STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065429	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accel at Longmont Health and Rehab, LLC	1960 S Fordham St Longmont, CO 80503

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. (continued on next page)

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

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

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility ensure residents had a right to make choices about aspects of his or her life in the facility that were significant to the resident for two (#6 and #11) of 10 residents out of 11 sample residents.Specifically, the facility failed to ensure Resident #6 and Resident #11 received showers according to their preferences. Findings include:I. Facility policy and procedureThe Resident Showers policy, implemented on 6/1/25, was provided by the regional vice president of operations (RVPO) on 7/23/25 at 2:03 p.m. The policy revealed this facility assisted residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice. Residents would be provided showers as per request or as per facility schedule protocols and based upon resident safety.II. Resident #6A. Resident observation and interviewsThe resident and his wife were interviewed on 7/23/25 at 1:36 p.m. The resident sat in a wheelchair in his room. The resident said he preferred to have two showers each week and he had not refused a shower. The resident's wife said the resident did not receive two showers each week. She said his shower days were Wednesday and Saturday evenings. She said the resident was incontinent of the bladder and he urinated on himself at times. She said it was important for him to get his showers because of being soaked in urine. She said missing a shower was not good for her husband.B. Resident statusResident #6, age greater than 65, was admitted on [DATE]. According to the July 2025 computerized physician orders (CPO), the diagnoses included atherosclerotic (buildup of fats, cholesterol and other substances in and on the artery walls) heart disease of native coronary artery with angina pectoris (a condition where chest pain and or discomfort arose from reduced blood flow to the heart muscle due to narrowed or blocked coronary arteries), vascular dementia with mood disturbance, lack of coordination, muscle wasting with atrophy and abnormalities of gait and mobility.The 6/12/25 minimum data set (MDS) assessment revealed the resident had both short and long-term memory problems. The resident was severely impaired with cognitive skills for daily decision-making through staff assessment. The resident was dependent on staff for all activities of daily living. C. Record reviewThe care plan for activities of daily living (ADL) for self-care performance deficit related to activity intolerance and dementia was initiated on 6/20/25. The interventions, initiated on 6/27/25, included the resident was dependent on staff for showering. The resident preferred showers on Wednesday and Saturday evenings.Resident #6's June 2025 (6/1/25 to 6/31/25) and July 2025 (7/1/25 to 7/22/25) shower documentation was reviewed on 7/22/25 at approximately 3:00 p.m. The documentation revealed the resident did not have a shower or refusal of a shower from 6/21/25 through 7/8/25; a period of 18 days.III. Resident #11A. Resident observation and interviewsResident #11 was interviewed on 7/23/25 at 11:50 a.m. He said his shower days were on Monday and Thursdays. He said he wanted at least two showers each week. He said it made him feel smelly and dirty when he missed his showers.B. Resident statusResident #11, age less than 65 years, was admitted on [DATE]. According to the July 2025 CPO, diagnoses included diabetes mellitus, polyneuropathy (a condition where multiple peripheral nerves were damaged, causing various symptoms like numbness, tingling, pain, and muscle weakness), reduced mobility and contracture of the right and left hands.The 5/19/25 MDS assessment revealed the resident was cognitively intact and had a brief interview for mental status (BIMS) score of 15 out of 15. The resident required substantial/maximal assistance for showering.C. Record reviewThe care plan for being at risk for ADL self-care performance deficit related to polyneuropathy, diabetes, chronic pain, left and right hand contractures was initiated on 6/20/25. Interventions included the resident required substantial to maximum staff assistance for showers on Monday and Thursday evenings.Resident #11's June 2025 (6/1/25 to 6/31/25) and July 2025 (7/1/25 to 7/22/25) shower documentation was reviewed on 7/22/25 at approximately 3:00 p.m. The documentation revealed the resident did not have a shower or refusal of a shower from 6/10/25 through 7/12/25; a period of 32 days.III. Staff interviewsThe director of nursing (DON) and RNC #1 were interviewed together on 7/23/25 at 10:07 a.m. The DON said the facility was unable to find any additional documentation on showers for either resident. The DON said to her knowledge, neither resident refused showers. The DON said Resident #11 received his showers on Monday and Thursday evenings and the resident was a substantial/maximum staff assistance for showers. The DON said staff should document in the electronic medical records (EMR) and on a bathing sheet before the end of their shift. The DON said she expected the staff to document if a shower had been provided or if the resident refused the shower. The DON said if a resident refused a shower, the resident could receive a shower on a

