STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065113	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medallion Post Acute Rehabilitation	1719 E Bijou St Colorado Springs, CO 80909

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20287 Based on observations, interviews, and record review, the facility failed to ensure the resident environment remained as free from accident hazards as possible, affecting three (#1, #2, and #3) out of five residents. Interviews with leadership revealed the facility had transitioned in March 2024 from a non-smoking to a smoking facility. However, a review of the facility's smoking policy (revision date 9/8/22) and the resident smoking safety evaluation in effect in March 2024, revealed they were not reviewed and revised and failed to address oversight and safety interventions for staff to implement as a smoking facility. Further, there were no resident smoking agreements since the transition. None of these documents included adequate consideration of the risks and the procedures to ensure the safety of residents with an order for oxygen who smoked. Interviews with leadership revealed staff had not received training on smoking safety when the facility transitioned to a smoking facility. And, on 3/27/24, Resident #1, a supervised smoker due to his increased confusion and change in safe smoking practices, was given a cigarette and a lighter by the registered nurse (RN) while in the building and walked ahead of the certified nurse aide (CNA) supervising him to the designated smoking area. The resident had his oxygen on, and his nasal cannula in place when he stepped outside the door and lit his cigarette. The oxygen from the cannula ignited immediately. The CNA who followed the resident immediately turned off the resident's oxygen and removed the cannula. While the facility revised the smoking policy after the incident on 3/27/24, record review and observations revealed the revisions were inadequate and ineffective. Smoking and oxygen use were not adequately addressed with residents who smoked and on 4/9/24, observations revealed supervised smoker Resident #1 with a cigarette on his bedside table that had been smoked, with three-quarters to one-half left. The facility's failure to implement interventions to ensure resident safety from smoking accidents before and after 3/27/24 created a situation with the likelihood of serious harm. Resident #1, who had severe cognitive impairment, sustained first-degree burns to the neck, head, and face after lighting a cigarette on 3/27/24, while wearing oxygen administered via nasal cannula. Findings include: (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065113	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medallion Post Acute Rehabilitation	1719 E Bijou St Colorado Springs, CO 80909

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	I. Immediate Jeopardy A. Findings of immediate jeopardy Interviews with leadership revealed the facility had transitioned in March 2024 from a non-smoking to a smoking facility. However, a review of the facility's smoking policy (revision date 1/1/23) and the resident smoking safety evaluation in effect in March 2024, revealed they were not reviewed and revised and failed to address oversight and safety interventions for staff to implement as a smoking facility and related to resident oxygen use and smoking. Further, there were no resident smoking agreements since the transition. None of these documents included adequate consideration of the risks and the procedures to ensure the safety of residents with an order for oxygen that smoked. Interviews with leadership revealed staff had not received training on smoking safety when the facility transitioned to a smoking facility. And, on 3/27/24, Resident #1, a supervised smoker due to his increased confusion and change in safe smoking practices, was given a cigarette and a lighter by the registered nurse (RN) while in the building and walked ahead of the certified nurse aide (CNA) supervising him to the designated smoking area. The resident had his oxygen on, and his nasal cannula in place when he stepped outside the door and lit his cigarette. The oxygen from the cannula ignited immediately. The CNA who followed the resident immediately turned off the resident's oxygen and removed the cannula. Resident #1, sustained first-degree burns to the neck, head, and face after lighting a cigarette on 3/27/24, while wearing oxygen administered via nasal cannula. While the facility smoking policy was amended on 3/27/24 to provide that the smoking products of residents who required supervision to smoke would be kept secured in either the medication room or nurses' cart, on 4/9/24, Resident #1 was found with a cigarette on his bedside table. It had been lit and three-quarters to one-half remained. B. Imposition of Immediate Jeopardy On 4/9/24 at 3:35 p.m., the Colorado Department of Public Health and Environment (CDPHE) informed the nursing home administrator (NHA) that the facility's failure to implement safe smoking interventions for residents who smoked and to implement effective interventions to prevent injury from cigarettes to Resident #1, created a situation of immediate jeopardy with the potential for serious resident harm. C. Facility Response On 4/10/24 at 3:42 p.m., the facility submitted the following plan (draft #4) to remove the immediate jeopardy. The plan read: Removal of Immediacy Plan: Unsafe Smoking Date/Time Presented to Surveyors: 4/10/24 at 3:35 p.m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065113	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medallion Post Acute Rehabilitation	1719 E Bijou St Colorado Springs, CO 80909

