

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065411	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2026
NAME OF PROVIDER OR SUPPLIER  Cottonwood Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  450 Prospector Ave Durango, CO 81301	

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> Based on record review and interviews, the facility failed to provide services to ensure the residents highest practical physical wellbeing for two (#2 and #3) of four residents reviewed out of four sample residents. Specifically, the facility failed to ensure Resident #2 and Resident #3 had a physician's order to consume alcoholic beverages. Findings include: I. Facility policy and procedure The Alcoholic Beverages Policy, revised February 2023 was provided by the director of clinical services on 4/1/26 at 1:19 p.m. The policy read, The purpose of this procedure is to establish uniform guidelines concerning the administration of alcoholic beverages. A physician's order must be received before any alcoholic beverage may be administered to a resident. Should such an order be received, the nurse supervisor receiving the order must contact the pharmacist to determine if any of the residents' current medications would interact with alcohol. Should there be a medication that would interact with the alcohol, the nurse manager must inform the physician of such medications. Record and follow the physician's instructions. The Physician Orders Related to Activities policy, revised June 2018, was provided by the director of clinical services on 4/1/26 at 1:19 p.m. The policy read, The facility obtains activities related to physician orders in a timely manner. The activity director/coordinator reviews the physician's orders upon admission during the activity assessment period, and within 'progress' or 'change of condition' reviews for the following areas which may impact activities such as: Consumption of alcohol (if alcohol was served or requested by a resident). II. Resident #2A. Resident status Resident #2, age [AGE], was admitted on [DATE]. According to the March 2026 computerized physician orders (CPO), diagnoses included multiple sclerosis, hypertension, osteoarthritis and depression. The 2/5/26 minimum data set (MDS) assessment revealed the resident was cognitively intact with a brief interview for mental status (BIMS) score of 13 out of 15. He required maximum assistance with activities of daily living (ADL). B. Resident interview Resident #2 was interviewed on 4/1/26 at 10:30 a.m. Resident #2 said he attended happy hour at the facility and he drank alcoholic beverages on occasion when offered. He said residents had the right to make their own decisions to consume alcohol or have non-alcoholic beverages. C. Record review Review of Resident #2's confidentiality, privacy and activities form, dated 9/25/24, revealed Resident #2 circled yes and gave permission to the facility staff to allow alcoholic beverages to be served to him during the facility's Happy Hour activity if the physician agreed. The form documented a maximum of two alcoholic drinks would be allowed, per the physician's order. Review of Resident #2's comprehensive care plan, initiated 3/10/25, revealed there was no care plan focus for Resident #2's alcohol consumption. Review of Resident #2's March 2026 CPO revealed no physician's order that indicated Resident #2 was able to consume alcohol. III. Resident #3 A. Resident status Resident #3, age [AGE], was admitted on [DATE]. According to the March 2026 CPO, diagnoses included chronic respiratory failure, hypertension, dementia, mild with anxiety disorder and depression. The 1/26/26 MDS assessment revealed the resident was moderately cognitively impaired with a BIMS score of 11 out of 15. She required substantial maximum assistance with ADLs. B. Resident interview Resident #3 was interviewed on 4/1/26 at 11:35 a.m. Resident #3 said she attended happy hour weekly and enjoyed going to have alcoholic beverages and to socialize with others. She said not all residents had (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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>alcoholic beverages, but she preferred to. C. Record review Review of Resident #3's confidentiality, privacy and activities form, dated 9/25/24, revealed Resident #3 circled yes and gave permission to the facility staff to allow alcoholic beverages to be served to her during the facility's Happy Hour activity if the physician agreed. A maximum of two alcoholic drinks would be allowed, per the physician's order. The psychosocial care plan, initiated 3/11/25 and revised 3/24/26, revealed Resident #3 had a history of alcohol abuse and dependency and the resident was in remission from alcoholism. The care plan revealed Resident #3 was at risk of an impaired psychiatric mood related to the diagnosis of depression, history of alcohol dependency and anxiety. Review of Resident #3's March 2026 CPO revealed no physician's order that indicated Resident #3 was able to consume alcoholic beverages. IV. Staff interviews The activities director (AD) was interviewed on 4/1/26 at 11:00 a.m. The AD said the facility's happy hour activity took place every Thursday. She said alcoholic beverages and non-alcoholic beverages were served to the residents. The AD said residents were offered whatever they preferred to drink. She said a variety of alcoholic drinks were served, with a maximum of two drinks for each resident. The AD said upon admission to the facility, residents were asked about their preference to consume alcoholic beverages or not. She said the social services director (SSD) assisted residents to complete the alcoholic beverages preference form and the information was shared with activities if a resident was not allowed to consume alcohol. The AD said she did not have a list of residents who could or could not have alcohol. She said it was up to the residents to decide if they wanted alcohol or not. The interim SSD was interviewed on 4/1/26 at 12:02 p.m. The interim SSD said an evaluation for the consumption of alcoholic beverages was completed with residents as part of the admission packet when they were admitted to the facility. He said a care plan was completed if a resident had a history of alcohol abuse and the information was shared with the activities director and management. The interim SSD said residents had the right to consume alcohol. He said the physician was made aware if a resident had a history of alcohol abuse, in case the alcohol could interfere with certain medications or in case staff needed to be monitoring residents for any alcoholic withdrawal concerns. The interim SSD said the facility did not track residents' intake of alcoholic beverages because consumption happened one time a week at happy hour and not on a daily basis. Registered nurse (RN) #1 was interviewed on 4/1/26 at 12:45 p.m. RN #1 said the physician gave orders when a resident wanted to consume alcoholic beverages. The director of clinical service nurse was interviewed on 4/1/26 at 12:15p.m. The director of clinical services said residents should have a physician's order to consume alcoholic beverages. She said the physician's order should include parameters for the amount of alcohol and risks with any medications the resident took. She said she was not part of the evaluations for residents to have alcohol, but she said had started an audit to identify which residents consumed alcoholic beverages (during the survey). She said she would look at the residents' physician's orders and would discuss it in the interdisciplinary team (IDT )meeting. The interim nursing home administrator (NHA) was interviewed on 4/1/26 at 12:30p.m. The interim NHA said there was no documentation revealing education was completed on the effects of consuming alcoholic beverages for Resident #2 and Resident #3. The medical director (MD) was interviewed on 4/1/26 at 4:15 p.m. The MD said he would prefer for no residents to consume alcoholic beverages, but as a physician, he respected the autonomy of the residents' choice to consume alcohol if they chose to do so. He said when the resident had red flags or big issues, such as they were a fall risk, had dementia or was a known alcoholic, he would not give orders for those residents to consume alcoholic beverages. He said the facility had a physician's order set in the facility's electronic charting system which allowed nursing staff to add the physician's order to consume alcohol into a resident's electronic medical record (EMR), when appropriate. He said it was up to the facility to alert him when a physician's order was needed for the resident. He said he had discussed with residents before why drinking alcohol was a bad decision but he said he had not discussed this with any current residents at the facility that he could recall. He said he relied on the director of nursing (DON) to notify him with any resident alcohol consumption concerns.</p>		