STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065219	A. Building B. Wing	02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Broadview Health and Rehabilitation Center	850 27th Ave Greeley, CO 80634

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48458 Based on record review and interviews, the facility failed manage the pain of three (#15, #36 and #12) of five residents out of 22 sample residents in a manner consistent with professional standards of practice Specifically, the facility failed to ensure residents consistently received scheduled pain medications on time. Findings include: I. Professional reference According to the National Institutes of Health (NIH), National Library of Medicine, Nursing Rights of Medication Administration (September 2023), retrieved on 2/21/24 from https://www.ncbi.nlm.nih.gov/books/NBK560654/, It is standard during nursing education to receive instruction on a guide to clinical medication administration and upholding patient safety known as the 'five rights' or 'five R's' of medication administration. Right time- administering medications at a time that was intended by the prescriber. Often, certain drugs have specific intervals or window periods during which another dose should be given to maintain a therapeutic effect or level. A guiding principle of this 'right' is that medications should be prescribed as closely to the time as possible, and nurses should not deviate from this time by more than half an hour to avoid consequences such as altering bioavailability or other chemical mechanisms. II. Facility policy and procedure The Pain Management Policy, revised May 2023, was provided by the nursing home administrator (NHA) on 2/15/24 at 6:15 p.m. It read, in pertinent part: Acceptable (tolerable) pain control is defined by the resident. Around the clock dosing for continuous pain, whether it be chronic or acute, is the key to effective pain management. III. Resident #15 A. Resident status (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #15, age greater than 65, was admitted on [DATE]. According to the February 2024 computerized physician orders (CPO), diagnoses included kidney disease, diabetes, skin cancer and fibromyalgia. The 11/28/23 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. The MDS assessment revealed the resident had frequent pain and was on a scheduled pain regimen. B. Record review Resident #15's February 2024 CPO included physician orders for the following pain medications: Oxycodone 5 milligrams (mg), two times daily (scheduled for 12:00 p.m. and 8:00 p.m.). MS Contin (Morphine extended release) 15 mg, three times daily (scheduled for 8:00 a.m., 4:00 p.m., and 12:00 a.m.). Acetaminophen 650 mg, four times daily (scheduled for 8:00 a.m., 12:00 p.m., 4:00 p.m. and 12:00 a.m.) Resident #15's medication administration record (MAR) documentation was reviewed from 1/1/24 through 2/14/24 with the following findings: Oxycodone: 20 of 90 medication administrations (22.2%) were given more than one hour past the scheduled time. MS Contin: 23 of 137 medication administrations (16.7%) were given more than one hour past the scheduled time. Acetaminophen: 22 of 163 medication administrations (13.5%) were given more than one hour past the scheduled time. C. Resident interview Resident #15 was interviewed on 2/12/24 at 12:12 p.m. She said her medications were sometimes late. She said she had pain medications scheduled at 4:00 p.m. given to her at 6:00 p.m. and pain medications scheduled for 12:00 a.m. given to her at 3:00 a.m. She said it was not acceptable because she took narcotics and needed to receive them as scheduled to minimize her pain. IV. Resident #36 A. Resident status Resident #36, age less than 65, was admitted on [DATE]. According to the February 2024 CPO, diagnoses included diabetes, neuropathy (nerve damage), liver disease and urinary obstruction. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The 11/30/23 MDS assessment revealed the resident was cognitively intact with a BIMS score of 14 out of 15. The MDS assessment revealed the resident had occasional pain. B. Record review Resident #36's February 2024 CPO included a physician's order for the following pain medication: Methocarbamol 500 mg, two times daily (scheduled for 8:00 a.m. and 8:00 p.m.) Resident #36's MAR documentation was reviewed from 1/1/24 through 2/14/24 with the following findings: Methocarbamol: 25 of 91 medication administrations (27%) were given more than one hour past the scheduled time. C. Resident interview Resident #36 was interviewed on 2/12/24 at 1:52 p.m. She said the nurses did not always give her pain medication on time. V. Resident #12 A. Resident status Resident #12, age greater than 65, was admitted on [DATE]. According to the February 2024 CPO, diagnoses included cervical (neck) disc degeneration, heart disease, chronic obstructive pulmonary (lung) disease, and neuropathy (nerve damage). The 11/29/23 MDS assessment revealed the resident was cognitively intact with a BIMS score of 15 out of 15. The MDS assessment revealed the resident had frequent pain and was on a scheduled pain regimen. B. Record review Resident #12's February 2024 CPO included a physician's order for the following pain medication: Oxycodone 5 mg, two times daily (scheduled for 8:00 a.m. and 8:00 p.m.). Resident #12's MAR documentation was reviewed from 2/8/24 (the date the pain medication was started) through 2/15/24 with the following findings: Oxycodone: Three of 14 medication administrations (21%) were given more than one hour past the scheduled time. C. Resident interview (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #12 was interviewed on 2/12/24 at 8:52 a.m. She said the facility had given her pain medication later than the time it was supposed to be administered to her. VI. Staff interviews Registered nurse (RN) #2 was interviewed on 2/14/24 at 2:35 p.m. She said she had some residents tell her they were not receiving their pain medications on time during the night. Licensed practical nurse (LPN) #1 was interviewed on 2/15/24 at 2:52 p.m. She said the acceptable time period to give scheduled medications was up to one hour before and one hour after the scheduled time of the medication. The director of nursing (DON) was interviewed on 2/15/24 at 3:30 p.m. She said nursing staff should give scheduled medications up to one hour before and one hour after the scheduled time. She said the facility used a lot of agency nurses and many of them were new nurses. She said this delayed the medication administration.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47818 Based on observations, interviews and record review, the facility failed to ensure one (#47) of one resident out of 22 sample residents received the proper treatment and assistive devices to maintain hearing. .Specifically, the facility failed to: -Obtain an order for ear wax drops in order for the audiologist to perform a hearing test for Resident #47; and, -Obtain a follow-up appointment with the audiologist to address Resident #47's concerns with his hearing ability. Findings include: I. Facility policy and procedure The Ancillary Services policy and procedure, dated 11/4/13, was received by the nursing home administrator (NHA) on 2/14/24 at 4:40 p.m. It read in pertinent part: Purpose: Ancillary services, including, but not limited to, dental, vision, audiology and podiatry will be provided to the resident per state and federal regulatory guidelines at the resident/responsible family member's request and as needed. Policy: Any resident needing or requesting ancillary services such as dental, vision, audiology and podiatry will have their needs met timely. The facility will keep available a provider for ancillary services and/or assist the resident with utilizing the provider of their choice. Procedure: Social Services/Designee will be responsible for ensuring residents needing ancillary services receive needed/requested services in a timely manner. All orders for the treatment of the resident's ancillary services must be in writing and the resident's attending physician must be made aware of any treatments or medications ordered by an ancillary service provider. II. Resident #47 A. Resident status Resident #47, age 81, was admitted on [DATE]. According to the February 2024 computerized physician orders (CPO), diagnoses included unspecified hearing loss. The 1/5/24 minimum data set (MDS) assessment revealed the resident had moderate cognitive impairment with a brief interview for mental status score of 11 out of 15. He was dependent on staff for assistance with bathing, toileting, and transferring. B. Observation and interview (continued on next page)

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #47 was interviewed in his room on 2/12/24 at 11:42 a.m. The resident said he was hard of hearing and the facility was not helping to improve his hearing. Resident #47 said he was seen by the hearing doctor (audiologist) months ago but had too much wax in his ears. He said he should have been seen again but never had another appointment. Resident #47 said he enjoyed watching television in his room but either had to sit so close to the television he could not see the picture but hear the sound or lie down in bed and see the picture but not hear the sound. He said he was bothered by this. Resident #47 said he did not have hearing aids and wanted a pair. C. Record review: The communication care plan, initiated on 6/19/20 and