

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Specifically, the facility failed to: -Maintain residents' dignity and ensure call lights were answered timely; and, -Ensure residents were treated with dignity by staff during meal service. Findings include: I. Failed to maintain residents' dignity and ensure call lights were answered timely A. Facility policy and procedure The Call Light/Bell policy and procedure, revised May 2007, was received from the director of nursing (DON) on 6/17/26 at 11:02 a.m. It read in pertinent part, Procedures: Answer the light/bell within a reasonable time (approximately five minutes). Leave the resident comfortable. Place the call device within resident's reach before leaving the room. If the call light/bell is defective, immediately report this information to the unit supervisor. B. Resident and resident's representative interviews Resident #3 was interviewed on 6/10/26 at 9:37 a.m. Resident #3 said sometimes staff did not treat her with respect and dignity. Resident #3 said a few weeks ago she laid in her bed for an hour and a half waiting for a staff member to come and help her get cleaned up after being incontinent. Resident #3 said it often took half an hour for a staff member to come when she used her call light. Resident #3 said the staff's call light response times were worse at night and over the weekends. She said it did not seem like the facility was properly staffed. Resident #3 said she sometimes wondered why she even had a call light because the staff did not seem to respond to it and it made her feel worthless. Resident #3 said there were a lot of times where she had activated her call light and heard people outside her room talking and laughing but no staff members ever responded to her. Resident #3 said sometimes she would ask a certified nurse aide (CNA) to get a nurse's attention for her but no staff member would ever return to her room. Resident #3 said the nurses all told her to let them know if she needed anything, but Resident #3 said it felt like there was no point in telling them. Resident #3 said she felt like her concerns did not matter and the staff would not help. Resident #3 said the issues with call light response times had been going on for a while and were not getting any better. Resident #3 said she was frustrated because she often was left lying in her own feces, which she said she was not supposed to do because it was damaging to her skin. She said when she was left soiled for too long, her skin became itchy. Resident #9 was interviewed on 6/10/26 at 2:12 p.m. Resident #9 said she usually had to wait an hour for her call light to be answered. Resident #9 said she used her call light to get staff assistance to change her colostomy bag or to go to the bathroom. Resident #9 said she felt disgusted when the nursing staff took a long time to answer her call light. Resident #9 said it seemed like the facility had enough people working, but sometimes they were all standing in a group talking and laughing in the hallway. Resident #9 said she had started getting herself up from bed (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: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	because she did not want to wait. Resident #51 was interviewed on 6/10/26 at 10:55 a.m. Resident #51 said she thought the facility was understaffed and the staff were very overworked and exhausted. Resident #51 said it took a very long time at certain times of the day for staff to answer her call light. Resident #51 said staff generally would not respond to her call light for 45 minutes. She said she was blind and could not walk so she needed a lot of help from the facility staff. Resident #52 was interviewed on 6/10/26 at 2:53 p.m. Resident #52 said any time she hit her call button, the staff would come in and turn it off, repeating this process several times. Resident #52 said when a staff member turned her call light off, an hour would go by before they returned. Resident #52 said she usually used her call light to request her pain pill, as she tried to stay on top of her pain to keep it managed. Resident #52 said she felt aggravated by the long call light response time. Resident #52 said she put her call light on at 5:15 p.m. the other day but did not get the medication she requested until 8:30 p.m. Resident #5 and his representative were interviewed together on 6/10/26 at 3:22 p.m. Resident #5's representative said it took the staff a while to come in when Resident #5 pressed his call light. Resident #5's representative said it often took the staff 15 to 20 minutes to answer the resident's call light, but it sometimes took 30 minutes or more. Resident #56 was interviewed on 6/10/26 at 3:28 p.m. Resident #56 said he sat in his bed for three hours the other night waiting for staff to answer his call light. He said he had activated his call light at 7:00 p.m. and no one came in until 10:00 p.m. Resident #56 said he used his call light to get assistance with getting his brief changed. Resident #56 said his roommate pushed his call light every five minutes so the staff thought when the call light activated it was just his roommate calling again. Resident #56 said he was angry when it took the staff so long to answer his call light. Resident #13 was interviewed on 6/10/26 at 2:02 p.m. Resident #13 said it sometimes took staff quite a while to get to her room when she had her call light