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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065110 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/12/2022 |
| NAME OF PROVIDER OR SUPPLIER Red Cliffs Post Acute | | STREET ADDRESS, CITY, STATE, ZIP CODE 2901 N 12th St Grand Junction, CO 81506 | |

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) |
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| <p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40467</p> <p>Based on resident and staff interviews and record review, the facility failed to promote resident dignity and respect.</p> <p>The facility failed to ensure residents were provided timely bathing, meals and call light response. Due to the facility's failure to follow-up with resident concerns for those that required staff assistance with care, it created feelings of frustration, embarrassment, worry, imprisonment, and lack of worth.</p> <p>In addition, the facility failed to ensure residents were treated and spoken to in a dignified manner.</p> <p>Cross-reference F565 grievances of a group</p> <p>Findings include:</p> <p>I. Facility policy</p> <p>The Resident Rights policy, revised 3/1/22, was provided by the nursing home administrator (NHA) on 5/16/22 at 4:38 p.m. via email. The policy read in part: Patients/residents have the fundamental right to considerate care that safeguards their personal dignity along with respecting cultural, social, and spiritual values. The (facility) will comply with resident rights under Federal law at 42 U.S.C 48.10 (Resident Rights) and communicate those rights to patients in any language and or by means of communication that ensures understanding.</p> <p>According to the policy, the facility should treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her self-esteem and self-worth. The facility would incorporate the resident goals, preferences, and choices into the residents ' care. The facility shall recognize each individual as well as honor the value of his or her input. The facility will protect and promote the rights of the residents.</p> <p>II. Resident #15</p> <p>1. Resident status</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Resident #15, age 68, was admitted on [DATE] and readmitted on [DATE]. According to the April 2022 computerized physician orders (CPO), diagnoses included end stage renal disease, major depressive disorder, generalized muscle weakness, unsteadiness of the feet, unspecified lack of coordination, personal history of other diseases of the musculoskeletal system and connecting tissue.</p> <p>The 3/10/22 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. According to the 5/4/22 MDS, Resident #15 required extensive physical assistance with two or more staff for toileting and bed mobility. The MDS identified the resident needed one person extensive physical assistance for transferring and dressing.</p> <p>2. Resident interview</p> <p>Resident #15 was interviewed on 5/10/22 at 6:05 p.m. She said not all staff treated her with respect and dignity. She said she had long waits to have staff answer her call light. She said it was common for her to have a 45 minutes to an hour wait. She said this past Sunday (5/8/22), she only saw two nursing staff working. She said she had been told they had other people to take care of when they answered the light and sometimes they said they were going to come back and then not come back at all. Resident #15 said it made her feel like she was not important to the staff.</p> <p>Resident #15 said a month ago she requested to use the restroom. The certified nursing aide (CNA) started to transfer the resident without a gait belt. The resident told the CNA that she needed a gait belt to transfer so she did not fall. The CNA said she would use the resident's night gown to support her and catch her if she fell. Resident #15 said she refused to transfer without a gait belt. The CNA told the resident she would then have the just lay there and mess herself.</p> <p>Resident #15 said staff also went through her personal belongings when she was at dialysis and had thrown away some of her items.</p> <p>She said a physical therapist (PT) was going through her dresser drawers and questioned why she had a sling in her drawer. The resident said the PT spoke to her in a harsh tone.</p> <p>The resident said she did not report concerns to anyone. She said she would be willing to talk to the NHA.</p> <p>3. NHA interview</p> <p>Resident #15 reported staff concerns were reported to the NHA on 5/10/22 at 6:53 p.m. The NHA said she would immediately meet with Resident #15.</p> <p>The NHA was interviewed again on 5/10/22 at 7:32 p.m. She said she spoke to Resident #15 and would report her concerns with the State Agency and start an investigation.</p> <p>III. Additional resident interviews</p> <p>Residents expressed how care concerns and the way staff treated and spoke to them created feelings of diminished dignity and respect. All residents were identified by the facility and assessment as interviewable.</p> <p>(continued on next page)</p> | | |

