

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065416	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER CENTER AT NORTHRIDGE, LLC, THE		STREET ADDRESS, CITY, STATE, ZIP 12285 PECOS ST WESTMINSTER, CO 80234	
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)		
F 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interviews, the facility failed to develop and implement a comprehensive person centered care plan that included the services to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well being for one (#1) of three sample residents. Specifically, the facility failed to include the use and care of a continuous positive airway pressure (MEDICAL CONDITION) machine in the resident's respiratory care plan. Cross-reference F695 failed to have orders for respiratory care Findings include I. Facility policies and procedures A.The Quality of Care Policy, was provided by the DON on 8/20/2020 at 3:00 p.m. It read, in pertinent part: The center will provide the necessary requirements to ensure that a patient receives the treatment and care in accordance with professional standards of practice the comprehensive person-centered care plan, and the patient's choices. Respiratory care O2, [MEDICAL CONDITION]/[MEDICAL CONDITION]: -Services need to be provided in accordance to standards of practice, comprehensive care, person centered care plan to include goals and preferences. II. Resident status Resident #1, younger than 85, was admitted on [DATE] and discharged on [DATE]. According to the August 2020 computerized physician orders [REDACTED]. The 7/28/2020 minimum data set (MDS) assessment revealed the resident was slightly cognitively impaired with a brief interview for mental status score of 13 out of 15. He required limited assistance of one staff member for mobility and activities of daily living (ADLs). He required oxygen and [MEDICAL CONDITION] treatment while not a resident and required oxygen treatment while a resident, though the assessment read the resident did not require [MEDICAL CONDITION] treatment while he was a resident. III. Record review A. Progress notes Review of the resident's progress notes from 7/21/2020 to 8/4/2020 revealed the resident received oxygen therapy continuously and received treatment through a [MEDICAL CONDITION] machine at night. B. Care plans Review of the resident's respiratory care plan initiated 7/22/2020 read: The resident is at respiratory risk related to [MEDICAL CONDITION], obstructive sleep apnea, oxygen delivery, pulse oximetry, respiratory infection, and shortness of breath. The goal of the care plan read: the resident's respiratory risks will be minimized with preventive interventions over the next 90 days. Interventions included: Administer medications per physician's orders [REDACTED]. There was no intervention for the use or care of a [MEDICAL CONDITION] machine. Review of additional care plans revealed there was no mention of the resident's use of a [MEDICAL CONDITION] machine. IV. Interviews The DON was interviewed on 8/20/2020 at 3:00 p.m. She stated the resident's use of the [MEDICAL CONDITION] machine should have been added to his respiratory care plan as it was used through his entire stay in the facility.</p>		
F 0695 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interviews, the facility failed to ensure one (#1) resident out of three sample residents who needed respiratory care, received the care consistent with professional standards of practice, the comprehensive person centered care plan, the residents' goals and preferences. Specifically, the facility failed to obtain and ensure the resident had orders for the use and care of a continuous positive airway pressure ([MEDICAL CONDITION]) machine. Cross-reference F656 failed to have a [MEDICAL CONDITION] comprehensive care plan Findings include I. Facility policies and procedures A.The Oxygen Policy, was provided by the director of nursing (DON) on 8/20/2020 at 3:00 p.m. It read, in pertinent part: Oxygen therapy may be provided through various types of supply and delivery systems. For a patient receiving oxygen therapy, the patient's record must reflect ongoing evaluation of the patient's respiratory status, response to oxygen therapy and include, at a minimum, the attending practitioner's orders and indication for use. In addition, the record should include: -The type of oxygen delivery system; -When to administer, such as continuous or intermittent and/or when to discontinue; and -Equipment settings for the prescribed flow rates. B.The Quality of Care Policy, was provided by the DON on 8/20/2020 at 3:00 p.m. It read, in pertinent part: The center will provide the necessary requirements to ensure that a patient receives the treatment and care in accordance with professional standards of practice the comprehensive person-centered care plan, and the patient's choices. Respiratory care O2, [MEDICAL CONDITION]/[MEDICAL CONDITION]: -Services need to be provided in accordance to standards of practice, comprehensive care, person centered care plan to include goals and preferences. II. Resident status Resident #1, age 68, was admitted on [DATE] and discharged on [DATE]. According to the August 2020 computerized physician orders [REDACTED]. The 7/28/2020 minimum data set (MDS) assessment revealed the resident was slightly cognitively impaired with a brief interview for mental status score of 13 out of 15. He required limited assistance of one staff member for mobility and activities of daily living (ADLs). He required oxygen and [MEDICAL CONDITION] treatment while not a resident and required oxygen treatment while a resident, though the assessment read the resident did not require [MEDICAL CONDITION] treatment while he was a resident. III. Record review A. Progress notes Review of the resident's progress notes from 7/21/2020 to 8/4/2020 revealed the resident received oxygen therapy continuously and received treatment through a [MEDICAL CONDITION] machine at night. B. Care plans Review of the resident's respiratory care plan initiated 7/22/2020 read: The resident is at respiratory risk related to [MEDICAL CONDITION], obstructive sleep apnea, oxygen delivery, pulse oximetry, respiratory infection, and shortness of breath. The goal of the care plan read: the resident's respiratory risks will be minimized with preventive interventions over the next 90 days. Interventions included: Administer medications per physician's orders [REDACTED]. There was no intervention for the use of a [MEDICAL CONDITION] machine. Review of additional care plans revealed there was no mention of the resident's use of a [MEDICAL CONDITION] machine. (cross-reference F656) C. Physician orders [REDACTED]. An order dated 8/3/2020 read: OK to titrate with high flow oxygen to maintain O2 saturation above 88%. Review of the resident's physician orders [REDACTED]. Interviews A registered nurse (RN) #1 was interviewed on 8/19/2020 at 2:17 p.m. She stated Resident #1 required oxygen therapy as well as a [MEDICAL CONDITION] at night. She stated the [MEDICAL CONDITION] machine was worn at night and was switched to oxygen through a nasal cannula in the morning during the day shift. She stated there should have been an order for [REDACTED].#1 was in the facility, someone should have noticed there was no order for the use of [REDACTED]. She stated the facility did not have orders for the resident to receive the treatment, even though he needed and received the treatment. She stated [MEDICAL CONDITION] orders were required and would state what kind of machine was used, how it should be used, what the settings should be, and how to care for the machine. She stated without orders with the above information, it would be unknown if the machine was used correctly. She stated the lack of orders for the use of the [MEDICAL CONDITION] machine should have been discovered.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.