bed Safety and Bed Rails policy and procedure, revised August 2022, was provided by the nursing home administration (NHA) on 6/8/24 at 12:00 p.m It read in pertinent part,</p> <p>Residents' beds meet the safety specifications established by the Hospital Bed Safety Workgroup. The use of bedrails are prohibited unless the criteria for use have been met.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Consideration is given to the residents' safety, medical conditions, comfort and freedom of movement, as well as input from residents and resident families regarding previous sleeping habits and bed environment.</p> <p>Maintenance staff routinely inspects all beds and related equipment to identify risks and problems including potential entrapment risks.</p> <p>The maintenance department provides a copy of inspections to the administrator and reports results to the Quality Assurance and Performance Improvement (QAPI) committee for appropriate action.</p> <p>III. Resident #27</p> <p>A. Resident status</p> <p>Resident #27, over the age of 65, was admitted on [DATE]. According to the June 2024 computerized physician orders (CPO), diagnoses included dementia, heart failure, chronic pain syndrome, and arthritis of the right shoulder.</p> <p>The 3/20/24 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 required supervision with transfers, toileting, personal hygiene, eating, and bed mobility.</p> <p>-The assessment documented Resident #27 did not use bed rails.</p> <p>B. Observations</p> <p>On 6/3/24 at 9:40 a.m., Resident #27 was sitting in her wheelchair in her room with one metal half bed rail attached to the resident's bed.</p> <p>On 6/4/24 at 1:15 p.m., Resident #27 was lying in bed with one metal half bed rail attached to her bed.</p> <p>C. Resident interview</p> <p>Resident #27 was interviewed on 6/4/24 at 9:17 a.m. Resident #27 said the side rail helped her with transfers. She said the bed rail had been attached to the bed since she arrived in the room.</p> <p>D. Record review</p> <p>-The June 2024 CPO revealed Resident #27 had no physician's order for a bed rail on one side of the resident's bed to help with mobility.</p> <p>The comprehensive care plan, initiated and revised on 6/11/23, revealed Resident #27 had impaired mobility, poor range of motion and was at risk for falls.</p> <p>-The care plan failed to include an intervention for the use of a bed rail for Resident #27.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-A comprehensive review of the resident's electronic medical record (EMR) failed to reveal a bed rail evaluation and consent prior to the initiation of the one bed rail as a positioning enabler.</p> <p>-The EMR failed to reveal quarterly assessments for the evaluation of the continued use and safety of the bed rail.</p> <p>-The maintenance department had no routine inspections for the resident's bed rail.</p> <p>IV. Resident #36</p> <p>A. Resident status</p> <p>Resident #36, under the age of 65, was admitted on [DATE]. According to the June 2024 CPO, diagnoses included paraplegia, type 2 diabetes mellitus, bipolar disorder and difficulty in walking.</p> <p>The 5/6/24 MDS assessment revealed the resident was cognitively intact with a BIMS score of 15 out of 15. She required supervision assistance with toileting, showering, dressing, personal hygiene and mobility.</p> <p>-The assessment documented Resident #36 did not use bed rails.</p> <p>B. Observation</p> <p>On 6/3/24 at 9:50 a.m. and 6/4/24 at 3:02 p.m., one bed rail was observed on the left side of Resident #36's bed.</p> <p>On 6/5/24 at 9:05 a.m. Resident #36 was lying down in bed with a bed rail attached to her bed on the left side.</p> <p>C. Resident interview</p> <p>Resident #36 was interviewed on 6/5/24 at 9:06 a.m. Resident #36 said she was offered a new bed by the facility and the new bed arrived with one side rail. The resident said she used the side rail to assist her with transfers and positioning during incontinence care. She said the bed rail prevented her from falling out of bed.</p> <p>D. Record review</p> <p>The care plan, revised on 4/11/24, revealed Resident #36 was at risk for falls due to impaired mobility related to the diagnosis of paraplegia. Interventions included to assess the need for assistive/supportive devices.</p> <p>-The care plan failed to include an intervention for the use of a bed rail for Resident #36.</p> <p>-A review of Resident #36's June 2024 CPO revealed there was no physician's order for the resident's bed rail.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	

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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident's EMR revealed Resident #36 was not evaluated for the use of a bed rail, there was no consent for bed rails, and no documentation about the risks and benefits of using a bed rail.</p> <p>-The EMR failed to reveal quarterly assessments for the evaluation of the continued use and safety of the bed rail.</p> <p>-The maintenance department had no routine inspections for the resident's bed rail.</p> <p>V. Resident #40</p> <p>A. Resident status</p> <p>Resident #40, over the age of 65, was admitted on [DATE]. According to the June 2024 CPO, diagnoses included muscle weakness, anemia, abnormality of gait and movement and pain.</p> <p>The 4/5/24 MDS assessment documented the resident was cognitively intact with a BIMS score of 15 out of 15. She required moderate assistance for mobility and maximum assistance with showers, personal hygiene, and toilet transfers.</p> <p>-The assessment documented Resident #40 did not use bed rails.</p> <p>B. Observation</p> <p>On 6/3/24 at 10:00 a.m. and 6/4/24 at 2:15 p.m., Resident #40 was sitting in her wheelchair in her room. A bed rail was observed attached to the right side of the resident's bed.</p> <p>C. Resident interview</p> <p>Resident #40 was interviewed on 6/3/24 at 11:04 a.m. Resident #36 said the bed rail was for her to hold on to to assist her with turning herself during incontinence care at night.