

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065411	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/21/2024
NAME OF PROVIDER OR SUPPLIER  Cottonwood Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  450 Prospector Ave Durango, CO 81301	

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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interviews, the facility failed to provide the necessary behavioral health care and services to attain and maintain the highest practicable physical, mental, and psychosocial well-being for one (#14) of three residents reviewed for behavioral and emotional status out of 22 sample residents.</p> <p>Specifically, the facility failed to coordinate timely necessary behavioral, mental and emotional health care and services for Resident #14.</p> <p>Findings include:</p> <p>I. Resident #14</p> <p>A. Resident status</p> <p>Resident #14, age [AGE], was admitted on [DATE]. According to the November 2024 computerized physician orders (CPO), diagnoses included Arnold Chiari Syndrome with hydrocephalus (a condition where the lower part of the brain protrudes into the spinal canal causing a blockage in the flow of cerebrospinal fluid and leading to a buildup of fluid in the brain), anxiety disorder, depression, insomnia, other complicated headache syndrome, cognitive communication deficit, unspecified dementia, severe, with mood disturbance and malignant neoplasm of prostate.</p> <p>The 9/17/24 minimum data set (MDS) assessment revealed the resident's cognition was severely impaired with a brief interview for mental status (BIMS) score of four out of 15. Verbal behavioral symptoms directed towards others were present during the assessment. He used a wheelchair for mobility and required partial moderate assistance with toileting hygiene, substantial/maximal assist with bathing and partial/moderate assist with transfers. He was prescribed antianxiety and antidepressant medications.</p> <p>B. Record review</p> <p>A review of the comprehensive care plan, initiated on 11/14/23 and revised on 11/20/24, revealed Resident #14 had a history of depression and insomnia and was taking two antidepressant medications (Trazodone and Lexapro) due to sleep disturbances, withdrawal from activities and refusals of care. He received Ativan for anxiety as evidenced by restlessness and leg movements, pacing, increases in complaints, agitation, obsession about clothing and temperature changes, false accusations against staff, and playing with a suprapubic urinary catheter. Resident #14 was prescribed and administered an antipsychotic medication (Seroquel) related to auditory hallucinations, increased agitation and</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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>schedule an appointment with a behavioral health services provider.</p> <p>-The progress note failed to indicate if the SSD was able to schedule a behavioral health services appointment.</p> <p>-Review of the progress notes from 4/7/24 through 11/21/24 revealed there was no documentation to indicate the facility assessed the underlying causes and potential triggers for Resident #14's expressions of distress.</p> <p>-There was no documentation in the resident's electronic medical record (EMR) to indicate the facility offered a psychologist or psychiatrist consultation for Resident #14 in order to assist the resident with his distressing behaviors until 11/21/24, despite several months of documentation related to the resident's behaviors (see progress notes above).</p> <p>II. Staff interviews</p> <p>Registered nurse (RN) #2 and CNA #1 were interviewed together on 11/18/24 at 2:01 p.m. RN #2 and CNA #1 said Resident #14 had exhibited his agitation and aggressive verbal behaviors towards staff and other residents for the past several months.</p> <p>RN #2 said Resident #14's behaviors were disturbing to other residents who were on the unit for skilled rehabilitation services and were going back to the community.</p> <p>RN #2 and CNA #1 said Resident #14 was not offered and had not received any psychological or psychiatric health care consultation or services.</p> <p>RN#1 was interviewed on 11/21/24 at 8:45 a.m. RN #1 said Resident #14's behaviors were consistent in the past few weeks and very disturbing to him and other residents. She said his behaviors were not specifically directed. She said the staff offered non-pharmacological interventions such as distractions, TV shows/sports, activities and offered to take the resident outside. She said the resident was not receiving any mental health services for his behaviors.</p> <p>The DON was interviewed on 11/21/24 at 11:10 a.m. The DON said Resident #14's behaviors had escalated within the last few weeks and she said the resident did not feel good in his own skin. She said she communicated with the resident's POA, as well as his physician, regarding recent psychotropic medications changes. She said the physician wanted to try medications first. She said the facility did not consider a behavioral health consultation for the resident during the most recent psychotropic medications review with the medical director and the pharmacist. The DON said she would reach out to the resident's POA for an approval for a mental health consultation for the resident.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>Based on interviews and record review, the facility failed to employ an infection preventionist (IP) who had completed specialized training in infection prevention and control which had the potential to affect all residents residing in the facility at the time of the survey.</p> <p>Specifically, the facility failed to have a qualified IP involved with the facility's infection prevention and control program.</p> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Infection Preventionist policy, revised September 2022, was provided by the nursing home administrator (NHA) on 11/21/24 at 8:25 a.m. The policy read in pertinent part,</p> <p>The IP is professionally trained in nursing, medical technology, microbiology, epidemiology, or other related field with at least the following professional training:</p> <p>-A nurse must have earned a certificate/diploma in nursing; and,</p> <p>-A medical technologist must have earned at least an associate's degree in medical technology or clinical laboratory science.</p> <p>The IP is employed on site and at least part time; and,</p> <p>-The IP is scheduled with enough time to properly assess, develop, implement, monitor, and manage the infection control program, address the training requirements, and participate in required committees.</p> <p>II. Record review</p> <p>A request was made for the IP's infection control certificate on 11/20/24 at 2:30 p.m. The director of nursing (DON) was unable to locate the IP certificate of completion.</p> <p>III. Staff interviews</p> <p>The DON was interviewed on 11/20/24 at 2:10 p.m. The DON said she had worked at the facility as a full time DON. She said she completed the required education in 2024 to obtain the infection control certificate but was unable to locate the certificate of completion. The DON said she worked in the facility as a full time DON but also functioned as the facility IP. The DON said she collected infection statistics but had not analyzed the information to ensure the infection control program was effective.</p> <p>The DON said she was unaware of the requirement for the facility to have a qualified infection preventionist that worked as an IP at least half time. The DON said the facility will review the requirement for the IP position and discuss the requirement with the NHA.</p>		