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| <p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Resident #17 was interviewed on 5/9/22 at 1:45 p.m. She said sometimes she had to wait over 10 minutes to have a CNA remove her bed pan from under her after use. She said it was very uncomfortable. She says the pan felt like it was going to cut into her skin when she had to wait. She said she was also worried about spilling underneath her. She said she spilled her bed pan recently and made a big mess. She said the facility needed more than one CNA at night because they were too busy to always come to her. She said she had been told she expects too many things.</p> <p>Resident #16 was interviewed on 5/9/22 at 4:40 p.m. He said at night time he had to wait several hours for them to answer his call light. He said he was dependent on staff for incontinent care and catheter care. She said staff told him they were short staff and he was to be patient. He said it was frustrating the way they told him to be patient when he needed assistance.</p> <p>Resident #18 was interviewed on 5/11/22 at 8:25 a.m. He was observed to have his slippers feet in a puddle of a spilled beverage. He said someone saw the spill and went to get something to clean it up. Resident #18 said staff were not usually so quick to respond. He said he was incontinent and would often have to wait over an hour for staff to answer his call light. He said he just had to sit in his soiled brief which was frustrating and uncomfortable. Resident #18 said he had only been at the facility for a couple of weeks but it had lowered his confidence in humanity. He said he had given up on using his call light. He said he did not have skin issues yet but was worried about it.</p> <p>Resident #19 was interviewed on 5/11/22 at 11:22 a.m. She said she transferred from the facility to another facility the week prior to the interview. She said she was concerned about the care at her former facility. She said she would often have to wait over an hour for staff to answer her lights during the day and night. She said it made her angry and she felt very disrespected. She said she had a voice and many of the residents were not able to speak up. She said residents should not be treated that way. Resident #19 said the staff should be able to provide timely care for the residents.</p> <p>IV. Family interview</p> <p>A family member of Resident #14 was interviewed on 5/11/22 at 8:03 p.m. She said Resident #14 was not regularly cleaned. She said the resident voided on the floor and walked into it barefoot. She said he still had feces on his foot three days later. She said Resident #14 was moved to another room. She said during the room move the CNA was very rude to her and Resident #14. He piled the resident's items on the bed near the resident's head and proceeded to move the entire bed down the hall with Resident #14 still in the bed. The CNA bumped into the wall several times when the resident was transported. The family member said Resident #14 could walk and she was not sure why he was transported in such a manner. The family member said she had already reported her concerns to the NHA.</p> <p>V. Resident group interview</p> <p>A resident group interview was conducted on 5/10/22 at 1:45 p.m. with residents (#1, #2, #9, #10, #11, #12) who per facility and assessment were cognitively intact and interviewable. Residents made the following comments during the group interview:</p> <p>-There has been a lot of staff turnover which affects everything. I feel like I am not worth anything. I am not important to them.</p> <p>(continued on next page)</p> | | |

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| <p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>-Sometimes when I put my call light on I am told that they only have one CNA for two halls and they have to come back later because they have to help someone else. The resident said she needed help too, she was just as important as someone else.</p> <p>-A resident said he feels like he was in jail when food was consistently late and he hardly received a bath/shower. He said it made him very angry. (Cross-reference F565 grievances of a group.)</p> <p>-Another resident said when she was not bathed she felt yucky. She said had worried if other people could smell her. She said when she went out of the facility to see her cousins, she was embarrassed that she was not clean and felt she had an odor. (Cross-reference F565 grievances of a group.)</p> <p>VI. Record review</p> <p>The February 2022 call light audit was provided by the NHA on 5/10/22 at 4:58 p.m. The call audit was conducted on 2/1/22 at 3:20 p.m. The audit identified three resident room call lights were reviewed on the 400 hall. Two of three rooms with call lights on were answered within three to five minutes. The audit revealed the resident in room [ROOM NUMBER] was not always satisfied with the timeliness of call light responses. According to the audit, the resident in 405 was not asked to affirm that his/her request was appropriately handled after staff responded to the resident's call light. The call audit identified room [ROOM NUMBER]'s call light was answered in eight minutes because the staff member was in another resident's room. The call light audit read under the comment section, Based upon call light audit and resident perception; recommending random call light audits. The NHA was identified as the reviewer of the call light audit. No additional call light audits were provided.</p> <p>The staff education was reviewed with the NHA. The NHA provided a statement after the review on the facility's online training program on 5/12/22 at 12:09 p.m. The statement read All staff completed education via (online program.) Their mandatory training is their schedule throughout the year every quarter the human resources department reviews compliance with mandatory trainings and will contact employees to complete their training if applicable. The trainings included a vast array of topics which included resident rights, dignity, and dementia care for all staff. The topics of activities of daily living (ADL) and medication administration are specific to license nursing and CNAs.</p> <p>VII. Staff Interview</p> <p>The NHA was interviewed on 5/10/22 at 4:50 p.m. She said she thought the facility conducted a call light audit but she contacted the former director of nursing (DON) and he did not know where the audits were. The NHA said she could only find one call light audit in February 2022. She said she had asked the interim DON to start the call light audits but she thought she was just to create a plan to start the audits, and they were not completed.</p> <p>(continued on next page)</p> | | |