</p> <p>D. Record review</p> <p>The resident's care plan, revised on 2/11/24, revealed Resident #40 had potential for skin integrity impairment due to immobility. The care plan documented the use of a right-sided grab bar (bed rail) attached to the resident's bed for assistance in repositioning.</p> <p>-A review of Resident #40's June 2024 CPO revealed there was no physician's order for the resident's bed with the bed rail.</p> <p>-The resident's EMR revealed Resident #40 was not evaluated to use a bed rail. There was no consent and no documentation about the risks and benefits of using a bed rail.</p> <p>-The EMR failed to reveal quarterly assessments for the evaluation of the continued use and safety of the bed rail.</p> <p>-The maintenance department had no routine inspections for the resident's bed rail.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>VI. Resident #70</p> <p>A. Resident status</p> <p>Resident #70, age greater than 65, was admitted on [DATE]. According to the June 2024 computerized CPO, diagnoses included heart failure, type 2 diabetes mellitus, chronic obstructive pulmonary disease (COPD), muscle weakness, chronic pain and rheumatoid arthritis.</p> <p>The 4/30/24 MDS assessment documented the resident had severe cognitive impairment with a BIMS score of four out of 15. She required supervision assistance with showers, toileting and personal hygiene.</p> <p>-The assessment documented Resident #70 did not use bed rails.</p> <p>B. Observation</p> <p>On 6/3/24 at 10:30 a.m. and 6/4/24 at 1:57 p.m. bed rails were observed on both sides of Resident #70's bed.</p> <p>C. Record review</p> <p>The care plan, revised on 10/30/23, revealed Resident #70 was at risk for falls related to obesity, muscle weakness, pain and rheumatoid arthritis.</p> <p>-It indicated the use of a grab bar (bed rail) for assistance with bed mobility.</p> <p>-A review of Resident #70's June 2024 CPO revealed there was no physician's order for the resident's bed rails.</p> <p>-The resident's EMR revealed Resident #70 was not evaluated to use a bed rail, there was no consent and no documentation about the risks and benefits of using a bed rail.</p> <p>-The EMR failed to reveal quarterly assessments for the evaluation of the continued use and safety of the bed rails.</p> <p>-The maintenance department had no routine inspections for the resident's bed rails.</p> <p>VII. Staff interviews</p> <p>The physical therapy assistant (PTA) was interviewed on 6/5/24 at 11:00 a.m. The PTA said the bed rails were handles added to the sides of the bed to assist residents during transfers and repositioning. The PTA said. if used appropriately, bed rails could help residents become independent. She said she had noticed several resident's beds with the bed rails and would assume all of the residents had physician's orders and assessments completed for the bed rails. She said the maintenance department should be monitoring the functioning of the bed rails.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	

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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The maintenance supervisor (MS) was interviewed on 6/5/24 at 11:15 a.m. The MS said he installed the bed rails of the residents' beds when he received a maintenance order from nursing staff. He said he thought, before an order was placed for a bed rail, the nursing staff would ensure the proper assessment for the bed rails had been completed. The MS said there was no ongoing monitoring of the bed rails once he initially installed them.</p> <p>The director of nursing (DON) was interviewed on 6/5/24 at 12:42 p.m. The DON said it was the policy of the facility to complete a bed rail assessment prior to attaching bed rails to a bed. She said the therapy department was responsible for completing bed rail assessments. She said once the decision was made to attach bed rails to a resident's bed frame, it was the responsibility of nursing staff to obtain informed consent from the resident or resident's representative.</p> <p>The DON said it was the responsibility of the nursing unit nurse manager to update a resident's care plan to identify the bed rail use as an intervention. The DON said when bed rails were attached to residents' bed frames there should be ongoing routine maintenance checks for functioning. The DON said routine maintenance checks were not being done and she would immediately ensure consent, assessment, and routine monitoring of all bed rails.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	

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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>31820</p> <p>Based on record review and interviews, the facility failed to complete a performance review of every nurse aide at least once every 12 months and provide regular in-service education based on the outcome of these reviews for four of four staff reviewed.</p> <p>Specifically, the facility had not completed annual performance reviews and/or provided regular in-service education based on the outcome of the reviews for certified nurse aide (CNA) #2, CNA #3, CNA #5 and CNA #6.</p> <p>Findings include:</p> <p>I. Record review</p> <p>CNA #2 (hired on 2/1/11), CNA #3 (hired on 7/26/11), CNA #5 (hired on 4/5/23) and CNA #6 (hired on 1/26/21) did not have an annual performance review completed.</p> <p>The CNAs did not have an in-service education plan based on the outcome of the review.</p> <p>II. Interview</p> <p>The director of nursing (DON) was interviewed on 6/4/24 at 12:30 p.m. The DON said she was not aware the performance reviews needed to include a regular in-service plan based on the outcome of the reviews. She said going forward she would ensure the performance reviews were completed annually to ensure the best care was being delivered to the residents.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	