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Identified here are the steps and immediate action(s) (name of facility) will take to address the reported non-compliance, keep residents safe and free from serious harm or death, and prevent serious harm from occurring or recurring. 1. Resident #1 was identified as a supervised smoker on 03/19/2024. On 3/27/24 Resident #1 was given a cigarette and lighter by a RN while in the building. The CNA supervising did not ensure oxygen was removed prior to Resident #1 lighting cigarette which in turn led to oxygen from cannula igniting. CNA immediately following turned oxygen off. The smoking UDA was updated to include questions referring to oxygen use on 4/9/24. Items added: -Can the resident light their own cigarette? -Does the resident utilize oxygen? -Is the resident able to manage oxygen safety, remove and store for safe smoking practices, -Observe the resident smoking in designated smoking area, -Is the resident able to safely light smoking materials, hold smoking materials safely and dispose of smoking materials appropriately, -Has the resident been educated on safe smoking practices? On 4/10/24 an additional smoke detector was placed in residents (Resident #1's) bathroom. 2. Director of nurses (DON)/Designee and Clinical Resource completed a full house audit of all smoking evaluation(s) by 4/9/24 and updated all residents' care plans. Facility placed an updated smoking list out at the units on 4/9/24. DON to complete additional full house audit of all smokers starting on 4/9/24 to identify need for supervision or adaptive equipment, facility will review all residents BIMS score, and update a smoking assessment (completed 4/9/24). Any resident who smokes with a BIMS (brief interview of mental status) of 12 or below will be placed on supervised smoking (Resident #1 identified). Smoking policy updated on 4/9/24 to reflect the change. Administrator or designee to review updated smoking Policy with all residents who smoke on 4/9/24 or their representative. 3. All Staff/All residents who smoke to be educated on updated Smoking Policy to address the following: -Use of oxygen, -Who is Supervised and Unsupervised, - How to properly supervise smokers -Supervised smoking times -Proper adaptive equipment available and locations, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065113	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medallion Post Acute Rehabilitation	1719 E Bijou St Colorado Springs, CO 80909

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-Proper smoking equipment indicated in smoking area such as blankets/extinguisher,g -Cleanliness of smoking area, and -Monitoring for proper disposal of cigarette butts. -Safety education was provided to residents regarding our smoking policy and -Use of oxygen to ensure that they remove oxygen prior to going out to smoke. -Smoking materials need to be safely stored out of sight of other residents. -No cigarettes or lighters [will] be given to other residents. 4. Staff education to be completed by Administrator, Nurse Manager, SDC (staff development coordinator), Social Worker, or Activity Director. This education will be provided to all staff/residents who smoke by 4/10/24, any staff that is not able to come in for education will be educated over the phone and will be reviewed with Administrator prior to start of next scheduled shift. 5. On 4/9/24 Resident #1 was found to have a cigarette butt on his bedside table. All staff will be educated on Proper Supervision of smokers to include disposing of any non smoked tobacco product in proper receptacle before re-entering building. A facility audit was implemented on 4/10/2024 to include observations of any smoking materials in resident rooms or on their person. An order was initiated to monitor the residents' room for smoking items every shift. If any are found, remove and provide education to the resident on facility smoking policy and safety. This education will be completed by 4/10/24 any staff that is not able to come in for training education will be educated over the phone and will be reviewed with Administrator prior to start of next scheduled shift. This education will be provided by DON/NHA/Designee. Monitoring: DON/Designee will audit all new admissions for smoking preference, complete a smoking evaluation (to include oxygen use and if they are to be supervised or unsupervised) and update the care plan with current interventions. Assessment and care plan to be completed within 24 hours. Smoking assessments will be completed by ADON (assistant director of nursing) or designee. DON/Designee to review all those residents who smoke weekly and document if they continue to follow safe smoking rules, or if there are changes needed to their care plan. Specifically, for Resident #1 daily audits of resident's room and on his person to ensure he has not brought in any smoking materials from the smoking area. Maintenance to monitor smoking area daily for cigarette butts, safety blankets, and No Oxygen use signs x 12-weeks or until compliance is achieved, any issues identified will be discussed in monthly QAPI (quality assurance performance improvement). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065113	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medallion Post Acute Rehabilitation	1719 E Bijou St Colorado Springs, CO 80909

