

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065222</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BOULDER MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4685 BASELINE RD BOULDER, CO 80303</b>	
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 0679  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide activities to meet all resident's needs.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, record review and interviews, the facility failed to provide a meaningful program of activities for four (#11, #13, #8 and #12) of six residents reviewed for activities of 16 sample residents. Specifically, the facility failed to sufficiently address the resident engagement needs of Residents #11, #13, #8 and #12 while under isolation precautions or when social distancing during the COVID-19 pandemic. Finding include: I. Resident #11 A. Resident status Resident #11, age 70, was admitted on [DATE]. According to the April 2020 computerized physician orders [REDACTED]. According to the 4/28/2020 minimum data set (MDS) assessment, the resident was cognitively intact with a brief interview for mental status (BIMS) score of 15 out of 15. No mood or behavior symptoms were noted. Staff assessment of daily and activity preferences revealed the resident liked listening to music, keeping up with the news and participating in his favorite activities. The resident was in isolation or quarantine for active infectious disease. B. Record review The comprehensive care plan last revised 5/1/2020 read in part: Restricted visitation secondary to Covid-19 precautions, initiated: 03/17/2020. Goal: Resident to maintain psychosocial well-being during the restricted visitation period. Interventions: -Encourage participation in scheduled activities (if not in isolation), -Provide additional reading materials, -Provide alternative method of communicating with family, friends, -Provide in room activities, and -Schedule visits with the resident's ambassador. Resident has confirmed COVID-19 virus, initiated 5/1/2020 Intervention included: Remain in the room at all times. Provide in room activities. The activity participation record from 4/26 to 5/4/2020 documented the resident actively participated in reading, relaxation and watching television on 4/30/2020. There were no other activities noted during this time. The word isolation was written across the record for May 2020. C. Resident observation Resident #11 was observed on 4/29/2020 at 12:40 p.m., reclined on the bed in his room on the isolation unit. The television was turned on but his eyes were closed. There were no other items in the room. Personal effects were noticeably absent. Resident #11 was observed on 5/4/2020 at 10:15 a.m. He was reclined on the bed in his room on the isolation unit. His eyes were closed and the television was not turned on. There were no other items in the room, including personal effects, and there were no other forms of stimulation available such as reading materials, a radio or other music device. II. Resident #13 A. Resident status Resident #13, under the age 65, was admitted on [DATE]. According to the April 2020 CPO, [DIAGNOSES REDACTED]. According to the 1/30/2020 MDS assessment, the resident cognition was moderately impaired with a BIMS score of 12 out of 15. No mood or behavior symptoms were noted. B. Record review The comprehensive care plan last revised 4/27/2020 read in part: Restricted visitation secondary to Covid-19 precautions, initiated: 03/17/2020. Goal: Resident to maintain psychosocial well-being during the restricted visitation period. Interventions included: -Encourage participation in scheduled activities (if not in isolation), -Provide additional reading materials, -Provide alternative method of communicating with family, friends, -Provide in room activities, and -Schedule visits with the resident's ambassador. Resident has confirmed COVID-19 virus, initiated 4/27/2020 Interventions: Encourage in-room or non-communal activities of choice. Resident has a mood problem related to [MEDICAL CONDITION] disorder, Initiated: 2/9/2020 Goal was for the resident to have an improved mood state (happier, calmer appearance, no signs of symptoms of depression, anxiety or sadness). Activity participation records for April 2020 revealed the resident actively participated, sometimes independently, in relaxation, socializing and watching television. There were no activities recorded from 4/26/2020 to 4/30/2020. Activity participation records for May 2020 had the word isolation written across the columns from 5/1/2020 to 5/5/2020. C. Resident observation and interview Resident #13 was observed on 4/29/2020 at 12:40 p.m., reclined on the bed in her room on the isolation unit. Her eyes were closed with the television on. There were no other items in her room and personal effects were noticeably absent. Resident #13 was interviewed on 5/4/2020 at 10:15 a.m. She was seated upright on the bed in her room on the isolation unit. The television was on. There were no other items in her room and recreational items such as reading materials, puzzles etc. were not present. Resident #13 said there was not much to do in her room. She said she was sick but felt better. She said she did not get much interaction from others and would like someone to talk to. She said she did not feel depressed but felt lonely. III. Resident #8 A. Resident status Resident #8, under the age 65, was admitted on [DATE]. According to the April 2020 CPO, [DIAGNOSES REDACTED]. According to the 4/15/2020 MDS assessment, the resident was cognitively intact with a BIMS score of 15 out of 15. No mood or behavior symptoms were noted. He needed extensive assistance with activities of daily living B. Record review The comprehensive care plan last revised 4/10/2020 read in part: Resident has potential for infection with COVID-19 virus related to active community COVID-19 cases, initiated 4/10/2020 Interventions: Encourage in-room or non-communal activities of choice Resident has depression related to adjustment disorder with depressed mood, initiated: 2/20/2020 Goal: Resident will remain free of signs and symptoms of distress, symptoms of depression, anxiety or sad mood Interventions: Assist