

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065405	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2025
NAME OF PROVIDER OR SUPPLIER Parker Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 9398 Crown Crest Blvd Parker, CO 80138	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to assess, arrange, and document discharge services for one (#1) of one resident reviewed out of three sample residents.</p> <p>Specifically, for Resident #1, the facility failed to:</p> <ul style="list-style-type: none"> -Assess oxygen therapy discharge needs for the resident; and, -Ensure home health services were confirmed for the resident prior to discharge. <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Discharge Planning Process policy and procedure, revised May 2025, was provided by the nursing home administrator (NHA) on 6/24/25 at 5:20 p.m. The policy read in pertinent part,</p> <p>The discharge process should effectively transition residents to post-discharge care and minimize clinical or other factors related to the possibility of readmission.</p> <p>The discharge planning process shall:</p> <ul style="list-style-type: none"> -Provide and document sufficient preparation and orientation to residents in a form and manner that the resident can understand, to ensure safe and orderly transfer or discharge from the facility; -Ensure the discharge needs of each resident are identified on admission, and a discharge plan for each resident is developed and implemented promptly; -Include re-evaluation of residents to identify changes that require a modification of the discharge plan, and update the discharge plan to reflect changes; -Involve the interdisciplinary team (IDT) in developing the discharge plan; <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Involve the resident and resident representative in developing the discharge plan, and inform the resident and resident representative of the final plan. If participation of the resident or the resident representative is not practicable, an explanation shall be documented in the resident's medical record;</p> <p>-If the resident indicates an interest in returning to the community, the facility shall document any referrals made; and,</p> <p>-The facility shall update the resident's comprehensive care plan and discharge plan in response to information received from referrals to local contact agencies or other appropriate entities.</p> <p>The facility shall document on a timely basis the resident's needs and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The result of the evaluation must be discussed with the resident or representative. All relevant information must be incorporated into the discharge plan.</p> <p>II. Resident #1</p> <p>A. Resident status</p> <p>Resident #1, age greater than 65, was admitted on [DATE] and discharged to her home on 5/16/25. According to the May 2025 computerized physician orders (CPO), diagnoses included endocarditis (infection of a heart valve), enterocolitis (colon infection), sepsis (body systemic infection), emphysema and chronic obstructive pulmonary disease (respiratory diseases), heart failure and pulmonary hypertension (high blood pressure in the lungs).</p> <p>The 5/2/25 minimum data set (MDS) assessment revealed the resident had intact cognition with a brief interview for mental status (BIMS) score of 13 out of 15. Resident #1 required substantial to maximum assistance from staff for standing and partial to maximum assistance from staff for ambulation.</p> <p>The MDS assessment documented the resident had no oxygen therapy or use of oxygen at admission.</p> <p>B. Record review</p> <p>The pneumonia care plan, initiated 4/24/25, revealed Resident #1 had pneumonia. Pertinent interventions included oxygen therapy as ordered (initiated 4/24/25).</p> <p>The respiratory care plan, initiated 4/24/25, revealed Resident #1 had difficulty breathing related to COPD and respiratory failure. Pertinent interventions included providing oxygen as ordered (initiated 4/24/25).</p> <p>The care plan failed to include an oxygen use plan of care or a discharge planning needs assessment for oxygen services at home.</p> <p>Review of Resident #1's May 2025 CPO revealed the following physician's order:</p> <p>Apply oxygen via nasal cannula at 2 liters per minute (LPM) to keep oxygen saturations (level of oxygen in the</p> <p>(continued on next page)</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The DON said if home services were unavailable at discharge, the resident's discharge should be canceled, and a physician should be contacted for review. The DON said the physician was not notified that home health services were not arranged before Resident #1's discharge. The DON said Resident #1 should have received her antibiotic medication from the home health provider on 5/16/25 after she arrived home.</p> <p>The NHA said Resident #1 had a history of noncompliance with oxygen use before admission to the facility. The NHA said the facility had not completed a discharge needs assessment for home oxygen because she probably had oxygen at home.</p> <p>-However, the Resident #1's EMR documented the resident was utilizing oxygen and was compliant with use during the resident's stay in the facility (see record review above).</p> <p>The NHA said Resident #1 had an insurance company that required referrals to be sent to for insurance review, and not directly to a post-discharge home health services provider. The NHA said the insurance provider process included approval and arranging of post-discharge services by the insurance company. The NHA said Resident #1 was discharged before the facility had confirmed a home health provider accepted the referral to administer antibiotics after discharge.</p> <p>The NHA said that he contacted Resident #1's insurance provider on 6/24/25 (during the survey) and received the home health Patient Information Report which documented the start of care date for Resident #1 as 5/20/25. The NHA said Resident #1 discharged from the facility on 5/16/25 and he was not aware that there was a four-day delay in home health services for the resident which resulted in the resident missing three doses of intravenous antibiotics.</p>		