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| <p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>The NHA was interviewed on 5/12/22 at 8:56 a.m. She said she was not aware of Resident #15's concerns until it was reported by the surveyor. She said the resident was alert and oriented and was able to relay the same details as was reported to the NHA. The NHA said she assured Resident #15 that it was not alright that she had been treated the way she reported from staff. The NHA said she started an investigation and has a good idea of who the staff were. She said she also met with two nurses that were involved in going through the resident's items. She said the nurses were not aware they could not go through the resident's items or at times throw them away, without discussing the reason or asking for permission from the resident. The NHA said she would do an all-staff education immediately. She said the staff member who spoke to her harshly was no longer at the facility. She said she was passionate about ensuring residents were treated with dignity and respect. She said she was going to implement an all staff inservice on 5/16/22, stressing the importance of dignity.</p> <p>The NHA was interviewed on 5/12/22 at 10:15 a.m. She said the facility was currently conducting new call light audits. The NHA said call lights should be answered within three to five minutes but if the staff was in another resident room, call lights may take up to 10 minutes to answer. She said she would continue to remind staff to answer call lights on other halls when available. The NHA said nurses should also be answering call lights. She said all staff should get the routine off answering call lights. The NHA was informed that some residents said they did not feel important when staff does not provide timely call light response. The NHA said slow call light response could cause increased stress on the resident.</p> <p>CNA #5 was interviewed on 5/12/22 at 11:50 p.m. She said when she was trained to make sure to treat residents with respect, allow them to make choices in their care, take time with them, and give them a sense of dignity. She said she can only be in so many places at one time. She said the residents felt the impact when staff was so busy trying to help everyone. CNA #5 said residents expressed frustration when they had to wait for care. She said sometimes they told her oh you have someone else to take care of.</p> <p>CNA #3 was interviewed on 5/12/22 at 12:25 p.m. She said she had completed dignity training. She said staff gave residents privacy, did not use terms of affection, and never spoke to the resident in a condescending tone. She said all staff were supposed to answer call lights but usually she was the only one on the hall to answer the call lights. Residents had to wait sometimes and complained of the long waits. Resident #3 said she told them there was only so much she could do by herself. She said when residents became upset, she tried to spend extra time with them, making sure all their needs are met.</p> <p>CNA #5 was interviewed on 5/12/22 at 12:29 p.m. He said he was one of the few staff members who focused on dignity and respect. He said residents should be provided privacy by taking them to the restroom, calling them by their name, not using terms of affection, or trying to correct them. He said staff should not talk to them like a child. CNA #5 said staff could use more dignity and respect training when working with the residents.</p> <p>(continued on next page)</p> | | |

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| F 0550 Level of Harm - Actual harm Residents Affected - Few | <p>The social service director (SSD) was interviewed on 5/12/22 at 1:49 p.m. The SSD said she had only been at the facility for the past month but had dignity training when she was hired. The SSD said treating residents with dignity was one of the most important things staff could do for the residents. She said staff should routinely check on the residents to make sure they were doing okay. The SSD said bathing opportunities, call light and meal timeliness and speaking to the residents appropriately, were all components of a dignified experience. She said residents had reported late meals and not having enough showers. She said she was also aware of a staff night nurse who residents reported had an attitude, was pushy, and a loud voice. The SSD said those concerns were reported to the NHA.</p> <p>VIII. Facility follow up</p> <p>The 5/16/22 all-staff education was provided by the NHA on 5/16/22 via email. The agenda included an exercise of empathy which included a discussion on how difficult it was for residents to transition into the facility. The discussion reminded the staff that they were at the facility to assist the residents.</p> <p>According to the staff education agenda, staff were given examples of dignity to include meal service, call lights, bathing, ADLs and safe transferring.</p> | | |

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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40467</p> <p>Based on record review and resident interviews, the facility failed to promptly address and attempt to resolve resident group complaints and grievances concerning issues of resident care and life in the facility that were important to the residents.</p> <p>Specifically, the facility failed to ensure residents felt their concerns with meal timeliness resulting in cold food and showers/bathing were addressed and resolved.</p> <p>Cross-reference F550 for dignity and respect</p> <p>Findings include:</p> <p>I. Resident group interview</p> <p>A group interview was conducted on 5/10/22 at 1:45 p.m. with six residents (#1, #2, #9, #10, #11 and #12) the facility assessed and deemed as alert, oriented, and interviewable. The sample group represented resident experience living in the facility. The group said they brought up concerns monthly in resident council but not all their concerns were followed up on or resolved. Several of the residents said they were frustrated. According to the group, the residents did not feel the facility addressed concerns of late meal delivery resulting in cold food and frequency of bathing.</p> <p>II. Ongoing unresolved resident concerns</p> <p>Interventions were presented without a consistent resolution to correct the concerns.</p> <p>A. Cold food/meal delivery timeliness</p> <p>1. Facility policy and procedure</p> <p>The Quality and Palatability policy, revised September 2017, was provided by the dietary corporate consultant (DCC) on 5/12/22 at 9:12 a.m. Food will be prepared by methods that conserve nutritional value, flavor and appearance. Food will be palatable, attractive and served at a safe appetizing temperature. Food and liquids are prepared and served in a manner, form, and texture that meets resident needs. According to the policy, food should be served at the appropriate temperature as determined by the type of food to ensure resident's satisfaction .</p> <p>2. Group interview</p> <p>The 5/10/22 resident group interview made the following statements concerning the facility food.</p> <p>-The food is often cold.</p> <p>-The fries are always cold.</p> <p>(continued on next page)</p> | | |