the resident in developing an activities program and provide the resident with a program of activities that is meaningful and of interest personal choices. Resident has restricted visitation secondary to Covid-19 precautions, initiated: 3/21/2020 Goal: Resident will maintain psychosocial well-being during this restricted visitation period, initiated: 3/21/2020 Interventions: -Encourage participation in scheduled activities (if not in isolation), -Provide additional reading materials, -Provide alternative method of communicating with family, friends, -Provide in room activities T.V., movies, and -Schedule visits with resident's ambassador. The resident's April 2020 activity attendance record revealed the resident participated in the following: - Relaxation activity daily - Social/conversational activity 15 out of 30 days. - Television/movie watching eight out of 30 days. - Video games eight out of 30 days. C. Resident observation and interview Resident #8 was observed on 5/4/2020 at 11:57 a.m. He was sitting in his room looking out the window. Resident #8 said he was very bored. There is not much to do, we can't leave our rooms right now. I do get out of this room every couple of days and go around the building. They tell me I have to behave while I'm out and not look in anyone's room. I have to get out or I'll go crazy. He said he would like to work on building his Legos, but they were up on the shelf in his closet and he had no place in his room to set up to build. He only had his bedside table and needed that space to eat. He said the Legos sets would take time to build and were not easy to keep moving from surface to surface. IV. Resident #12 A. Resident status Resident #12, age 80, was a resident of the facility since 2015. May 2020 physician orders [REDACTED]. B. Resident observation and interview Resident #12 was seated in a wheelchair in his room on the isolation unit. The television was on but he was facing the corner of the room with his chin on his chest. He said he had nothing to do. The resident said he was not depressed but said he felt anxious. He said he would like someone to talk to. There were no personal effects in the room. V. Resident council interview Resident #5, the resident council president, was interviewed on 4/29/2020 at 11:20 a.m. Resident #5 said she was very involved in the resident council and talked to a lot of the residents about the current activity programming. She said even though she was independent with a lot of things, it was difficult to be isolated inside the facility. She said, The days are long and boring, there are no activities going on, not even for the individual person. I tried to make suggestions of things we could do with distancing. I suggested we have a game where we sit in our doorways so we are not in a close group, but they (facility staff) say no to everything. All they offer are movies and the Daily Chronicle; it gets old real quick.</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.

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<p>F 0679</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 1)</p> <p>This is hard for us, for those who don't have the ability to understand why they have to stay in their room and cannot go out it's harder. I have things I can do on my own, like coloring and my phone (a smart phone), but a lot of the others here are not able to start an activity by themselves. Our ambassadors, who are supposed to come around to see if we need anything or anything on shopping day, don't show up most of the time. It's very frustrating. VI. Staff interviews The activities assistant (AA) was interviewed on 4/29/2020 at 2:18 p.m. The AA said he provided one to one activities items that the residents could use independently. He said, We are trying to be creative and find things for the residents to do, but it's been hard since they cannot come out for group activities. The AA said residents were offered the opportunity to make a shopping list of items they would like to get from the store. Shopping was done twice a week and items were delivered that day. The snack cart rounds were done twice a week and the activity cart once a week which provided residents coloring pages, [MEDICATION NAME], brain game pages, books, magazines, cards and other items they used independently. He said movies were played in the resident rooms three times a day through the facility's television channel. An outside concert was offered where a musician set up outside on one side of the building. Windows on that side of the building were opened so residents could hear the music. The AA said it was hard to get the music loud enough for everyone to hear even with all of the windows on that side of the building open. The activities director (AD) was interviewed on 5/13/2020 at 12:15 p.m. The AD said because of quarantine procedures, the types of activities they were able to provide, even more limited than usual. He said during the COVID-19 quarantine resident's were offering two grocery runs every week, available to every resident, even those in isolation. They offered the activity cart once a week providing residents with activity items they could do independently. Things offered on the cart were books, arts crafts items, coloring pages, brain games, word search, word challenges, and other items requested. The snack cart was offered weekly featuring a snack of the week. The AD said the facility had a DVD connected to the cable system and they were able to air movies and other DVDs over the dedicated channel. They offered three movies a day and each resident had access to the movies on the television set in their rooms. The AD said, Neither myself nor my activities assistant feel comfortable going into the isolation unit to provide programming, so we offer the residents on isolation activity baskets filled with activities they would do on their own. The activity baskets contained word/ brain games books/packets, a deck of cards, coloring pages, [MEDICATION NAME], a pen and a pencil, a stuffed animal, and the daily chronicle with current events, trivial and a word search. The daily chronicle, coloring pages and brain game sheets were delivered daily by the nursing staff.</p>		