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	These audits will continue for 12-weeks until compliance is achieved, any issues identified will be discussed in monthly QAPI. 6. NO OXYGEN WITHIN 10 FEET signage ordered for designated smoking area to arrive 4/12/24. D. Removal of immediate jeopardy On 4/10/24 at 4:00 p.m., CDPHE notified the NHA that the immediate jeopardy was removed based on observations that the facility was taking steps to begin implementation of the above correction action plan. However, based on observations, interviews, and record review, the deficient practice remained at a G level, actual harm that is isolated. II. Resident #1 - smoking incident 3/27/24 A. Resident #1 Resident #1, age 70, was admitted on [DATE]. According to the 4/10/24 computerized physician orders (CPO), diagnoses included chronic obstructive pulmonary disease, emphysema, dementia, and acute respiratory failure with hypoxia (insufficient oxygen to the body tissues). The 2/19/24 minimum data assessment (MDS) showed the resident had severe cognitive impairment with a brief interview for mental status (BIMS) score of six out of 15. A 3/23/24 MDS documented the resident had moderately impaired decision-making skills, had poor cues, and required supervision. Per the MDS, he used oxygen. Per the resident's care plan, oxygen was to be administered as ordered by the physician. B. Smoking status Review of Resident #1's care plan, initiated on 3/6/24 for smoking, revealed he had a history of smoking in his room. Pertinent interventions included smoking materials to be kept at the nurses' station or other designated areas. The cigarettes/lighter were to be kept with the nurse and the resident was to ask for them. Review of a resident safe smoking evaluation completed on 3/19/24 at 3:31 p.m. revealed the resident, who smoked five times a day, was determined to be unsafe to smoke without supervision due to increased confusion and cognitive loss. Review of a smoking evaluation completed on 3/27/24 at 2:47 p.m. (prior to the smoking incident the same day) revealed the resident, who now smoked six times a day, remained unsafe with smoking independently. He had cognitive loss and fell forward while standing. The clinical resource nurse assisted the resident in removing his oxygen before attempting to stand from his wheelchair and walk to the designated smoking area. There, he was able to light his cigarette and flick the ashes away from his body but was unable to extinguish his cigarette butt into the receptacle. Failure: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065113	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medallion Post Acute Rehabilitation	1719 E Bijou St Colorado Springs, CO 80909

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	There was no evidence the resident's care plan was updated on 3/19/24 to document the resident's status as a supervised smoker. Further, there was no evidence the IDT considered additional safety interventions to instruct staff on how to assist the resident in smoking safely. There was no evidence the resident was educated regarding what staff expected of him as a supervised smoker to ensure his and other residents' safety when smoking. C. Smoking incident on 3/27/24 1. Nurses' notes A review of nurses' notes from 3/27/24 at 3:45 p.m. revealed Resident #1 was assisted to smoke outside by the CNA. The resident was walking ahead of the CNA when he lit his cigarette. The CNA turned off the resident's oxygen and removed the nasal cannula from his face. The resident was noted to have seared facial hair and nose pain. The resident was transferred to the emergency department for evaluation and a review of Resident #1's emergency department records revealed a diagnosis of mild first-degree burns to the face. 2. NHA interview The NHA interviewed on 4/8/24 at 5:34 p.m., said she completed an investigation following the resident's smoking incident. The NHA said the investigation revealed Resident #1 was observed walking outside with CNA #1. RN #1 had given the cigarette and lighter to the resident, rather than to the CNA. CNA #1 said she was assisting the resident outside; he was moving swiftly with his front wheel walker and had his oxygen on. Before she could remove the oxygen and turn it off, the resident lit the cigarette. The NHA said the resident had singed his mustache and the hair to the left side of his face along with the oxygen tubing. She said the resident's primary physician was in the building and had him assessed. The primary physician had him sent to the emergency department for further evaluation as the resident complained of burning in his nose. III. Facility failures contributing to the smoking incident on 3/27/24. 1. Facility failure to review and revise the facility smoking policy and resident safe smoking evaluations, and obtain smoking agreements that addressed oversight and safety interventions after the facility transitioned to a smoking facility, allowing smoking on campus and supervised smoking. On 4/8/24 at 5:34 p.m., the social services director (SSD) and NHA were interviewed. The SSD said before March 2024, the facility was a non-smoking facility, which meant residents who chose to smoke had to smoke cigarettes off campus. She said in March 2024 (a definite date was not provided), the facility became a facility that would allow smoking on campus and there could be supervised smoking. On 4/9/24 at 12:38 p.m., the NHA provided the facility smoking policy and smoking evaluation in effect after the transition to a smoking facility and before the incident with Resident #1 on 3/27/24. a. Smoking Policy (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065113	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medallion Post Acute Rehabilitation	1719 E Bijou St Colorado Springs, CO 80909