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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-The food is lukewarm at best. By the time I get it, I am not even hungry anymore and when served cold, it definitely is not good to eat. He said the residents were not served until after 9:00 a.m. for breakfast; in between 1:00 p.m. and 2:00 p.m. lunch, and after 7:00 p.m.</p> <p>-Lunch is usually late, after 1:00 p.m. Sometimes there was only one person working in the kitchen. There is a new kitchen manager but the food is still late and cold. I am sure there is not enough staff working in the kitchen.</p> <p>-They (kitchen/dietary) continue to have staff turn over.</p> <p>3. Resident interviews</p> <p>Resident #1 was interviewed on 5/9/22 at 1:45 p.m. She said the [NAME] are usually served cold and the food was not that warm.</p> <p>Resident #2 was interviewed on 5/9/22 at 5:25 p.m. He said there was not enough staff to cook and serve the food timely.</p> <p>Resident #3 was interviewed on 5/10/22 at 9:10 a.m. He said meals have been running very late. He said recently he did not receive his lunch until 2:00 p.m. Resident #3 said someone in the kitchen staff walked out that day and it has been slow served ever since.</p> <p>Resident #2 was interviewed again on 5/10/22 at 9:25 a.m. He said I finally just got my breakfast and it's 9:25 p.m. The resident said the meal was served late and was not that warm.</p> <p>Resident #4 was observed to have his meal delivered on 5/10/22 at 9:27 a.m. He said this was the usually time he was served breakfast. He said the meals run late.</p> <p>Resident #5 was interviewed on 5/10/22 at 12:51 a.m. She said the meals were served Later and later, everyday. She said she had not received her lunch yet. She said it was very frustrating.</p> <p>Resident #6 was interviewed on 5/11/22 at 1:10 p.m. He said his steamed vegetables were served cold for lunch.</p> <p>Resident #7 was interviewed on 5/11/22 at 2:04 p.m. She said her soup was served on the cold side and overall the meals were less than to be desired.</p> <p>4. Family interview</p> <p>The family of Resident #8 was interviewed on 5/10/22 at 11:40 a.m. The family member said Resident #8 had a member of his family visit with him almost daily during resident meals in the dining room. She said the kitchen was always short staffed. She said last Sunday on Mother's day (5/8/22). She said there was over an hour delay to be served in the dining room and they still had resident rooms left to be served.</p> <p>5. Council minutes</p> <p>Resident Council minutes were provided by the NHA on 5/10/22 at 5:20 p.m.</p> <p>(continued on next page)</p> | | |

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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>The February 2022 Resident Council was conducted on 2/17/22. According to the minutes, the council identified the food was served cold. The dietary manager informed the council that dietary would try to have the trays out to the halls quicker.</p> <p>The March 2022 Resident Council was conducted on 3/17/22. The minutes read cold food continued to be an issue. According to the minutes, some members of council identified the food as still cold, some of the members said it was starting to improve. The dietary manager informed the council that she would continue to take the temperatures of meal trays, conduct food and meal cart audits, and focus on quicker meal delivery. The council minutes revealed administrative staff were assigned to assist with the delivery of meal trays for specific meals.</p> <p>The April 2022 Resident Council, conducted on 4/21/22. The minutes did not include cold food or meal timeliness however it was addressed in the April 2022 food committee (see below.)</p> <p>6. Action plan</p> <p>The February 2022 Resident Council action plan regarding food temperatures read the dietary department would continue to temp ready to eat food before the meals go to resident rooms and would temp food trays at the end of the resident hallways to determine where the issue was.</p> <p>The March 2022 resident council action plan read dietary would continue to work on improving food temperatures by temping food trays, conducting food audits, and delivering meal trays quicker.</p> <p>The April 2022 council action plan did not include timeliness of meals or cold food served.</p> <p>7. Food Committee</p> <p>The February 2022 monthly food committee minutes were not provided.</p> <p>The March 2022 monthly food committee minutes were provided by the NHA on 5/10/22 at 5:20 p.m. The meeting was conducted on 3/25/22. According to the minutes, potatoes were served cold on 3/25/22. One resident said meals continued to be cold. The minutes read, under suggestions for improvement, dietary would keep an eye on how long carts are sitting in the hall.</p> <p>The April 2022 monthly food committee was not provided.</p> <p>The May monthly food committee, conducted on 5/3/22, was provided by the dietary manager on 5/10/22. According to the committee minutes, food was always cold and Takes too long to get out, (late). There was not an action plan in May 2022 generated to address this concern.</p> <p>8. Record review</p> <p>Posted meal times were provided by the NHA on 5/9/22.</p> <p>-7:30 a.m. breakfast</p> <p>-12:00 p.m. lunch</p> <p>(continued on next page)</p> | | |

