

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Glenwood Springs Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2305 Blake Ave Glenwood Springs, CO 81601	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to ensure one (#6) of three residents reviewed out of 26 sample residents received the care and services necessary to meet their nutrition needs and to maintain their highest level of physical well-being.</p> <p>Specifically, the facility failed to:</p> <ul style="list-style-type: none"> -Accurately obtain and document Resident #6's weights; and, -Weigh Resident #6 per physician's orders. <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Nutritional Assessment policy, revised October 2017, was provided by corporate consultant (CC) #1 on 10/17/24 at 3:41 p.m. It documented in pertinent part,</p> <p>As part of the comprehensive assessment, the nutritional assessment will be a systematic, multidisciplinary process that includes gathering and interpreting data and using that data to help define meaningful interventions for the resident at risk for or with impaired nutrition.</p> <p>II. Resident #6</p> <p>A. Resident status</p> <p>Resident #6, age greater than 65, was admitted on [DATE]. According to the October 2024 computerized physician orders (CPO), diagnoses included stroke, chronic obstructive pulmonary disease (COPD) and chronic kidney disease stage three.</p> <p>The 7/6/24 minimum data set (MDS) assessment revealed the resident was cognitively intact with a brief interview for mental status (BIMS) score of 14 out of 15. She was independent while eating, required substantial assistance with oral hygiene, and was dependent on nursing staff for all other cares.</p> <p>The assessment documented Resident #6 had no rejections of care.</p> <p>The assessment documented the resident was 65 inches (5 foot, 5 inches) tall.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 065244	If continuation sheet Page 1 of 9

