

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER Mapleton Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Ingalls St Lakewood, CO 80226	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to inform one (#3) of ten residents reviewed for beneficiary notices and appeal rights out of 18 sample residents of changes in their services covered by Medicare in a timely manner.</p> <p>Specifically, the facility failed to provide a written notification of Medicare Notice of Non-Coverage (NOMNC) letter to Resident #3's representative when the resident's Medicare Part A covered skilled services were ending.</p> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Medicare Notice of Non-Coverage (NOMNC) policy and procedure was provided by the nursing home administrator (NHA) on 6/17/25 at 7:27 p.m. It revealed in pertinent part,</p> <p>Providers are required to develop procedures to use when the beneficiary/enrollee is incapable or incompetent, and the provider cannot obtain the signature of the enrollee's representative through direct personal contact. If the provider is personally unable to deliver a NOMNC to a person acting on behalf of an enrollee, then the provider should telephone the representative to advise him or her when the enrollee's services are no longer covered. The date of the conversation is the date of the receipt of the notice. Confirm the telephone contact by written notice mailed on that same date. When direct phone contact can not be made, send the notice to the representative by certified mail, return receipt requested. The date that someone at the representative's address signs (or refuses to sign) the receipt is the date of receipt.</p> <p>II. Resident #3</p> <p>A. Resident status</p> <p>Resident #3, age [AGE], was admitted on [DATE]. According to the June 2025 computerized physician orders (CPO), diagnoses included cerebral palsy (a group of neurological disorders that affect movement, posture and muscle coordination), monoplegia (paralysis or weakness) of lower and upper limb affecting the right dominant side and peripheral vascular disease (circulatory problem where narrowed or blocked blood vessels reduce blood flow to limbs).</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: 065097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER Mapleton Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Ingalls St Lakewood, CO 80226	
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 6/8/25 MDS assessment revealed the resident had short-term and long-term memory deficits through staff assessment.</p> <p>B. Resident's representative interview</p> <p>The resident's representative was interviewed on 6/17/25 at 11:05 a.m. The representative said she was not notified that Resident #3's medicare services had ended and said the resident was receiving rehabilitation. She said she did not receive anything in writing that the insurance had changed.</p> <p>-Resident #3 was no longer on skilled therapy services and was receiving restorative nursing services, however, Resident #3's representative believed the resident was still on skilled therapy services.</p> <p>C. Record review</p> <p>Review of Resident #3's electronic medical record (EMR) revealed Resident #3 was discharged from Medicare Part A skilled therapy services on 4/9/25.</p> <p>The NOMNC notice revealed the social services director (SSD) provided verbal notification to the resident's representative on 4/7/25 at 2:25 p.m. that the resident's Medicare Part A skilled therapy services would be ending on 4/9/25. The resident continued to live in the facility.</p> <p>The NOMNC form indicated that if verbal notification via telephone was given, notification must also be provided via mail.</p> <p>-However, the section on the NOMNC for confirmation of a follow-up notice by mail was not completed with a date or the method indicating the route the follow-up notice was sent.</p> <p>-A review of the resident's EMR revealed no documentation to indicate that Resident #3's representative was provided with a written notice that Resident #3's Medicare Part A skilled therapy services were ending, given the estimated cost of services the resident would incur if the representative chose to pay out of pocket to continue skilled therapy services, the reason why the Medicare Part A skilled therapy services were ending and the information the representative needed to appeal the decision, if desired.</p> <p>III. Staff interviews</p> <p>The SSD was interviewed on 6/17/25 at 5:05 p.m. The SSD said she and the director of rehabilitation (DOR) were responsible for notifying the resident or the resident's representative when their Medicare Part A benefits were ending. The SSD said she did not document in the resident's EMR that the resident or the resident's representative were notified. She said the signed NOMNC was uploaded to the resident's EMR which provided evidence that the resident or the resident's representative was informed of the appeal process. She said if the resident's representative was notified by phone, the NOMNC was sent by certified mail and she would document the call in the resident's EMR. She said she determined who signed the NOMNC based on whether or not the resident was alert and oriented or based on the resident's BIMS score.