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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48112</b></p> <p>Based on record review and interviews, the facility failed to ensure three (#2, #21, #54) of five residents reviewed for unnecessary medications out of 37 sample residents were free from unnecessary medications.</p> <p>Specifically, the facility failed to:</p> <ul style="list-style-type: none"> <li>-Ensure Resident #2, Resident #21 and Resident #54 had appropriate non-pharmacological interventions for behaviors initiated; and,</li> <li>-Ensure informed consent, which included the risks associated with taking a psychotropic medication, were obtained from the resident or resident's representative before the resident's use of a psychotropic medication for Resident #2, Resident #21 and Resident #54.</li> </ul> <p>Findings include:</p> <p>I. Facility policy</p> <p>The Psychotropic Medication Use policy, revised July 2022, was provided by the nursing home administrator (NHA) on 6/5/24 at 12:00 p.m. It read in pertinent part,</p> <p>Non-pharmacological approaches are used to minimize the need for medications, permit the lowest possible dose, and allow for the discontinuation of medications when possible.</p> <p>Residents, families and/or the representative are involved in the medication management process. Psychotropic medication management includes the indication for use, dose, duration, adequate monitoring for efficacy and adverse consequences and preventing, identifying and responding to adverse consequences.</p> <p>Residents and representatives have the right to decline treatment with psychotropic medications. The staff and physician will review with the resident and representative the risks related to not taking the medication as well as appropriate alternatives.</p> <p>II. Resident #2</p> <p>A. Resident status</p> <p>Resident #2, [AGE] years old, was admitted on [DATE]. According to the June 2024 computerized physician orders (CPO), diagnoses included Alzheimer's disease, severe dementia with mood disturbances, sleep apnea, hearing loss and insomnia (difficulty sleeping).</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 5/10/24 minimum data set (MDS) assessment revealed the resident had severe cognitive impairments with a brief interview for a mental status (BIMS) score of zero out of 15. He was dependent on staff for toileting, showering, personal hygiene, and dressing. He required supervision for eating and substantial assistance with oral hygiene.</p> <p>The resident exhibited verbal and other behavioral symptoms not directed towards others one to three days.</p> <p>The resident took antipsychotic, antidepressant and hypnotic medications on a routine basis.</p> <p>B. Resident representative interview</p> <p>The resident's representative was interviewed on 6/3/24 at 9:42 a.m. She said the resident had a terrible time when he was admitted to the facility. She said she was frustrated because the facility tried a couple of times to decrease his Risperdal (medication used to treat mood disorders). She said it was difficult for him with the constant changes in the strength of the Risperdal because his behaviors like spitting and kicking were managed. She said when the facility tried to lower the strength his behaviors were not managed. She said she wished they kept him at the dose where his behaviors were managed. She said she did not know if the facility tried non-pharmacological interventions in addition to the antipsychotic medications he was prescribed.</p> <p>C. Record review</p> <p>The dementia and Alzheimer's care plan, revised on 2/2/24, revealed the resident had impaired cognitive function related to dementia with delusions and Alzheimer's disease. Interventions included monitoring for side effects of medication and disease conditions that could affect his cognition and orientation, redirecting as needed and notifying hospice and the primary care physician of any significant changes in resident's baseline cognitive status.</p> <p>The psychiatric and mood status care plan, revised on 2/2/24, revealed the resident was at risk for impaired mood status related to dementia, Alzheimer's disease and depression. Interventions included monitoring and reporting to hospice of any signs or symptoms of acute psychosis or changes from resident's baseline and monitoring sleep pattern changes</p> <p>The psychotropic medication care plan, revised on 1/29/24, revealed the resident took psychotropic medications related to insomnia, dementia and depression. Interventions included monitoring for adverse effects of antidepressant medication and antipsychotic medication, monitoring for effectiveness and completing a quarterly review for gradual dose reduction if appropriate.</p> <p>-A review of the comprehensive care plan revealed there was not an intervention that identified person-centered non-pharmacological interventions.</p> <p>The June 2024 CPO revealed the following physician orders:</p> <p>Lexapro (medication used to treat depression) 5 milligrams (mg). Administer one tablet by mouth one time a day related to dementia with mood disturbance, ordered 5/2/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Trazodone (antidepressant medication) 100 mg. Administer one tablet by mouth at bedtime for insomnia, ordered 4/18/24.</p> <p>Risperdal 1 mg. Administer one tablet by mouth two times a day for hospice related to dementia with severe mood disturbance, ordered 5/11/24.</p> <p>Lorazepam (anti-anxiety medication) 2mg/ml (milliliters). Administer 0.5 ml by mouth every four hours as needed for anxiety, agitation and for hospice, ordered 6/4/24.</p> <p>Offer non-pharmacological interventions prior to behavior medication administration. Non-pharmacological behavior interventions that are effective include a calm approach, positive reassurance, one on one, quiet environment, offering fluids or snacks, diversion activities, re-orientation and redirection. Document Y for interventions were attempted and N for no interventions were attempted, ordered 1/20/24.</p> <p>-The January 2024 MAR revealed non-pharmacological interventions were not offered on 24 of 31 days.