

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Winding Trails Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 Palo Pkwy Boulder, CO 80301	
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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>48112</p> <p>Based on record review and interviews, the facility failed to provide a response, action and rationale to residents involved in group grievances.</p> <p>Specifically, the facility failed to provide a response, action and rationale for food concerns brought up in the resident council meetings.</p> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The grievances and complaints filing policy, revised April 2017, was provided by the nursing home administrator (NHA) on 11/21/24 at 3:32 p.m. It revealed in pertinent part, All grievances, complaints or recommendations stemming from resident or family groups concerning issues of resident care in the facility will be considered. Actions on such issues will be responded to in writing, including a rationale for the response.</p> <p>II. Resident group interview</p> <p>A group interview was conducted on 11/19/24 at 1:01 p.m. with five residents (Resident #10, #12, #21, #46 and #68) who were identified as alert and oriented through facility and assessment.</p> <p>Resident #10 said he wanted different snacks than half of a ham sandwich. He said he was told this was what the facility offered as snacks.</p> <p>Resident #12 said she bought her own snacks because she did not like the snacks offered by the facility.</p> <p>Resident #21 said he did not like the snacks offered by the facility. Resident #21 said when he had bagels brought in by a resident representative an unknown nurse would not reheat the bagel.</p> <p>Resident #21 said he was trying to elevate his snacks because he did not like the facility's snacks.</p> <p>The residents said they did not feel the facility provided prompt resolutions to their concerns.</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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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>III. Resident council notes</p> <p>The June 2024 resident council notes were reviewed. It revealed residents wanted infused water and the residents said the food was occasionally too spicy. The residents wanted fresh snacks and did not want as many processed foods. The residents asked to cook on the barbeque grills and wanted more slow cook methods like cooking and smoking for more tender meats.</p> <p>The 7/23/24 resident council notes were reviewed.</p> <p>-There was no documentation on the 7/23/24 resident council notes that the concerns the residents brought up in the June 2024 resident council meeting were reviewed or approved by the residents.</p> <p>The 10/21/24 resident council notes were reviewed. The residents asked for more protein at breakfast and said the eggs were not good. The residents asked for more fresh fruit, asked for sliced oranges and wanted easy to peel oranges like cuties. The residents also said the portion sizes were small and they felt hungry.</p> <p>The 11/18/24 resident council notes were reviewed.</p> <p>-There was no documentation on the 11/18/24 resident council notes that the concerns the resident brought up in the October 2024 resident council meeting were reviewed or approved by the residents.</p> <p>V. Staff interview</p> <p>The NHA was interviewed on 11/21/24 at 9:50 a.m. The NHA said the activities director (AD) was the interim AD and was hired on 8/5/24. The NHA said the AD had a consultant to monitor and support the AD. The NHA said the consultant started on 8/12/24.</p> <p>The NHA said the AD was responsible for coordinating the resident council meeting. The NHA said the resident council agenda was driven by the residents. The NHA said the agenda covered old topics and new business. The NHA said the residents knew when the resident council occurred because they had an activities calendar in their room.</p> <p>The NHA said when a resident brought up a concern at resident council, the AD told the department either verbally or through a text message. The NHA said he assumed the AD followed up with the department. The NHA said the AD asked the resident if they needed help to fill out a grievance form or if the resident wanted the AD to fill out the grievance form. The NHA said he did not know the AD did not go over concerns with the resident council to ensure the residents approved of the resolution. The NHA said there was no documentation that the staff responded to the residents' concerns for the June 2024 or October 2024 resident council.</p> <p>The NHA was interviewed on 11/21/24 at 3:45 p.m. The NHA said a performance improvement project (PIP) for activity services was identified on 10/30/24.</p> <p>VI. Facility follow up</p> <p>(continued on next page)</p>		