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER Mapleton Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Ingalls St Lakewood, CO 80226	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The SSD said she was familiar with Resident #3. She said she did not provide the written NOMNC to the resident's representative in April 2025.</p> <p>The DOR was interviewed on 6/17/25 at 5:56 p.m. The DOR said he or the SSD was responsible for notifying the resident or resident's representative when their Medicare Part A benefits were ending. He said he determined who signed the NOMNC based on who was the responsible party in the resident's EMR. He said if it was not clear on who the responsible party was, he asked the SSD. He said a copy of the written NOMNC was provided to the resident but he did not provide a copy of the NOMNC to the resident's representative.</p> <p>The DOR said he was familiar with Resident #3. He said a copy of the written NOMNC was not provided to the resident's representative in April 2025.</p> <p>The NHA was interviewed on 6/17/25 at 6:33 p.m. The NHA said the SSD and the DOR were responsible for notifying the resident or resident's representative when their Medicare Part A benefits were ending. She said the SSD or the DOR determined who signed the NOMNC based on the resident's cognition and their BIMS score. She said there should be documentation in the resident's EMR that the resident or the resident's representative was notified that the resident's Medicare Part A benefits were ending in addition to the NOMNC form being added to the resident's EMR. She said a copy of the NOMNC was provided to the resident or resident's representative if they requested a copy.</p> <p>The NHA said she was familiar with Resident #3. She said she did not know a written copy of the NOMNC was supposed to be provided to the resident or the resident's representative. She said she did not know there was no documentation in Resident #13's EMR that the written copy of the NOMNC was delivered.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER Mapleton Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Ingalls St Lakewood, CO 80226	
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 record review and interviews, the facility failed to revise and implement an effective discharge plan for one (#16) of three residents reviewed for discharge planning out of 18 sample residents.</p> <p>Specifically, the facility failed to:</p> <ul style="list-style-type: none"> -Ensure the discharge planning was process was documented, including the reason for discharge in Resident #16's electronic medical record (EMR); -Notify Resident #16 and Resident #16's representative, in writing, of the discharge, including the reason for the move, the effective date of discharge, the location where the resident was being discharged to, a statement of the resident's appeal rights and the name, address and telephone number of the office of the state long term care ombudsman; and, -Notify the facility's ombudsman of Resident #16's discharge in writing. <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Discharge Planning Process policy and procedure, revised April 2025, was provided by the nursing home administrator (NHA) on 6/17/25 at 7:27 p.m. It read in pertinent part, The facility's discharge planning process shall 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.</p> <p>II. Resident #16</p> <p>A. Resident status</p> <p>Resident #16, age [AGE], was admitted on [DATE] and discharged on 6/5/25 to another skilled nursing facility. According to the June 2025 computerized physician orders (CPO), diagnoses included anoxic brain injury (brain is deprived of oxygen, leading to cell damage and potentially severe neurological consequences), alcohol dependence, chronic pancreatitis, and accidental poisoning by other opioids.</p> <p>The 6/3/25 minimum data set (MDS) assessment revealed the resident was cognitively impaired, with a brief interview for mental status (BIMS) score of five out of 15.</p> <p>The MDS assessment revealed there was no active discharge planning occurring for the resident.</p> <p>The MDS assessment revealed the resident did not want to talk about the possibility of leaving the facility and returning to live and receive services in the community.</p> <p>B. Record review</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER Mapleton Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Ingalls St Lakewood, CO 80226	