</p> <p>-The February 2024 (2/1/24 to 2/29/24) MAR revealed non-pharmacological interventions were not offered on 18 of 28 days.</p> <p>-The March 2024 (3/1/24 to 3/31/24) MAR revealed non-pharmacological interventions were not offered on 30 of 31 days.</p> <p>-The April 2024 (4/1/24 to 4/30/24) MAR revealed non-pharmacological interventions were not offered on 30 of 30 days.</p> <p>-The May 2024 (5/1/24 to 5/31/24) MAR revealed non-pharmacological interventions were not offered on 30 of 31 days.</p> <p>-The June 2024 (6/1/24 to 6/5/24) MAR revealed non-pharmacological interventions were not offered on 5 of 5 days.</p> <p>-A review of the resident's electronic medical record (EMR) revealed there was no documentation to indicate person centered non-pharmacological behavioral interventions that were attempted to address the resident's behaviors and if the interventions were effective.</p> <p>The facility's psychotropic medication consent form contained a section that included two boxes. One box read Consent to use and one box read Refuse the use. The consent form included a line for the resident or the resident's representative to sign after they reviewed the form and marked the appropriate box for consent or no consent for the medication to be administered to the resident.</p> <p>-A review of the consent form for Resident #2's Lorazepam revealed the resident's representative had signed the form, however, neither of the boxes on the consent form was marked to indicate whether or not the representative gave consent to use or refused the use of the medication for Resident #2.</p> <p>III. Resident #21</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A. Resident status</p> <p>Resident #21, [AGE] years old, was admitted on [DATE]. According to the June 2024 CPO, diagnoses included paranoid schizophrenia (psychosis that affects thoughts and behavior), extrapyramidal and movement disorder (a drug-induced disorder that causes uncontrollable movement), hallucinations, insomnia and anxiety.</p> <p>The 2/23/24 MDS assessment revealed the resident was cognitively intact with a BIMS score of 14 out of 15. He required partial assistance with oral hygiene, personal hygiene and showering. He required substantial assistance with toileting and dressing.</p> <p>B. Record review</p> <p>The anxiety care plan, revised on 7/16/23, revealed the resident had an anxiety disorder that caused continuous pacing. Interventions included eliminating or correcting underlying causes of problems, offering drink or food, sitting with him, and promoting relaxation exercises.</p> <p>The aggressive behavior care plan, revised on 7/16/23, revealed the resident had a history of aggressive behaviors towards staff and peers. Interventions included offering the resident to listen to classical music, providing deep breathing exercises, going on short walks, and providing him with his teddy bear.</p> <p>The antipsychotic medication care plan, revised on 7/16/23, revealed the resident was at risk for adverse side effects. Interventions included monitoring for target behaviors of pacing, yelling and hallucinating.</p> <p>The June 2024 CPO revealed the following physician orders:</p> <p>Clozapine (antipsychotic medication) 100 mg. Administer one tablet by mouth one time a day at 8:00 a.m. and administer three tablets by mouth one time a day at 8:00 p.m. for paranoid schizophrenia, ordered 2/1/23.</p> <p>Clonazepam 0.5 mg. Administer one tablet by mouth one time a day for anxiety, ordered 2/1/23.</p> <p>Trazodone 50 mg. Administer one tablet by mouth at bedtime for insomnia, ordered 2/1/23.</p> <p>Risperidone 1 mg. Administer one tablet by mouth two times a day for paranoid schizophrenia, ordered 2/1/23.</p> <p>Offer non-pharmacological interventions prior to behavior medication administration. Non-pharmacological behavior interventions that are effective include repositioning, pillows for support, cold compress and massage. Document Y for interventions were attempted and N for no interventions were attempted, ordered on 2/12/24.</p> <p>-The February 2024 (2/1/24 to 2/29/24) MAR revealed non-pharmacological interventions were not offered on 23 of 28 days.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	

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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The March 2024 (3/1/24 to 3/31/24) MAR revealed non-pharmacological interventions were not offered on 31 of 31 days.</p> <p>-The April 2024 (4/1/24 to 4/30/24) MAR revealed non-pharmacological interventions were not offered on 30 of 30 days.</p> <p>-The May 2024 (5/1/24 to 5/31/24) MAR revealed non-pharmacological interventions were not offered on 31 of 31 days.</p> <p>-The June 2024 (6/1/24 to 6/5/24) MAR revealed non-pharmacological interventions were not offered on 5 of 5 days.</p> <p>-A review of the resident's EMR revealed there was no documentation to indicate person centered non-pharmacological behavior interventions that were attempted to address the resident's behaviors and if the interventions were effective.</p> <p>The facility's psychotropic medication consent form contained a section that included two boxes. One box read Consent to use and one box read Refuse the use. The consent form included a line for the resident or the resident's representative to sign after they reviewed the form and marked the appropriate box for consent or no consent for the medication to be administered to the resident.</p> <p>-A review of the consent forms for Resident #21's clozapine, clonazepam, trazodone and risperidone revealed the resident's representative had signed the consent forms for each psychotropic medication, however, neither of the boxes on the consent forms was marked to indicate whether or not the representative gave consent to use or refused the use of the medications for Resident #21.</p> <p>IV. Resident #54</p> <p>A. Resident status</p> <p>Resident #54, age greater than 65, was admitted on [DATE]. According to the June 2024 CPO, diagnoses included severe dementia with agitation, insomnia and muscle weakness.