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The policy, last revised 9/8/22 read that its purpose was to address the wishes of both smoking and nonsmoking residents without compromising the safety of either. Procedures read in part: -The facility does not allow smoking of any kind to occur within the facility. Designated smoking areas outside the building are available for this purpose. -Upon admission, residents who desire to smoke will be assessed for their ability to do so safely. Until the completion of the initial smoking safety evaluation residents will be on supervised smoking. Supervised smoking will be offered during designated smoking times and last no more than 20 minutes. -If IDT (interdisciplinary team) determines that the resident is unable to safely store their smoking materials or require supervision to smoke safely, smoking products will be kept secured in either medication room or nurses cart. -Upon quarterly review by the IDT, or any time a significant change of condition occurs, smoking residents will be re-evaluated as to their ability to smoke safely, either independently or under supervision, and their ability to understand and comply with facility smoking policy. Failure: There was no evidence the smoking policy had been reviewed and revised to address the safety risks associated with the facility's transition to a smoking facility and the plan to allow smoking on campus and supervised smoking. The policy failed to include adequate consideration of the risks and the procedures necessary to ensure the safety of residents with an order for oxygen who smoked. The NHA was interviewed on 4/9/24 at 12:38 p.m. She said residents who are supervised smokers should not be handed their cigarettes or their lighter. Rather, the smoking material needed to be handed to the staff member responsible for assisting the resident outdoors, and oxygen needed to be removed before exiting the facility. -However, these safety interventions were not part of the facility's smoking policy. b. Resident safe smoking evaluation The evaluation asked all residents who smoked the following questions. 1. Cognition- Resident has cognitive loss? 2. Vision- Has a visual deficit? 3. Dexterity- Has a dexterity problem (e.g tremors, paresis, etc)? 4. Balance- Falls forward? Falls leans sideways? 5. Smoking frequency- How many times does the resident smoke per day? (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065113	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medallion Post Acute Rehabilitation	1719 E Bijou St Colorado Springs, CO 80909

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	6. Safety- Can resident light own cigarette? Resident need for adaptive clothing, device or assistance? Plan of care is used to assure resident is safe while smoking. Failure: The evaluation failed to include any questions regarding oxygen use and, if the resident, whether an independent or supervised smoker, understood the safety considerations of oxygen use and smoking. c. Smoking agreement The facility failed to provide evidence that residents signed smoking agreements after the facility transitioned to a smoking facility in March 2024 and before Resident #1's smoking incident on 3/27/24. 1. Review of Resident #1's record (see above) revealed his care plan read to administer oxygen as ordered and smoking evaluations revealed he was a supervised smoker. Failure: Record review revealed no smoking agreements signed after the facility transitioned to a smoking facility and before his smoking incident on 3/27/24. 2. Review of the record for Resident #2, admitted on [DATE], revealed orders on 1/15/23 that included use of oxygen at 3 liters per minute via nasal cannula, to keep her oxygen saturation at or above 90%. Smoking evaluations revealed she was an independent smoker. Smoking evaluations revealed she had no dexterity problems, could light her own cigarette, and had no need for adaptive clothing, devices, or supervision. Failure: Record review revealed no smoking agreements signed after the facility transitioned to a smoking facility and before the smoking incident involving Resident #1 on 3/27/24. Further, there was no evidence the resident was educated on the facility's smoking policy. 3. Review of the record for Resident #3, admitted on [DATE], revealed a progress note dated 9/4/23 that read the resident was oxygen at 2 liters per minute continuously. Smoking evaluations revealed she had no dexterity problems, could light her own cigarette, and had no need for adaptive clothing, devices, or supervision. Failure: Record review revealed no smoking agreements signed after the facility transitioned to a smoking facility and before the smoking incident involving Resident #1 on 3/27/24. Further, there was no evidence the resident was educated on the facility's smoking policy. 2. Facility failure to educate staff regarding the transition to a smoking facility and the oversight and necessary safety interventions when allowing smoking on campus and supervised smoking. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065113	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medallion Post Acute Rehabilitation	1719 E Bijou St Colorado Springs, CO 80909