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>The NHA provided the activity services PIP on 11/22/24 at 11:50 a.m. It revealed the PIP addressed the facilities activities program. The PIP was identified on 10/30/24. The facility was in the process of reconfiguring the activity program to better meet the residents' needs. The activity changes included weekend activities, residents directed activities and one on one activities.</p> <p>-However, the PIP did not address how the facility would provide a response, action and rationale for concerns discussed at resident council.</p>		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>48112</p> <p>Based on observations, record review and interviews, the facility failed to consistently serve food that was palatable and attractive.</p> <p>Specifically, the facility failed to ensure resident food was palatable in taste and texture.</p> <p>Findings include:</p> <p>I. Resident interviews</p> <p>Resident #13 was interviewed on 11/18/24 at 1:31 p.m. He said the food was served cold. He said cold eggs were terrible.</p> <p>Resident #9 was interviewed on 11/18/24 2:21 p.m. She said the food was terrible and not nutritious. She said the food was served cold. She said the facility served what they like and not what she likes.</p> <p>Resident #39 was interviewed on 11/18/24 at 2:40 p.m. She said the food was terrible, because the food was either undercooked and raw or overcooked.</p> <p>Resident #29 was interviewed on 11/18/24 at 2:52 p.m. He said the texture of the food was terrible. He said it was hard to cut the food. He said once the food was chopped it was hard to chew. He said the meat was the hardest to chew but most of the food was hard to chop and chew.</p> <p>Resident #68 was interviewed on 11/18/24 at 4:05 p.m. He said the food was not good and was not fresh. He said he ordered from a food delivery service to replace the food the facility provided to him.</p> <p>II. Record review</p> <p>The June 2024 resident council meeting notes were reviewed. It revealed the food was sometimes too spicy. The residents said there were too many processed foods.</p> <p>-There was no documentation of what the facility did to resolve the grievance.</p> <p>The October 2024 resident council meeting notes were reviewed. It revealed a resident said the eggs were not good.</p> <p>-There was no documentation of what the facility did to resolve the grievance.</p> <p>IV. Observations</p> <p>A test tray for a regular diet was evaluated by four surveyors immediately after the last resident had been served their meal for lunch on 11/21/24 at 12:18 p.m.</p> <p>(continued on next page)</p>		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>The test tray consisted of cheese pizza, tossed salad with ranch dressing, a dinner roll and peaches.</p> <p>-The cheese pizza was dry, crunchy and tasted bland. The pizza was difficult to cut.</p> <p>-The tossed salad consisted of leafy greens. No other vegetables were on the salad.</p> <p>III. Staff interviews</p> <p>The dietary manager (DM) and the corporate dietary director (CDD) were interviewed together on 11/21/24 at 2:36 p.m. The CDD said pizza should not be crunchy and hard to eat. The CDD said she would revisit having pizza on the menu because residents either loved or disliked pizza. The DM said CK #1 had a difficult time slicing the pizza during meal service because the crust was hard. The DM said the salad should have had cucumber as a garnish. The DM said the pork chop was seasoned with garlic, spices, and salt. The DM said the pork chop was baked in the oven and then stored in hot water in a metal tin during meal service. The CDD said the pork chop was stored in hot water to prevent the meat from drying out. The DM and the CDD said they did not know residents said the meat was hard to slice.</p> <p>The nursing home administrator (NHA) was interviewed on 11/21/24 at 3:45 p.m. The NHA did not know the residents did not like the taste of the food. The NHA said a performance improvement project (PIP) for dietary services was implemented on 11/1/24. The NHA said the PIP did not include the palatability of the food. The NHA said a food satisfaction survey was completed for each resident.</p> <p>VI. Facility follow up</p> <p>The NHA provided the dietary services PIP on 11/22/24 at 11:50 a.m. It revealed the PIP addressed a food satisfaction survey was completed on 11/1/24. The survey asked residents if the resident liked snack options, how to order alternative meal options, meal portion sizes and meal choices.</p> <p>-The survey did not include if the residents liked the taste, texture, and consistency of food served during meals.</p>		