</p> <p>The 2/15/24 MDS assessment revealed the resident had severe cognitive impairments with a BIMS score of zero out of 15. She required partial assistance with oral hygiene, toileting, dressing and personal hygiene. She required substantial assistance with showering.</p> <p>B. Record review</p> <p>The antipsychotic drug use care plan, revised on 2/2/24, revealed the resident was at risk for side effects and falls. Interventions included assessing the resident for adverse side effects, completing quarterly psychotropic medication review and administering medications as ordered.</p> <p>The sleep care plan, revised on 6/23/23, revealed the resident had difficulty with insomnia. Interventions included monitoring sleep patterns, providing a pharmacy consultant review of medication and side effects.</p> <p>The June 2024 CPO revealed the following physician orders:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Donepezil (medication used for Alzheimer's disease) 5 mg. Administer one tablet by mouth at bedtime for dementia with severe agitation, ordered 9/25/23.</p> <p>Risperdal 0.25 mg. Administer one tablet by mouth at bedtime for agitation for dementia with agitation, ordered 6/3/24.</p> <p>Trazodone 50 mg. Administer 1.5 tablets by mouth at bedtime for insomnia, ordered 5/18/24.</p> <p>Memantine 10 mg. Administer one tablet by mouth two times a day for severe dementia with agitation, ordered 3/19/24.</p> <p>Offer non-pharmacological interventions prior to behavior medication administration. Non-pharmacological behavior interventions that are effective include calm approach, positive reassurance, one on one, quiet environment, fluids/snacks, diversion activities, re-orientation and redirection. Document Y for interventions were attempted and N for no interventions were attempted, ordered 12/29/23.</p> <p>Offer non-pharmacological interventions prior to behavior medication administration. Non-pharmacological behavior interventions that are effective include repositioning, pillows for support, cold compress and massage. Document Y for interventions were attempted and N for no interventions were attempted, ordered 12/29/23.</p> <p>-The January 2024 (1/1/24 to 1/31/24) MAR revealed non-pharmacological interventions were not offered on 14 of 31 days.</p> <p>-The February 2024 (2/1/24 to 2/29/24) MAR revealed non-pharmacological interventions were not offered on 18 of 28 days.</p> <p>-The March 2024 (3/1/24 to 3/31/24) MAR revealed non-pharmacological interventions were not offered on 24 of 31 days.</p> <p>-The April 2024 (4/1/24 to 4/30/24) MAR revealed non-pharmacological interventions were not offered on 30 of 30 days.</p> <p>-The May 2024 (5/1/24 to 5/31/24) MAR revealed non-pharmacological interventions were not offered on 31 of 31 days.</p> <p>-The June 2024 (6/1/24 to 6/5/24) MAR revealed non-pharmacological interventions were not offered on 5 of 5 days.</p> <p>-A review of the resident's EMR revealed there was no documentation to indicate person centered non-pharmacological behavior interventions that were attempted to address the resident's behaviors and if the interventions were effective.</p> <p>The facility's psychotropic medication consent form contained a section that included two boxes. One box read Consent to use and one box read Refuse the use. The consent form included a line for the resident or the resident's representative to sign after they reviewed the form and marked the appropriate box for consent or no consent for the medication to be administered to the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-A review of the consent forms for Resident #54's Risperdal, trazodone, donepezil and memantine revealed the resident's representative had signed the consent forms for each psychotropic medication, however, neither of the boxes on the forms was marked to indicate whether or not the representative gave consent to use or refused the use of the medications for Resident #54.</p> <p>V. Staff Interviews</p> <p>Licensed practical nurse (LPN) #2 was interviewed on 6/5/24 at 9:46 a.m. LPN #2 said she tried non-pharmacological interventions when a resident was anxious or had facial grimacing. She said interventions included playing music, playing a video or porch time. She said she documented non-pharmacological interventions in progress notes as a behavior note.</p> <p>LPN #2 said Resident #2's effective non-pharmacological interventions included repositioning, lying down in the recliner or in his bed, playing music and playing an action movie.</p> <p>LPN #2 said Resident #21's effective non-pharmacological interventions included offering him to read a book, complete a puzzle and word searches.</p> <p>LPN #2 said Resident #54's effective non-pharmacological interventions included to keep her near staff, provide one on one care, talk to the resident and read the newspaper.</p> <p>LPN #2 said consent for psychotropic medications was obtained at the time of admission by the admissions department. She said once a resident was admitted, social services was responsible for obtaining consent when a resident was prescribed a new psychotropic medication. She said she checked the resident's EMR to ensure a consent form was on file for each psychotropic medication.</p> <p>The social services director (SSD) was interviewed on 6/5/24 at 10:40 a.m. The SSD said the social services department and the nursing staff determined behaviors that needed to be monitored. The SSD said she completed a demographics form upon a resident's admission to the facility. She said she wrote any behaviors that needed to be monitored in the comment section. The SSD said she wrote non-pharmacological interventions in the same area. She said nursing staff were responsible to offer and to document the non-pharmacological interventions that were attempted. She said the nurse documented the behavior and interventions in a behavior progress note.