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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-5:30 p.m. dinner</p> <p>9. Observations</p> <p>On 5/9/22 at 12:05 p.m. one resident sat in the dining room, the remainder of the residents prepared to eat in their rooms. Meals tray were observed passed on the 100 hallway.</p> <p>Between 12:05 p.m. and 1:00 p.m. residents residing on the 100, 200 and 300 hall received their meal tray.</p> <p>-At 1:10 p.m. half of the residents on the 400 hall still waited to be served their lunch meal, which was one hour and 10 minutes past the posted meal time.</p> <p>On 5/9/22 at 5:52 p.m. the resident room tray cart was loaded and was placed on the 200 hall.</p> <p>Between 5:57 p.m. and 6:12 p.m. staff passed the trays to the residents in the 200 hall.</p> <p>-At 6:16 p.m. staff finished passing room trays on the 100 hall.</p> <p>-At 6:20 p.m. staff started to pass room trays to the residents in the 300 hall.</p> <p>-At 6:30 p.m. staff started to pass room trays to the residents in the 400 hall which was one hour past the posted meal time.</p> <p>On 5/10/22 at 8:55 a.m. breakfast room trays were served to half of the residents on the 200 hall.</p> <p>-At 9:04 a.m. staff started serving the 100 hall residents.</p> <p>-At 9:08 a.m. staff started serving the 300 hall residents.</p> <p>-At 9:21 a.m. staff started serving the 400 hall residents, which was almost two hours past the posted meal time.</p> <p>On 5/10/22 at 12:08 p.m. the meal cart was delivered to the 100 hall.</p> <p>Between 12:09 p.m. and 12:19 p.m. meals were passed to nine residents in the dining room.</p> <p>-At 12:33 p.m. the meal cart was delivered to the 200 hall.</p> <p>-At 12:41 p.m the meal cart was delivered to the 300 hall.</p> <p>-At 12:59 p.m. staff was providing care in resident rooms on the 300 hall. Six trays were still on the meal cart to be served to resident rooms.</p> <p>-Between 12:50 p.m. and 12:57 p.m. residents were served in the 400 hall.</p> <p>-Between 1:01 p.m. and 1:05 p.m. the remainder of the residents in the 300 hall were served, which was over an hour past the posted meal time.</p> <p>(continued on next page)</p> | | |

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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 5/11/22 at the 1:14 p.m. the last resident was served in the 400 hall, which was an hour and 14 minutes past the posted meal time.</p> <p>On 5/12/22 at 12:03 p.m. the room tray cart was observed to be passed on the 100 hall and residents were being served their meals in the dining room.</p> <p>-At 12:50 p.m. all residents were served their meals.</p> <p>10. Test tray</p> <p>The lunch meal meal temperature was obtained by the cook on 5/11/22 between 12:07 p.m. and 12:12 p.m., meal service began at 12:14 p.m. All hot meal items were above 165 degrees F. The marinated cucumber cold salad was 38 degrees F.</p> <p>-At 1:14 p.m. a test tray of sausage pizza, ham and potato soup, cucumber salad, baked cinnamon apples and a glass of milk was picked up off the meal room tray cart immediately after the last room on the 400 hall was served.</p> <p>-At 1:15 p.m. the available items were tempted and tasted. The results of the test identified the hot meal items were not served at a palatable temperature.</p> <p>The pizza temperature was 107 degrees F. and was cool to the taste.</p> <p>The soup was 109.9 degrees F and tasted lukewarm.</p> <p>The cucumber salad was 44.4 degrees F., which was above the recommended guidelines for safe temperatures for cold food.</p> <p>The glass of milk was 55 degrees F, which was above the recommended guidelines for safe temperatures for cold food.</p> <p>The test tray food and beverage temperatures revealed that of a course of an hour from the time the meal was ready for service and the time the meal was served, the of the items did not maintain a palatable temperature.</p> <p>11. Staff interviews</p> <p>The dietary supervisor (DS) and the district dietary manager (DDM) were interviewed on 5/10/22 at 4:13 p.m. The DS said he was new to the facility as of 4/29/22, after the former DS left abruptly. He said that his biggest focus of concern was timing of meals. He said meal service started at 7:30 a.m. for breakfast and completed at 8:30 a.m., lunch should be at 12:00 p.m. and completed at 1:00 p.m. The DS said the dinner meal started at 5:30 p.m. and all residents should be served by 6:30 p.m. The DS said he was trying to have meals served faster and warmer. According to the DS, he hired the last open position in dietary this morning (5/10/22), and hired a total of three new employees this week. He said he was in the process of training the new staff on quick meal service.</p> <p>(continued on next page)</p> | | |