revised on 1/18/24, revealed Resident #47 was hard of hearing but did not wear hearing aids. It indicated the resident would effectively communicate his needs through the next review date. Pertinent intervention included consulting audiology. The 4/6/23 audiology patient visit note revealed Resident #47's hearing test was not completed related to occluding cerumen, bilaterally (both ear canals were blocked with earwax). It revealed the audiologist was unable to remove the wax and recommended Resident #47 receive ear drops with irrigation for seven consecutive days right before the next scheduled appointment and for facility to schedule a second attempt at a hearing test. The 7/19/23 audiology patient visit note revealed Resident #47 had not received ear wax drops and a test would be attempted at a future visit. -There was no documentation in Resident #47's electronic medical record (EMR) to indicate the facility had obtained a physician's order for ear wax drops after the 4/6/23 or the 7/19/23 audiology visits. -There was no documentation in the resident's EMR that indicated the resident had been scheduled for another audiology appointment following the 7/19/23 appointment. C. Staff interviews The social services director (SSD) was interviewed on 2/14/24 at 9:00 a.m. She said when the audiologist was finished seeing patients the patient visit notes were given to social services. The SSD said if a medication recommendation was made, the information was given to the resident's nurse who would discuss the recommendation with the doctor so an order could be obtained. The SSD was interviewed again on 2/14/24 at 2:00 p.m. The SSD said the recommendation made by the audiologist on 4/6/23 for Resident #47 to receive ear wax drops with irrigation had not been communicated to the nursing department by social services, nor had the recommendation been communicated after the second visit on 7/19/23. The SSD said she had spoken to Resident #47 at 11:30 a.m. on 2/14/24 (after the concern was brought to the facility's attention). She said he reported difficulty in hearing and was in agreement to schedule an audiology appointment. (continued on next page)

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The NHA was interviewed on 2/14/24 at 3:00 p.m. The NHA said when the audiologist was finished seeing residents and had written their visit notes, copies of the notes went to the social services department. She said it was social services' responsibility to review the notes and disburse information to the appropriate disciplines for follow up. She said if there was a recommendation from the audiologist for ear wax being removed prior to an exam happening nursing should have been informed so they could have contacted the physician to review and initiate the appropriate order. The NHA said she would work with nursing and social services to achieve completion of an ear exam to include the order for ear wax drops prior to exam for Resident #47.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48458 Based on observations, record review and interviews, the facility failed to ensure all drugs and biologicals were properly stored in two of four medication carts and in one of one medication storage room. Specifically, the facility failed to ensure: -Medications were labeled with the date opened; and, -Expired and discontinued medications were removed from the medication carts in a timely manner. Findings include: I. Professional references According to the manufacturer Sanofi Aventis US, How to Use Your Lantus Solostar Pen ([DATE]), retrieved on [DATE] from https://www.lantus.com/dam/jcr:817aed9c-a, d+[DATE]cd6-a6b3-d93d8aba629a/lantus-solostar-pen-guide.pdf, After 28 days, throw your opened Lantus pen away, even if it still has insulin in it. According to the manufacturer NovoNordisk, Taking Novolog-Insulin Aspart ([DATE]), retrieved on [DATE] from https://www.mynovoinsulin.com/insulin-products/novolog/taking-novolog.html, Storage after use - keep at room temperature or refrigerated up to 28 days. Dispose after 28 days, even if there is insulin left in the pen or vial. According to the manufacturer Biocon Biologics, Semglee, Insulin Glargine-yfgn (2023), retrieved on [DATE] from https://www.semglee.com/en/semglee-pen#:~:text=Don't%20use%20SEMGLEE%20after, after%20you%20first%20use%20it.