</p> <p>The SSD said she was familiar with Resident #2, Resident #21 and Resident #54. The SSD said Resident #2 found Native American music was helpful when he had behaviors. The SSD said Resident #21 found if staff walked with him or talked to him about different topics was helpful when he had behaviors. The SSD said Resident #54 found reading flower and family magazines was helpful when she had behaviors.</p> <p>The SSD said informed consents should be signed before a psychotropic medication was administered. She said the admissions department was responsible for obtaining consent for any medications the resident took at the time of admission. She said the psychotropic medication consent form was part of the admissions paperwork the resident or representative reviewed and signed. She said the consent forms contained a section for each type of psychotropic medication, what side effects would be monitored and what the risks and benefits were for each type of psychotropic medication.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The SSD said the resident or the resident's representative authorized the facility that psychotropic medications may or may not be administered by an initial next to the phrase Consent to use or the phrase Refuse the use on the consent form. The initials were to be obtained on the form in addition to a resident or resident representative's signature.</p> <p>The SSD said she was not sure what the nurses did when a resident was prescribed a new psychotropic medication. She said she thought the nurses called the resident's representative to review the medication, why it was prescribed, the side effects and the risks versus benefits of the medication. She said she thought the nurses obtained verbal consent and documented the conversation in a progress note.</p> <p>The SSD said she mailed a two page consent form to the resident's representative. She said once the consent was mailed back, she added the informed consent form to the resident's EMR.</p> <p>The SSD said she did not check the progress notes to see if the nurses documented their phone call to the resident's representative. She said she should start checking the nurses progress note.</p> <p>The SSD confirmed Resident #2, Resident #21 and Resident #54 were administered psychotropic medications without a signed informed consent.</p> <p>The director of nursing (DON) was interviewed on 6/5/24 at 11:11 a.m. The DON said the nurses did not consistently offer and did not document if non-pharmacological interventions were offered. She said non-pharmacological interventions should be documented in the resident's MAR. She said the type of non-pharmacological interventions offered and used should be documented in the resident's MAR.</p> <p>The DON said when an existing resident was prescribed a new psychotropic medication the nurse called to notify the resident's representative. The DON said the nurse only contacted the resident's representative to inform them the resident had started a new medication. The DON said the resident's representative did not review why it was prescribed, the side effects, and the risks versus benefits. She said informed consents should be obtained before the nurse administered a new psychotropic medication to a resident. The DON said she would change the process so nursing staff was responsible for obtaining informed consents on psychotropic medications.</p> <p>The DON confirmed Resident #2, Resident #21 and Resident #54 were administered psychotropic medications without a signed informed consent.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47150</p> <p>Based on observations and interviews, the facility failed to store, prepare, distribute, and serve food in a sanitary manner in the facility's kitchen and dining room.</p> <p>Specifically, the facility failed to:</p> <ul style="list-style-type: none"> <li>-Ensure nourishment beverages in the main dining room and unit refrigerators were dated and labeled;</li> <li>-Ensure cooking utensils were dried appropriately;</li> <li>-Ensure food preparation area vents were free from hanging dust and lint;</li> <li>-Ensure the main dining room refrigerator maintained a safe operating temperature; and,</li> <li>-Ensure dented food cans were not used.</li> </ul> <p>Findings include:</p> <p>I. Ensure nourishment beverages in the main dining room and unit refrigerators were dated and labeled.</p> <p>A. Professional reference</p> <p>The Colorado Department of Public Health and Environment (3/16/24) The Colorado Retail Food Establishment Rules and Regulations, were retrieved on 6/13/24 from <a href="https://www.colorado.gov/pacific/sites/default/files/DEHS_RetailFd_RFE_Reg_6_CCR_1010-2_2024_EN.pdf">https://www.colorado.gov/pacific/sites/default/files/DEHS_RetailFd_RFE_Reg_6_CCR_1010-2_2024_EN.pdf</a>. It read in pertinent part,</p> <p>Time/temperature control for safety food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations.</p> <p>A date marking system may include using a method approved by the regulatory authority for refrigerated, ready-to-eat time/temperature control for safety food that is frequently rewrapped, such as lunch meat or a roast, or for which date marking is impractical, such as soft serve mix or milk in a dispensing machine, marking the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded and/or marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded.</p> <p>B. Observations</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/2/24 at 2:15 p.m. the following was observed at the main dining room nourishment refrigerators during the initial kitchen tour:</p> <p>-In the dining room refrigerator, there were two opened gallons of milk. Both of the gallons of milk were not labeled with the date they were opened or the date they were to be used by.</p> <p>-Additionally, one of the gallons of milk did not have a lid on it.</p> <p>On 6/3/24 at 2:30 p.m. the south side unit refrigerator was observed to have a half-used bottle of mango juice which was not dated with the date it was opened or a use by date.