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The assistant director of nursing (ADON) was interviewed on 4/11/24 at approximately 11:00 a.m. The ADON said staff were not provided training on the smoking program before the building transitioned to a smoking facility. She said it was just rolled out. She said after the incident on 3/27/24 with Resident #1, the staff were provided education on the facility smoking program. IV. Continued facility failures after 3/27/24 A. NHA interview The NHA was interviewed on 4/8/24 at 5:34 p.m. She said she immediately provided education to CNA #1 and RN #1 after the incident on 3/27/24. A review of the education revealed it read in pertinent part: -Residents who are supervised smoking should not be handed their stored smoking material. Smoking materials should be handed to the staff member responsible for assisting residents outside for a supervised smoke. -When assisting residents outside for supervised smoking, if residents are noted to be on oxygen, staff is to remove the portable concentrator prior to exiting the facility and prior to handing over the residents smoking materials or assisting with lighting cigarettes. The NHA further stated she then provided training to all staff regarding the smoking policy, which she revised after the incident on 3/27/24, and about safety issues with oxygen. All residents were assessed and all the residents signed a smoking agreement that included the rules of the facility. 1. Smoking policy Review of the facility's revised smoking policy revealed the substantive changes from the 9/8/22 revisions (see above) included the removal of the frequency of smoking for residents that required staff supervision. However, as noted above, the policy failed to include adequate consideration of the risks and the procedures necessary to ensure the safety of residents with an order for oxygen who smoked. Safety interventions disclosed in the NHA's 4/9/24 interview regarding when to hand cigarettes to the supervised resident were not part of the smoking policy. 2. Resident safety smoking evaluation However. as noted above, the resident safety evaluation failed to include any questions regarding oxygen use and, if the resident, whether an independent or supervised smoker, understood the safety considerations of oxygen use and smoking. 3. Smoking agreement However, as noted above, the facility failed to provide evidence that residents signed smoking agreements after the facility transitioned to a smoking facility in March 2024 and before Resident #1's smoking incident on 3/27/24. While smoking agreements were signed by Resident #1, #2, and #3 on 3/29/24, two days after the 3/27/24 incident, the agreements were incomplete. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065113	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medallion Post Acute Rehabilitation	1719 E Bijou St Colorado Springs, CO 80909

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Resident #1's agreement read, all smoking supplies will be kept out of sight within rooms. However, as a supervised smoker, per the smoking policy, smoking products were to be kept secured in either the medication room or nurses' cart. Finally, a review of Resident #1, #2's, and #3's smoking agreement revealed they failed to include specific safety interventions, such as the residents agreeing to remove the nasal cannula before leaving the facility or lighting a cigarette. V. Observations confirmed continued noncompliance with oversight and implementation of safety interventions. Record review revealed the facility updated Resident #1's care plan on 3/28/24 to read Resident #1 was to be provided 1:1 observation while smoking. And, on 4/5/24, a new care plan related to smoking read that a smoke detector was in place in the resident's room and staff was to ensure the resident was escorted to the designated smoking area by staff. However, on 4/9/24 at 9:50 a.m., Resident #1 was observed lying in bed with oxygen on and being administered via a nasal cannula. The resident had a bedside table near his bed. On the bedside table was a cigarette that had been previously lit. Three-quarters to one-half of the cigarette remained. The assistant director of nurses (ADON) was notified at 9:52 a.m. and she removed the cigarette. The ADON told the resident that the cigarette was being removed and the resident responded that it was his cigarette. The ADON told the resident that he was not allowed to keep cigarettes. The ADON said the cigarette would be put with the others in his medication cart. VI. Action taken on 4/9/24 after notification of immediate jeopardy The smoking policy was reviewed and updated on 4/9/24. The changes to the policy were in pertinent part: Smoking times for supervised smokers: 6:00, 9:30, 11:30, 1:30, 3:30, 6:00, 8:30. If the IDT determines that the resident is unable to safely store their smoking materials or [to] require supervision to smoke safely, smoking products will be kept secured in either the medication room or nurses cart. If a resident is deemed an independent smoker, they may keep their smoking supplies in their rooms as long as they kept out of site. If a resident is on oxygen, the tank must be left inside the building and not taken outside to the designated smoking area. For independent residents, cigarettes will not be lit until they are within the designated smoking area. For supervised smokers, once within the designated smoking area, the resident may be given their cigarette and the supervisor will light the cigarette. The lighter is not to be given to the resident. Upon completion of the smoking task, the supervisor will ensure that the cigarette has been put out and the remaining cigarette will be placed inside the cigarette butt receptacle. No partially smoked cigarettes are to be kept. No smoking supplies will be allowed to stay with the supervised smoker. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065113	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medallion Post Acute Rehabilitation	1719 E Bijou St Colorado Springs, CO 80909

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Any resident with a brief interview for mental status (BIMS) score of 12 and below and/or demonstrates the inability to perform safe smoking practices will be placed on supervised smoking. No resident is to give cigarettes or lighters to other residents. 50690