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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>The DDM said the former DS had leadership issues which lead to a high turnover in staff. She said she was aware of resident meal concerns. The DDS said she was in process of establishing training programing with the dietary department now that they were full staff and have the right leadership. The DS said the CNAs would tell him of the resident's concerns. He would identify the resident and would try to meet with them individually. He said he met with residents for two hours on 5/3/22 during the food committee. He said he wanted to know resident concerns and have them receive good, hot food timely.</p> <p>The DDM and DS said the breakfast was served late. The DDM said they identified the cook was waiting until someone in the nursing staff was available to serve the dining room before the cook would start the meal process. The cook was instructed on 5/10/22 not to make residents in the rooms have to wait for the dining room to be served. The cook was informed that they could go ahead and start plating the room trays so those meals could be delivered while dining room residents waited for staff assistance. The DS said it has been an issue with meal service, when the nursing staff were not available for meal service and delivery.</p> <p>The DS and the DDM were informed of the 5/10/22 lunch observation on 300 hall where the cart was delivered to the hall but some other the residents had to wait for their meals to be served to them because the two certified nursing aides (CNAs) were providing activities of daily living (ADL) care at that time and were not available to continue to pass trays for an additional 20 to 25 minutes.</p> <p>The DS said he did not have enough dietary staff pass meal trays so had to rely on nursing staff. He said he could try to work with the management staff to assist with meal service while the floor staff was struggling on passing the trays.</p> <p>The DDM said the facility needed to work on a better program/system to help improve meal timeliness so meals could be delivered warmer. She said they could also start a meal cart tracking log, recording times and look for discrepancies.</p> <p>The DS and DDM on 5/10/22, said they requested staff to bring more residents the breakfast meal to help with the number of room trays. They said they had a lot more residents for breakfast in the dining room because of the request. They would incorporate meals room trays and meals in the dining room to occur simultaneously, starting the room trays and serving residents the dining room as they arrive.</p> <p>The DS said once dietary staff were trained, they can move lunch time earlier.</p> <p>The DDM said the former DS and the staff were not following a production program with a focus on timely meal preparation and service. She said with staff focusing on meal timeliness, it could resolve some of the resident food concerns. She said the senior staff and the new staff just needed more training and resource tools to help them. She said she had been putting new training tool binders together and posting dietary staff's job descriptions in the kitchen so the staff had a good understanding of what their role and responsibilities were.</p> <p>(continued on next page)</p> | | |

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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Certified nurse aide (CNA) #1 was interviewed on 5/10/22 at 1:32 p.m. The CNA said when a resident needed immediate toileting assistance and they needed two staff to assist them, there was no other staff available to serve meals in that hall. She said it was difficult when residents would be served a late lunch because it was hard to try to address all the residents' ADL care before the next staff change of shift.</p> <p>CNA #2 was interviewed on 5/11/22 at 1:43 p.m. She said residents often complained their meals were served late. She said on Mother's day (5/8/22), the trays were not all delivered till 2:30 p.m. She said it takes a while for the 400 hall cart to be delivered. She said the 400 hall was the last hall to be served. She said she was often the only staff member to serve the residents on 400 hall and she usually had to run up and down the hall to try to serve the meals as quickly as possible.</p> <p>The DS and the DDM were interviewed again on 5/11/22 at 4:38 p.m. The DS was asked about the delay in service on Mother's day (5/8/22). He said he was the only dietary staff member that would be in the kitchen preparing the meals. He said the newly hired staff would help ensure proper daily staffing and meal timeliness. The DS said he sent an alert message to his staff on the evening of 5/10/22 reminding them of the importance of meal timeliness. He also met with the nursing home administrator (NHA). He said the plan was to inform her when every meal was ready and she would alert staff to assist. He said they implemented that system this morning (5/11/22) and breakfast timeliness improved.</p> <p>The DDM said they would try to have meals served within 45 minutes and not greater than an hour to improve resident satisfaction and meal temperatures.</p> <p>The DDM said the residents should be served a meal that was palatable and above 127 degrees fahrenheit (F) at minimum. She said she would like residents to be served meals between 137 and 145 degrees F.</p> <p>The DS and DDM were informed of the 5/11/22 lunch test tray results. The DS and DDM were informed the temperatures of the food items tested were significantly under 127 degrees F. They were also informed of the warm milk that was stored inside the room tray cart next to the plated meals.</p> <p>The DS said he would incorporate separate iced bins for meal tray beverages.</p> <p>The DS and DDM said they have identified the issues and they need to work on and were in process of making the needed improvements and training staff. They were also aware that residents did not have positive attitudes towards the dietary department because of their negative experience.</p> <p>The DS said he would work hard on winning residents ' trust back. He said he would try to be present with them, and listen and follow up with their concerns.</p> <p>The DDM was interviewed on 5/12/22 at 12:10 p.m. She said staff was so happy with the new changes in dietary and everything is going so well today (5/12/22) with just adding a little more overall direction and training of processes.</p> <p>The NHA was interviewed on 5/12/22 at 3:05 p.m. She confirmed that she met with the DS to discuss how to improve meal delivery time once the food was ready in the dining room and in the meal carts in the halls. She said they were determined to use an all hands on deck approach and all available staff assist in meal delivery.</p> <p>(continued on next page)</p> | | |