</p> <p>C. Staff interviews</p> <p>Dietary aide (DA) #1 was interviewed on 6/4/24 at 2:40 p.m. DA #1 said opened beverages were to be dated and labeled to ensure every staff member knew when the beverage should be discarded. He said one of the gallons of milk in the dining room refrigerator had no lid and needed to be thrown away. He said residents could become sick from drinking milk products that had been left open without the lid or were past the date they should be discarded.</p> <p>II. Ensure cooking utensils were dried appropriately.</p> <p>A. Professional reference</p> <p>The Colorado Department of Public Health and Environment (3/16/24) The Colorado Retail Food Establishment Rules and Regulations, were retrieved on 6/13/24 from <a href="https://www.colorado.gov/pacific/sites/default/files/DEHS_RetailFd_RFE_Reg_6_CCR_1010-2_2024_EN.pdf">https://www.colorado.gov/pacific/sites/default/files/DEHS_RetailFd_RFE_Reg_6_CCR_1010-2_2024_EN.pdf</a>. It read in pertinent part,</p> <p>Equipment and Utensils, Air-drying required. After cleaning and sanitizing, equipment and utensils shall be air-dried or used after adequate draining before contact with food and may not be cloth dried.</p> <p>B. Facility policy</p> <p>The nursing home administrator (NHA) provided the Dishwashing policy, with no revision date, on 6/11/24. The policy read in pertinent part, The dishwashing procedures and techniques are well developed, understood, and carried out in compliance with the state and local health codes to assure the safety of the residents.</p> <p>C. Observation</p> <p>On 6/4/24 at 3:30 p.m. a volunteer and an unidentified staff member were observed using paper towels to dry eating and cooking utensils, such as silverware, plates, pots and pans, before placing them on the dish rack.</p> <p>D. Staff interview</p> <p>The dietary manager (DM) was interviewed on 6/4/24 at 4:00 p.m. The DM said the staff used paper towels to dry clean dishes to hurry the drying process so they could use the utensils again.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The DM said she was unsure if utensils should be dried with paper towels and said she would verify the process with her supervisor.</p> <p>III. Ensure food preparation area vents were free from hanging dust and lint.</p> <p>A. Professional reference</p> <p>According to The Food and Drug Administration (FDA) Food Code (2019) p. 441, retrieved on 6/8/24 from <a href="https://www.fda.gov/media/164194/download?attachment">https://www.fda.gov/media/164194/download?attachment</a>,</p> <p>Surface Characteristics: Floors, walls, and ceilings that are constructed of smooth and durable surface materials are more easily cleaned. Requirements and restrictions regarding floor coverings, utility lines, and floor/wall junctures are intended to ensure that regular and effective cleaning is possible.</p> <p>Heating and air conditioning system vents that are not properly designed and located may be difficult to clean and result in the contamination of food, food preparation surfaces, equipment, or utensils by dust or other accumulated soil from the exhaust vents.</p> <p>B. Facility policy and procedures</p> <p>The Sanitation policy, undated, was provided by the NHA on 6/11/24 at 12:01 p.m. It read in pertinent part, Sanitation conditions are maintained at all times in the dietary department. Effective procedures for cleaning all equipment are well developed and are followed consistently.</p> <p>C. Observations</p> <p>On 6/2/24 at 3:30 p.m., during the initial kitchen tour, two vents in the food preparation area were observed to have hanging dust and cobwebs.</p> <p>On 6/4/24 at 3:00 p.m. the two vents in the food preparation area continued to have lint and dust around them. The cook was observed preparing mechanical and pureed food directly underneath the area where the vents were located.</p> <p>D. Staff interviews</p> <p>The DM was interviewed on 6/4/24 at 4:00 p.m. The DM said there was a daily, weekly and monthly cleaning schedule for maintaining the kitchen in a sanitary condition. The DM said the hanging dust and cobwebs around the vents in the food preparation area was unsanitary. The DM said the maintenance department were responsible for cleaning the high sky ceiling vents. She said a work order had been submitted. The DM said the hanging dust would be cleaned after hours by the maintenance department once the kitchen had completed all food services for the day.</p> <p>The maintenance supervisor (MS) was interviewed on 6/5/24. The MS said he was a new employee and was still being trained. The MS said he had received a work request for the cleaning of the kitchen vents but had not cleaned them yet.</p> <p>IV. Ensure the main dining room refrigerator maintains a safe operating temperature</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A. Professional reference</p> <p>The Food and Drug Administration (FDA) Food Code (2022), reviewed 1/18/23, was retrieved on 6/8/24 from <a href="https://www.fda.gov/food/retail-food-protection/fda-food-code">https://www.fda.gov/food/retail-food-protection/fda-food-code</a>. It read in pertinent part,</p> <p>Bacterial growth and/or toxin production can occur if time/temperature control for safe food remains in the temperature 'danger zone' of 41 degrees Fahrenheit (F) to 135 degrees F for too long.</p> <p>B. Facility policy</p> <p>The Refrigerators and Freezers policy, undated, was provided by the NHA on 6/11/24 at 12:01 p.m. It read in pertinent part, All refrigerated foods are stored in such a manner to keep them safe and free from contamination. The temperature of each refrigerated unit will be maintained below 40 degrees Fahrenheit (F)</p> <p>C. Observations</p> <p>On 6/2/24 at 3:30 p.m. during the initial kitchen tour, the refrigerator in the main dining room, which contained beverages and snack foods, was observed with a temperature of 51 degrees F.</p> <p>On 6/4/24 at 4:00 p.m. the dining room refrigerator continued to have a temperature of 51 degrees F.