

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065400	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Lakewood Post Acute and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7395 W Eastman Pl Lakewood, CO 80227	

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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews the facility failed to ensure for one (#5) of two residents reviewed received foods in the appropriate form as prescribed by the physician and/or assessed by the interdisciplinary team to support the treatment and plan of care.</p> <p>Specifically, the facility failed to consistently follow the physician's order for a renal diet for a Resident #5.</p> <p>Findings include:</p> <p>I. Professional reference</p> <p>The National Kidney Foundation (2023) Potassium in Your Diet, was retrieved on 4/2/25 from https://www.kidney.org/kidney-topics/potassium-your-ckd-diet It read in pertinent part,</p> <p>People with kidney disease are often advised to avoid high potassium foods. The body uses the potassium it needs. A person's kidneys remove the extra potassium from the blood. But when someone has kidney disease, the kidneys cannot remove extra potassium in the right way, and too much potassium can stay in the blood. When there is too much potassium in the blood, it is called hyperkalemia, or high potassium. Having too much potassium in the blood can be dangerous. Potassium affects the way a person's heart muscles work. When there is too much potassium, the heart may beat irregularly, which in the worst cases can cause heart attack. Foods high in potassium can include potatoes and tomatoes.</p> <p>II. Resident status</p> <p>A. Resident #5</p> <p>Resident #5, age [AGE], was admitted on [DATE]. According to the March 2025 computerized physician orders (CPO), diagnosis of acute kidney failure, diabetes and protein calorie malnutrition.</p> <p>The 3/14/25 minimum data set (MDS) assessment documented the resident was cognitively intact with a brief interview of mental status (BIMS) score of 15 out of 15. The resident had a diagnosis of renal failure and was prescribed a therapeutic diet.</p> <p>B. Resident interview and observation</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
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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #5 was interviewed on 3/24/25 at 10:30 a.m. She said she was not aware she had kidney disease until her recent hospitalization but tried to adhere to her new renal diet. Resident #5 said she was aware she was supposed to eat foods low in potassium but frequently received foods that were not consistent with her renal diet like potatoes, tomatoes and bananas. She said she left those items on the plate and did not eat them.</p> <p>On 3/24/25 at 1:00 p.m. Resident #5 had her lunch tray. She had received tomatoes on the side and she had left them uneaten.</p> <p>C. Record review</p> <p>The nutrition care plan, initiated 3/15/25, revealed the resident had altered nutrition related to acute kidney failure. Interventions included to provide diet as ordered.</p> <p>-The care plan did not specify the resident's therapeutic diet.</p> <p>The March 2025 CPO revealed a physician's order for a renal protein 80 gram (g) diet with regular textures-ordered on 3/10/25.</p> <p>The dietary assessment, dated 3/10/25, revealed the resident was on a renal diet and was cognitively able to understand her prescribed diet.</p> <p>The physician's history and physical, dated 3/10/25, revealed the resident was hospitalized prior to admitting to the facility due to her kidney functioning. She reported to the physician she had lost her sense of taste but it had improved with her improving renal function.</p> <p>The weight note, dated 3/19/25, revealed the resident had a 4% anticipated weight loss due to diuretics. The resident reported she did not eat a lot of her meal if she received foods that she knew were high in potassium. The resident was provided education on her diet.</p> <p>III. Staff interviews</p> <p>The nutrition service manager (NSM) and the registered dietitian (RD) were interviewed together on 3/27/25 at 10:30 a.m. The RD said she reviewed the resident's prescribed diet in her evaluation and put the diet order into the electronic medical record (EMR). The RD said the NSM was notified through the EMR and entered the diet order into the electronic ticket system. The RD said the electronic ticket system printed out the resident's meal tickets with their imputed diet, texture and preferences. The RD said she worked at the facility part time and when she was in the building, she checked the tickets on the meal trays before the tray went out to the resident to ensure the order was correct and consistent with the resident's diet. The RD said for a resident on a renal diet, they received foods that were low in potassium because of the kidney's compromised functioning.</p> <p>(continued on next page)</p>

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The NSM said the facility started using the current electronic ticket system two months prior and he had found occasional errors in the system if too many specifics are entered into a resident's diet order. He said he had been working on how to improve the system errors and on a process to provide education to the kitchen staff on the different therapeutic diets. He said he was aware of the error with the tomatoes on the meal tray for Resident #5 on 3/24/25 but was not aware she had received high potassium foods on other days. The NSM said he would begin to work on a system to make sure the tickets are checked for accuracy for every meal, not only the meals when the RD was present.</p>		