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The assessment documented the resident weighed 253 pounds (lbs). The assessment documented the resident had not experienced weight loss in the last six months.</p> <p>B. Record review</p> <p>The nutrition care plan, initiated on 8/26/16 and revised 1/11/2020, revealed Resident #6 and Resident #6's family were non-compliant with diabetes management and had received education previously. The care plan documented interventions included avoiding exposure to extreme heat or cold, to check the body for breaks in skin and provide treatment promptly, providing diabetes medications as ordered by the physician, providing a dietary consult for nutritional regimen and ongoing monitoring, discussing meal times and portion sizes, educating Resident #6 regarding the importance of dietary compliance, and educate Resident #6 and family as to the correct protocol for glucose monitoring and insulin injections.</p> <p>Resident #10's weights were documented in the electronic medical record (EMR) as follows:</p> <ul style="list-style-type: none"> -On 4/28/24, the resident weighed 253.2 lbs; -On 5/6/24, the resident weighed 252.0 lbs; -On 6/2/24, the resident weighed 253.0 lbs; -On 9/18/24, the resident weighed 213.5 lbs; -On 9/27/24, the resident weighed 213.0 lbs; and, -On 10/7/24, the resident weighed 214.5 lbs. <p>-The facility failed to accurately subtract the weight of the wheelchair on 4/28/24, 5/6/24 and 6/2/24 (see facility follow-up below).</p> <p>A review of physician's orders in the EMR revealed a physician's order to obtain Resident #6's weight weekly on Sundays for four weeks, then to obtain Resident #6's weight per facility protocol, ordered on 4/7/24 and discontinued on 10/14/24.</p> <p>-The facility failed to obtain and document Resident #6's monthly weight per physician's order in July 2024 and August 2024 .</p> <p>The 1/4/2020 comprehensive nutritional assessment documented Resident #6's admission weight was 257 lbs and Resident #6's usual body weight was 250 pounds.</p> <p>The 4/12/24 nursing at risk review note, dated 4/12/24, documented the resident was consistently eating less than 25% of all meals.</p> <p>The 6/20/24 nutritional assessment documented there were no significant changes with Resident #6's weight recently. The assessment documented the resident was consistently eating 75% to 100% of all meals.</p> <p>-The facility failed to accurately subtract the weight of the wheelchair on 4/28/24, 5/6/24 and</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-However, no verification that this was completed was included in the submitted documentation. No verification of Resident #6's wheelchair weight was included in the submitted documentation or in the resident's EMR.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on record review and interviews, the facility failed to provide sufficient nursing staff to ensure the residents received the care and services they required in a timely manner.</p> <p>Specifically, the facility failed to answer call lights in a timely manner for residents requesting staff assistance.</p> <p>Findings include:</p> <p>I. Facility policy</p> <p>The Staffing policy, revised October 2017, was provided by corporate consultant (CC) #1 on 10/17/24 at 3:41 p.m. The policy read in pertinent part,</p> <p>Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care.</p> <p>Other support services are also staffed to ensure that resident needs are met.</p> <p>II. Resident council meeting minutes</p> <p>The July 2024 resident council meeting minutes documented call lights were addressed as a concern. According to the meeting minutes, call lights were not always timely. The action item on the meeting minutes, the resident council was informed by the facility that some residents required two staff members for transferring, potentially taking the certified nurse aides (CNA) a little longer to answer the call lights.</p> <p>-The July 2024 resident council meeting minutes did not identify what the facility was going to do to address the residents' concern of untimely call light times.</p> <p>Cross reference F565 for failure to follow up on group grievances.</p> <p>III. Facility assessment</p> <p>The facility assessment, dated 10/1/24, was provided by the nursing home administrator (NHA) on 10/14/24 at 10:08 a.m. The facility assessment documented the care needs of 40 residents in the facility.</p> <p>The facility assessment documented that the 100 and 200 halls required one licensed nurse and two CNAs to care for the 18 residents residing on both halls during the day shift. It documented that the night shift on 100 and 200 halls also required one nurse and one CNA. It documented the 300 and 400 halls required one nurse and two CNAs to care for the 22 residents residing on both halls during the day shift. It documented the night shift on the 300 and 400 halls also required one nurse and one CNA.</p> <p>The facility assessment documented that 18 residents required moderate assistance with personal hygiene and 14 residents required maximal assistance or were dependent on nursing staff for personal</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>she thought the facility was purposely staffed with as few nurses and CNAs as possible. Resident #23 said she felt less important than a nickel when it took staff so long to assist her.</p> <p>Resident #6 was interviewed on 10/16/24 at 9:09 a.m. Resident #6 said she often waited more than 30 minutes for assistance from staff. Resident #6 said she did not like waiting more than 30 minutes for assistance. Resident #6 said waiting long periods of time for staff assistance happened more frequently at night for her.</p> <p>VI. Call light records from 10/2/24 to 10/16/24</p> <p>Call light records were provided by the nursing home administrator (NHA on 10/16/24 at 6:11 p.m. A 14 day sample of call light response times, from 10/2/24 to 10/16/24, identified the following:</p> <p>On 10/2/24, a total of 200 resident call lights were turned on for resident assistance. Bedside nursing staff required more than 15 minutes to respond to 40 of those call lights, representing 20% of all call lights turned on by residents for the day.</p> <p>On 10/3/24, a total of 150 resident call lights were turned on for resident assistance. Bedside nursing staff required more than 15 minutes to respond to 32 of those call lights, representing 21.3% of all call lights turned on by residents for the day.</p> <p>On 10/4/24, a total of 126 resident call lights were turned on for resident assistance. Bedside nursing staff required more than 15 minutes to respond to 23 of those call lights, representing 18.2% of all call lights turned on by residents for the day.</p> <p>On 10/5/24, a total of 141 resident call lights were turned on for resident assistance. Bedside nursing staff required more than 15 minutes to respond to 23 of those call lights, representing 16.3% of all call lights turned on by residents for the day.</p> <p>On 10/6/24, a total of 162 resident call lights were turned on for resident assistance. Bedside nursing staff required more than 15 minutes to respond to 14 of those call lights, representing 8.6% of all call lights turned on by residents for the day.</p> <p>On 10/7/24, a total of 163 resident call lights were turned on for resident assistance. Bedside nursing staff required more than 15 minutes to respond to 32 of those call lights, representing 19.7% of all call lights turned on by residents for the day.</p> <p>On 10/8/24, a total of 144 resident call lights were turned on for resident assistance. Bedside nursing staff required more than 15 minutes to respond to 19 of those call lights, representing 13.2% of all call lights turned on by residents for the day.</p> <p>On 10/9/24, a total of 167 resident call lights were turned on for resident assistance. Bedside nursing staff required more than 15 minutes to respond to 16 of those call lights, representing 9.6% of all call lights turned on by residents for the day.</p> <p>On 10/10/24, a total of 162 resident call lights were turned on for resident assistance. Bedside nursing staff required more than 15 minutes to respond to 29 of those call lights, representing 17.9% of all call lights turned on by residents for the day.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/11/24, a total of 169 resident call lights were turned on for resident assistance. Bedside nursing staff required more than 15 minutes to respond to 35 of those call lights, representing 20.7% of all call lights turned on by residents for the day.</p> <p>On 10/12/24, a total of 122 resident call lights were turned on for resident assistance. Bedside nursing staff required more than 15 minutes to respond to 21 of those call lights, representing 17.2% of all call lights turned on by residents for the day.</p> <p>On 10/13/24, a total of 144 resident call lights were turned on for resident assistance. Bedside nursing staff required more than 15 minutes to respond to 19 of those call lights, representing 13.2% of all call lights turned on by residents for the day.</p> <p>On 10/14/24, a total of 147 resident call lights were turned on for resident assistance. Bedside nursing staff required more than 15 minutes to respond to 11 of those call lights, representing 7.5% of all call lights turned on by residents for the day.</p> <p>On 10/15/24, a total of 207 resident call lights were turned on for resident assistance. Bedside nursing staff responded to all call lights in 15 minutes or less on this day.</p> <p>On 10/16/24, a total of 130 resident call lights were turned on for resident assistance between midnight and 5:36 p.m. Bedside nursing staff required more than 15 minutes to respond to three of those call lights, representing 2.3% of all call lights turned on by residents during that time period.</p> <p>VII. Staff interviews</p> <p>The DON was interviewed on 10/17/24 at 10:27 a.m. The DON said it was normal to have two nurses working during the day and one nurse working at night. The DON said all of the nurses and CNAs in the facility were agency staff except for a few that were full time at the facility. The DON said she had experienced many difficulties in hiring staff at the facility. The DON said the cost of living where the facility was located presented a significant challenge for hiring staff. The DON said finding nursing coverage on all days and nights had been difficult for the facility. She said several administration staff, including herself, had worked night shift recently to ensure the facility had nursing coverage. The DON said the facility had seen an increase in the use of overtime hours for bedside staff recently.</p> <p>The DON said she had reviewed the resident call light logs provided to the survey team. She said call lights had been long recently and this was something the facility had been working on for several months. The DON said there was not an active and identified performance improvement plan regarding call light response time.</p> <p>The DON reviewed the resident call light log data for 10/15/24 and said she did not know why the facility recorded zero call lights over 15 minutes in length on that day. The DON said it was possible that additional administrative personnel, present for the survey, could have had a positive impact on call light response times seen during the recertification survey.</p> <p>The NHA was interviewed on 10/17/24 at 6:32 p.m. The NHA said he knew call light response times were contributing to falls in the facility. The NHA said if a resident had to wait too long for help, they might get impatient and attempt to get up unassisted.</p> <p>(continued on next page)</p>		

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