</p> <p>D. Staff interview</p> <p>The DM was interviewed on 6/4/24 at 4:00 p.m. The DM said all nourishment refrigerators should maintain an operating temperature of 40 degrees F and below. She said it was unsafe for beverages and food items to remain too long in the food danger zone. The DM said all beverages and food items in the dining room refrigerator would be discarded and she would request maintenance to check the refrigerator.</p> <p>The DM was interviewed again on 6/5/24 at 11:30 am. The DM said the beverages and snack foods in the dining room refrigerator had been removed and the refrigerator would not be in use again until maintenance ensured that it was operating at a proper temperature.</p> <p>V. Ensure dented food cans were not used.</p> <p>A. Professional reference</p> <p>According to the United States Department of Agriculture (USDA), retrieved on 6/13/24 from <a href="https://ask.usda.gov/s/article/ls-food-in-damaged-cans-dangerous">https://ask.usda.gov/s/article/ls-food-in-damaged-cans-dangerous</a>. It read in pertinent part,</p> <p>Never use food from cans that are leaking, bulging, or badly dented, cracked jars or jars with loose or bulging lids, canned food with a foul odor or any container that spurts liquid when opening. Such cans could contain clostridium botulinum. A deep dent is one that you can lay your finger into. Deep dents often have sharp points. A sharp dent on either the top or side seam can damage the seam and allow bacteria to enter the can. Discard any can with a deep dent on any seam.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>While extremely rare, a toxin produced by it is the worst danger in canned goods. Don't taste such foods. Even a minuscule amount of botulinum toxin can be deadly. Recommended storage times are as follows: two to five years for low-acid foods (such as meat, poultry, fish, and vegetables; 12-18 months for high-acid foods (such as juices, fruit, pickles, tomato soup, and sauerkraut).</p> <p>B. Observations</p> <p>On 6/2/24 at 3:30 p.m., during the initial kitchen tour, one dented can of crushed pineapple and two dented cans of fancy shredded sauerkraut were observed on the canned food rack in the pantry.</p> <p>On 6/4/24 at 4:20 p.m. there was one dented crushed orange can observed on the canned food rack in the pantry.</p> <p>C. Staff interview</p> <p>The DM was interviewed on 6/5/24 at 11:30 am. She said she had previously removed the dented food cans from the rack but they somehow got put back on the food rack. The DM said staff were educated and were aware not to place dented food cans on the rack to be used. The DM said she had removed the dented can and would offer education to the kitchen staff immediately to avoid staff using any dented food cans.</p> <p>VI. Additional interviews</p> <p>The regional registered dietitian (RRD) was interviewed on 6/5/24 at 11:35 a.m. The RRD said dented food cans could allow bacteria growth which could be detrimental to the health of the residents. The RRD said kitchen utensils should be air dried according to facility policy and staff should avoid the use of paper towels to dry plates and silverware. She said drying utensils with paper towels could cause cross contamination leading to illnesses. The RRD said all opened beverages should be dated and labeled when opened.</p> <p>The NHA was interviewed on 6/5/24 at 11:50 a.m. The NHA said she had initiated training for the DM to complete and would ensure that all kitchen staff were appropriately retrained immediately to maintain proper refrigerator temperatures, air dry eating and cooking utensils and to ensure all opened items in the unit's refrigerators were dated and labeled. She said all dented food cans would be separated and returned to the vendor for credit or replacement.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Trinidad Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  409 Benedicta Ave Trinidad, CO 81082	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31820</p> <p>Based on record review and interviews, the facility failed to ensure that the hospice services provided met professional standards and principles that applied to individuals providing services in the facility for one (#89) of five residents receiving hospice services out of 37 sample residents.</p> <p>Specifically, the facility failed to orient hospice aides to the facility, including the policies and procedures.</p> <p>Findings include:</p> <p>I. Facility policy</p> <p>The Hospice Program policy, revised July 2017, was provided by the nursing home administrator (NHA) on 6/5/24. It read in pertinent part,</p> <p>Ensuring that our facility staff provides orientation on the policies and procedures of the facility, including resident rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to the residents.</p> <p>II. Resident status</p> <p>Resident #89, age 78, was admitted on [DATE]. According to the June 2024 computerized physician's orders (CPO), diagnoses included neoplasm of the prostate, chronic kidney disease and malignant neoplasm of bone.</p> <p>The 5/5/24 minimum data set (MDS) assessment documented the resident was cognitively intact with a brief interview for mental status (BIMS) score of 15 out of 15.</p> <p>The MDS assessment identified the resident received hospice services during the assessment period.</p> <p>III. Staff interviews</p> <p>Certified nurse aide (CNA) #1, who worked for a hospice agency, was interviewed on 6/3/24 at 4:25 p.m. He said he had been providing hospice services at the facility for about a year and a half. He said he was familiar with the facility, having worked there previously. He said he had not received an orientation to the facility to include the facility policy and procedures since providing care as a hospice aide.</p> <p>The director of nursing (DON) was interviewed on 6/4/24 at 12:30 p.m. The DON said she was not aware the facility needed to provide an orientation to the facility and the facility policy and procedures to the hospice aides. She said going forward she would provide orientation to the hospice aides prior to providing care in the facility.</p>		