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. (continued on next page)

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on record review and interviews, the facility failed to ensure residents had the right to secure and confidential personal and medical records.Specifically, the facility failed to ensure residents' medical records were stored securely. Findings include:I. Facility policy and procedureThe Health Insurance Portability and Accountability Act (HIPPA) Sanctions policy, implemented 4/11/25, was provided by the regional vice president of operations (RVPO) on 7/23/25 at 12:13 p.m. The policy revealed this facility would apply sanctions against employees who fail to comply with all policies and procedures regarding the protection of our residents' personal identifiable health information. The facility, as a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), would implement policies and procedures to prevent, detect, contain, and correct any HIPAA violations. All employees were expected to comply with all policies and procedures regarding the protection of personal identifiable health information of our residents. All employees would be educated on relevant policies and procedures for which they were expected to comply, including this sanctions policy. Any employee who failed to comply with relevant policies and procedures regarding the protection of personal identifiable health information of our residents would be subject to disciplinary action up to and including termination of employment. Examples of violations included the intentional or negligent mishandling, altering, or destruction of confidential information or media/workstations that house such information.II. Observations and interviewsOn 7/21/25 at 8:51 a.m. at the nurse's station in the facility there were three brown paper bags and one large black trash bag that contained residents' medical information. The full bags were positioned just inside the nurse's station and the bags were open with visible resident information. Regional nurse consultant (RNC) #1 arrived at the nurse's station at 8:53 a.m. and started removing the bags. RNC #1 said the facility did not have any designated shred box containers in the facility at that time. RNC #1 said the three paper bags and the large trash bag contained confidential resident information. The director of nursing (DON) arrived at the nurse's station at 8:54 a.m. The DON said the bags contained resident information and should not be left at the nurse's station. The DON said she had only been working at the facility for a few weeks and just recently negotiated a new contract with a service company for designated shred box containers. At approximately 9:00 a.m. an unidentified staff member said the paper bags and the black trash bag that contained confidential resident information had been sitting at the nurse's station for several weeks.On 7/23/25 at 11:53 a.m. a locked medication cart was parked in the hallway outside the nurse's station. The computer screen was visible to individuals walking by. There were no facility personnel in the vicinity of the medication cart. A portion of Resident #13's medication administration record (MAR) for July 2025 was visible to individuals walking by. RNC #1 said she observed the medication cart screen and the visibility of Resident #13's MAR for July 2025. RNC #1 said the screen should not have been visible to the public. RNC #1 pushed the lock button on the screen and the screen went dark. RNC #1 said the nurse working on the medication cart should have pushed the lock button at the top of the computer screen; this action would make the screen not visible to the public.III. Staff interviewsRegistered nurse (RN) #1 was interviewed on 7/23/25 at 11:58 a.m. She said the computer screen attached to the medication cart should not be visible to the public. She said the screen was not locked and displayed a portion of the information of Resident #13'2 MAR for July 2025. RN #1 said there was a lock button on the computer screen. RN #1 said she had observed the three paper bags and the black trash bag filled with resident documents at the nurse's station. RN #1 said the documents had been in the bags at the nurse station since 6/1/25. RN #1 said she was told to put the confidential resident documents in the bags. RN #1 said the facility did not have shred boxes.The DON was interviewed together on 7/24/25 at 9:43 a.m. The DON said the three paper bags and the large trash bag contained confidential resident information as observed on 7/21/25 at 8:54 a.m. The DON said the facility did not have confidential shred boxes containers in the facility at this time. The DON said a contract had recently been finalized for shredded boxes containers at the nurse's station and in the copy room area. The DON said she expected the shred boxes containers to arrive in the coming week. The DON said until the shred containers arrive, the resident's confidential information would be stored in her office.