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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>12. Facility follow-up</p> <p>The dietary action plan was provided by the DCC on 5/12/22 at 9:12 a.m. According to the plan, food was not served timely, cold beverages were delivered from a hot meal delivery cart, and there were resident satisfaction concerns. The plan outlined the following actions:</p> <ul style="list-style-type: none"> -The facility will start a manager on duty (MOD) program in the facility at each meal to ensure room tray meals are passed in a timely manner. -The facility would create a cold beverage station for each hall. -The facility would create an audit tool geared for resident satisfaction and concern resolution. Audits would be conducted ten times a week with facility residents to identify resident concerns. The identified concerns would be addressed promptly. <p>A resident food questionnaire was provided by the DCC on 5/12/22 at 9:12 a.m.</p> <p>The questionnaire provided residents to rate and comment on the following questions:</p> <ul style="list-style-type: none"> -Was your food served hot? -Was your food served cold? -Did your food taste good? -How was your overall experience with your meal? -How is your satisfaction with meal service improved? -How has the meal service improved? -How can meal service continue to improve? <p>B. Bathing</p> <p>1. Facility policy and procedure</p> <p>The Activities of Daily living policy, revised 6/1/21, was provided by the NHA on 5/11/22. The policy read in pertinent part: Based on the comprehensive assessment of a resident/patient and consistent with the patient's needs and choices, the (facility) must provide the necessary care and services to ensure that a patient's activity of daily living (ADL) activities are maintained or improved and does not diminish unless circumstances of the individuals clinical condition demonstrates that a change was and unavoidable. According to the policy, activities of daily living included hygiene needs such as bathing.</p> <p>2. Group interview</p> <p>The 5/10/22 resident group interview made the following statements concerning bathing:</p> <p>(continued on next page)</p> | | |

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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-It is so hard to get someone to give you a shower, no one knows how or is available. He said he just started getting a shower once a week but should do it three times a week. He said he was told he would have showers on Sunday, Tuesday and Thursday. He said when he asked the head nurse why he was not getting showers she assured him he would receive but he did not. He said he had to go several weeks with no shower or only one shower. He recently had one shower this last past Sunday (5/8/22).</p> <p>When you ask about a shower, you are told you are not on the list. Who do I need to talk to be on the list? I should have showers three times a week according to my doctor, but sometimes I have gone several weeks without a shower during February 2022 and March 2022. I am told 'so and so' would give me a shower and then that person does not show up to give the shower. She said she had one shower recently this last past Sunday (5/8/22) by a new shower aide.</p> <p>-Another resident said she was also frequently told she was not on the list for a shower. She said she would receive showers on Saturday and Wedsdays. She said she has recently received a couple of showers but was concerned that the same patterns of not receiving a shower would continue.</p> <p>-Scheduled for a shower but was told someone else would have to do it and then the shower did not happen. I got one last Sunday and hope I get another one this week before my doctor's check up. They have other things to do. I have to start screaming before I can get a shower. The resident said he had gone over two weeks without showers during March and parts of April 2022.</p> <p>-I am worried that without routine bathing I would get a rash.</p> <p>2. Resident Council</p> <p>Resident Council minutes were provided by the NHA on 5/10/22 at 5:20 p.m. Resident council minutes identified residents had bathing/showering concerns in March 2022 and April 2022.</p> <p>The March 2022 Resident Council was conducted on 3/17/22. The minutes read the majority of the residents stated they were not receiving their baths/showers.</p> <p>The April 2022 Resident Council was conducted on 4/21/22. The minutes identified under new business read: Bathing concerns: Grievances were filed.</p> <p>-No additional information was identified for bathing on the minutes.</p> <p>3. Grievance submission</p> <p>A grievance form, date 3/17/22, was submitted on behalf of the Resident Council. The grievance form read that the residents in attendance of Resident Council said they were not getting their baths. According to the grievance form, all residents were provided a shower. The grievance read resolution was in progress and an action plan was created. The form read Continue to monitor and see action plan.</p> <p>-No additional related grievances were provided by the facility regarding bathing.</p> <p>4. Action plan</p> <p>(continued on next page)</p> | | |