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>The discharge care plan, initiated 3/2/24 and revised 3/4/24. revealed Resident #16 was admitted for long-term care following a hospitalization after a recent unintentional opioid overdose that resulted in a cardiac arrest. The resident reported his representative helped him with cleaning, cooking and shopping but it was decided by the resident and his representative that long term care was needed. The resident and his representative wanted to discuss community referrals and discharge planning on comprehensive assessments only. Interventions included encouraging the family to visit and call regularly, inviting the resident and the requested family to care plan quarterly, and social services providing assistance and support as needed.</p> <p>The 5/2/25 letter to Resident #16's representative revealed the facility was looking for alternative placement for the resident.</p> <p>-The letter did not reveal the reason the resident was being discharged , the effective date of discharge, the location where the resident was being discharged to, a statement of the resident's appeal rights and the name, address and telephone number of the office of the state long term care ombudsman.</p> <p>The 6/2/25 social services assessment revealed Resident #16's discharge plan was for alternate placement at a smoking nursing facility.</p> <p>The 6/2/25 IDT care plan review note revealed Resident #16 and his representative did not participate in the care plan review. The discharge plan was to continue long term care at the current facility.</p> <p>-The 6/2/25 IDT care plan review failed to review the resident needing a facility accommodating smoking, three days before the resident was discharged .</p> <p>-A review of Resident #16's EMR did not reveal documentation to indicate the resident was notified of the discharge in writing, including the reason for the move, the effective date of discharge, the location where the resident was discharged to, a statement of the resident's appeal rights and the name, address and telephone number of the office of the state long term care ombudsman.</p> <p>-A review of Resident #16's EMR did not reveal the ombudsman was notified of the resident's discharge in writing (see frequent visitor interview below).</p> <p>C. Frequent visitor interview</p> <p>A frequent visitor, with knowledge of the facility, was interviewed on 6/17/25 at 4:23 p.m. The frequent visitor said she was familiar with Resident #16. She said she was not aware Resident #16 was discharged from the facility.</p> <p>The frequent visitor checked her records during the interview and she said she did not have any documents in writing or in an electronic (e-mail) format from the facility which informed her that Resident #16 was being discharged from the facility.</p> <p>III. Staff interviews</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER Mapleton Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Ingalls St Lakewood, CO 80226	
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>The social services director (SSD) was interviewed on 6/17/25 at 5:09 p.m. The SSD said she was responsible for coordinating a resident's discharge. She said discharge planning was reviewed at admission with a care conference, quarterly and as needed with the IDT team and the resident. She said discharge planning was documented in the care conference assessment, discharge planning assessment or as a progress note in the residents EMRs. She said the resident's family or representative participated in their care planning process if the resident wanted them to attend. She said the ombudsman attended discharge planning if a resident requested the ombudsman to attend.</p> <p>The SSD said she was familiar with Resident #16. She said he was admitted for long term care but he was discharged to live closer to his family member. She said his representative was hard to get a hold of by phone and if the representative did not answer his phone, she sent him a letter. She said the letter sent to the representative on 5/2/25 did not include the reason for Resident #16's discharge, the effective date of discharge, the location where the resident was being discharged to or a statement of the resident's appeal rights and the name, address and telephone number of the office of the state long term care ombudsman. She said she did not send a letter to the ombudsman informing her of Resident #16's discharge. She said the facility did not provide a letter to the resident or the resident's representative after 5/2/25.</p> <p>The NHA was interviewed on 6/17/25 at 6:15 p.m. The NHA said the IDT team was responsible for discharge planning. She said discharge planning was reviewed at admission, quarterly and as needed. She said discharge planning was documented as a progress note, in the IDT care conference assessment and social services quarterly assessment. She said the resident's family or representative attended the discharge planning care conference. She said Resident #16 was admitted for long-term care but he was discharged to live closer to his family member and at a facility that allowed smoking due to the fact that the current facility was a non-smoking facility. She said a letter was not provided to the resident or the resident's representative that included the reason for the resident's discharge, the effective date of discharge, the location where the resident was being discharged to or a statement of the resident's appeal rights and the name, address and telephone number of the office of the state long term care ombudsman. She said the facility did not send a letter to the ombudsman informing her of Resident #16's discharge.</p>		