&text=Don't%20reuse%20or%20share, get%20a%20serious%20infection%20yourself, Once you take Semglee out of cool storage, for use or as a spare, you can use it for up to 28 days. Do not use it after this time. According to the manufacturer [NAME] Lilly and Company, Humalog U-100 Insulin (February 2024), retrieved on [DATE] from https://www.humalog.com/u100, Opened Humalog vials, prefilled pens, and cartridges must be thrown away 28 days after first use, even if they still contain insulin. According to the National Institutes of Health, Daily Med, Breyna ([DATE]), retrieved on [DATE] from https://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=dc529fc4-bddb-,d+[DATE]-dc401f86166f, The inhaler should be discarded when the labeled number of inhalations have been used or within three months of removal from the foil pouch. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	According to the National Institutes of Health, Daily Med, Spiriva Respimat ([DATE]), retrieved on [DATE] from https://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=7b656b14-fcaa-2741-f6f0-e0be48971c02, After assembly, the Spiriva Respimat inhaler should be discarded at the latest three months after first use, or when the locking mechanism is engaged, whichever comes first. According to the Food and Drug Administration, Aplisol-Tuberculin Purified Protein Derivative ([DATE]), retrieved on [DATE] from https://www.fda.gov/files/vaccines%2C%20blood%20%26%20biologics/published/Package-Insert---Aplisol.pdf, Vials in use for more than 30 days should be discarded. II. Facility policy and procedure The Storage of Drugs and Biologicals Policy, revised [DATE], was provided by the nursing home administrator (NHA) on [DATE] at 6:15 p.m. The policy read in pertinent part: Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light, and humidity controls. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. Drug containers that have missing, incomplete, improper, or incorrect labels are returned to the pharmacy for proper labeling before storing. Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed. III. Observations and interviews On [DATE] at 11:09 a.m., the Aspen unit medication cart was observed with registered nurse (RN) #2. The following items were found: A used Insulin Glargine (Lantus) 100 units/milliliter (ml) pen was not labeled with the date it was opened. A used Insulin Aspart Flex Pen (NovoLog) 100 units/ml pen was not labeled with the date it was opened. A used Insulin Glargine-yfgn 100 units/ml pen was not labeled with the date it was opened. Two used Insulin Lispro (Humalog) 100 units/ml kwik pens were not labeled with the date they were opened. A used Budesonide and Formoterol Fumarate (Breyna) inhaler was not labeled with the date it was opened. A used Tiotropium Bromide (Spiriva Respimat) inhaler was not labeled with the date it was opened. A used container of Hydromorphone 1 milligram (mg)/ml with an expiration date of [DATE]. RN #2 said the insulin and inhalers should have been labeled with the date opened and the Hydromorphone discarded upon expiration. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On [DATE] at 12:00 p.m., the Snowmass North unit medication cart was observed with licensed practical nurse (LPN) #2. The following items were found: A used Insulin Glargine (Lantus) 100 units/ml pen with a date opened label of [DATE]. The nurse said she did not know how long the insulin could be used before it needed to be discarded. -The insulin should have been discarded on [DATE], 28 days after opening. An opened package of Morphine 100 mg/five ml. LPN #2 said the resident used the medication when she was on hospice services and the order had since been discontinued. -The Morphine order had been discontinued on [DATE]. On [DATE] at 12:30 p.m., the Silver Key medication storage room was observed with LPN #3. The following items were found: An open vial of Tuberculin Purified Protein Derivative (Aplisol), Five TU/0.1 ml, with a house stock label dated [DATE]. -The package was not labeled with the date it was opened. -The medication should have been discarded 30 days after opening. An Insulin Levimir Flex Pen 100 units/ml with resident label attached. LPN #3 said the resident died a few weeks prior to the survey. She said the medication should have been discarded immediately after the resident died . On [DATE] at 3:25 p.m., two pill packages containing Bactrim medication were on top of the Snowmass medication cart. Certified nurses aide (CNA) #2, who was a certified medication tech, walked away from the cart. At 3:40 p.m., CNA #2 returned to the medication cart and the Bactrim pills remained on top of the cart. CNA #2 said the pills should have been locked in the cart and she proceeded to put them in the cart. IV. Staff interviews The director of nursing (DON) was interviewed on [DATE] at 11:25 a.m. She said insulin and inhalers should be labeled with the date when opened and she would expect the insulin to be discarded 28 days after opened. The DON was interviewed again on [DATE] at 3:46 p.m. She said discontinued medications should be removed from carts and storage within 48 hours.