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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>A 4/3/22 skin health improvement action plan was provided by the NHA on 5/11/22. The plan outlined action steps, the outcome /progress/comment, the completion date, and date of update.</p> <p>The action plan read:</p> <ul style="list-style-type: none"> -Additional staff provided showers / bathing to all residents; every resident received a bath with the exception of refusals. According to the plan, the action was completed on 3/4/22 and updated on 4/7/22. - All Resident charts to be reviewed for accuracy of bathing preferences; the social worker spoke with every resident to get bathing preferences updated. According to the plan, the action was completed on 3/4/22 and updated on 4/7/22. -Audits to be turned in daily. Continue daily audit until consistency is met; showers charts kept on (electronic charting) and in shower room; need to improve with audits being completed. <p>According to the plan, the action was ongoing and updated on 4/7/22.</p> <p>-A designated bathing aide has been assigned due to the continued inconsistency identified to help improve satisfaction of provision of bathing. According to the plan, the action was completed and updated on 4/27/22.</p> <p>5. Record review</p> <p>Shower documentation for Residents #1, #2, #10, #11 and #12 was reviewed. Documentation included weekly bath and skin report, the electronic follow up question report for bathing and individualized bathing preference sheets. The documentation revealed large gaps in bathing and/or inconsistent bathing. The records showed on some of the documentation a bath was given on a particular day and then recorded that it did not occur on the other documentation.</p> <p>6. Additional Resident interview</p> <p>Resident #2 was interviewed on 5/9/22 at 5:25 p.m. He said he does not get regular showers because the bath aide quit. He said he gets heat rashes and gets sore and raw if his skin was not kept clean.</p> <p>7. Family interview</p> <p>A family member of Resident #8 was interviewed on 5/10/22 at 11:40 a.m. She said Resident #8 only had shower once a week because he was also scheduled to be showered on Sundays. She said she was told he did not have showers on Sundays because there was not a bathaide available.</p> <p>A family member of Resident #13 was interviewed on 5/10/22 at 2:47 p.m. She said Resident #13 was not getting regular bathing and sometimes not at all. She said lack of bathing was one of the deciding factors to have the resident receive hospice services. She said Resident #13 now was bathed because hospice takes care of it.</p> <p>(continued on next page)</p> | | |

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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>A family member of Resident #14 was interviewed on 5/11/22 at 8:03 p.m. She said Resident #14 was not regularly cleaned. She said the resident voided on the floor and walked into it barefoot. She said he still had feces on his foot three days later.</p> <p>8. Staff interviews</p> <p>Licensed practical nurse (LPN) #1 was interviewed on 5/10/22 at 10:00 a.m. The LPN said the facility used to have two bath aides. LPN #1 said bathaids were good at making sure all residents received routine showers/baths. She said staff turnover resulted in the facility having no designated bathaid for over a month at least. She said one CNA was recently hired and was trying to do all the residents' bathing.</p> <p>Registered nurse (RN) #1 was interviewed on 5/11/22 at 10:10 a.m. She said she knew Resident #10 and #11 did not have a shower for a month. She said the bathaide was terminated and they did not have someone else providing resident bathing. She said they recently hired a new bath aide and she was trying to get all done. The RN said she spoke to the bathaide on where she was documented and she said she electronically documents the given showers in residents' medical record.</p> <p>The NHA was interviewed on 5/11/22 at 3:10 p.m. She said the facility had a lot of staff and management changes recently. She said she has been at the facility since January 2022 and was currently the most consistent member of upper management. She said there have been three directors of nursing (DON). The NHA said the former DON quit a couple of months ago and the next DON quit after a few weeks. The NHA said she just promoted a new DON and her first day as the official DON was today (5/11/22).</p> <p>The NHA said the resident grievance process needed improvement. She said she would need to find any grievance submitted before January 2022.</p> <p>She said she identified bathing documentation was inconsistent. She said inconsistency was still a concern even after hiring a new bathaid in mid April 2022. The NHA said they had the social services director (SSD) collect resident preference to help and reviewed the concern in QAPI (quality assurance plan of improvement). They identified shower documentation was hit and miss and audits were not done. The action plan was still ongoing.</p> <p>The weekend RN supervisor (RN) #2 was interviewed on 5/11/22 at approximately 11:00 a.m. She said part of her role on the weekends was to audit resident care and identify holes and where improvements were needed. She said this past weekend she was alerted by a resident that staff were not following a bath schedule. She said she reviewed the documentation and determined staff were not following the schedule. She said staff should also follow the residents' bathing preferences and care plan.</p> <p>The SSD was interviewed on 5/12/22 at 1:49 p.m. She said residents have complained about having enough showers. She said she was new to the facility and did not know how the long residents had expressed concern.</p> | | |