on. Resident #13 said her roommate had her call light on for four hours the other night. She said the CNA kept coming in to turn her call light off so she kept having to turn it back on. Resident #13 said the facility's administration had told the residents to turn their call light back on if a staff member turned it off, and to keep turning their call light on until their request was complete. C. Resident group interview Six residents (#43, #56, #1, #19, #23 and #27) who frequently attended the monthly resident council meetings and were identified as alert and oriented by facility and assessment were interviewed on 6/15/26 at 10:01 a.m. All residents in attendance said they had issues with their call lights not being answered timely. Resident #19 and Resident #23 said they both often waited 30 minutes or more for their call lights to be answered. Resident #56 said he had to wait three hours for his call light to be answered the other day. Resident #43 said he usually waited 15 to 20 minutes for his call light to be answered. Resident #56 and Resident #19 said they used their call lights to have their briefs changed. Resident #23 and Resident #1 both said they had heard staff laughing and talking in the hallways while they waited for their call lights to be answered. Resident #56, Resident #1 and Resident #19 said they had sometimes had issues with nursing staff answering their call light but thinking it was their roommate that needed help, helping their roommate and leaving without assisting them with what they needed. All residents in attendance said they felt frustrated having to wait long periods for their call lights to be answered. D. Observations On 6/15/26 at 2:30 p.m. four call lights were activated and visible on the switchboard by the nurses' station. CNA #2 and an unidentified CNA were sitting in the charting area near the nurses' station. One of the CNAs was looking down and using her phone. CNA #3 and CNA #4 were standing near the nurses' station in the common area talking about their outfits. Two staff members approached CNA #3 and CNA #4 and requested their help with assisting residents. At 2:34 p.m. the unidentified CNA said she was not on her break period. The assistant director of nursing (ADON) approached CNA #2 and asked her to help (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	her answer the call lights.E. Record reviewFacility grievances pertaining to call lights were provided by the nursing home administrator (NHA) on 6/11/26 at 3:07 p.m. and revealed the following:The facility received a total of 23 grievances, dated from 1/18/26 through 5/30/26, from residents, resident council meetings and frequent visitors of the facility regarding prolonged call light wait times. Review of these grievances revealed multiple residents reported waiting from 20 minutes to several hours for their call lights to be answered. Multiple residents reported experiencing extended call light wait times overnight. Resolutions to these grievances included staff education, initiating disciplinary actions for staff, and modification of residents' care plans to include their preferred time to get up in the morning or go to bed. All of the grievance forms documented the residents were satisfied with the solution and completed.-However, residents continued to report extended call light wait times throughout the survey process.Quality assessment and performance improvement (QAPI) committee meeting minutes, dated 5/12/26 at 9:00 a.m., revealed the interdisciplinary team (IDT) met to identify and discuss projects and trends within the facility, and reviewed nursing performance improvement plans (PIP). The minutes documented there was an active PIP for call lights. The minutes documented call light audits were being conducted and showed some times of day were busier. Staff were educated in anticipating residents' needs as well as ensuring there was nothing else the resident needed before the staff member left the room. The minutes documented it was mainly three individual residents who were saying they had issues with their call lights, and the staff were keeping in communication with them. The minutes documented the audits were continuing.Call light audits, dated 2/1/26 through 6/13/26, were received from the DON on 6/15/26 at 9:29 a.m. and revealed the following:The call light audits were conducted periodically for a few rooms each time and documented the room, the time the call light was turned on and the time the call light was answered. Call light audits, dated 2/2/26 through 2/19/26, revealed room [ROOM NUMBER] had ten call light audits conducted during the day shift (between 6:00 a.m. and 2:00 p.m.), five call light audits conducted during the evening shift (between 2:00 p.m. and 10:00 p.m.), and no call light audits conducted on the night shift (between 10:00 p.m. and 6:00 a.m.).On 2/16/26 a call light in room [ROOM NUMBER] was activated at 8:30 a.m. and answered at 8:47 a.m.Call light audits, dated 2/2/26 through 2/10/26, revealed room [ROOM NUMBER] had five call light audits conducted during the day shift, one call light audit conducted during the evening shift, and no call light audits conducted on the night shiftOn 2/13/26 a call light in room [ROOM NUMBER] was activated at 12:07 p.m. and answered at 12:28 p.m. On 2/13/26 a call light in room [ROOM NUMBER] was activated at 2:33 p.m. and answered at 2:52 p.m.A call light audit, dated 2/5/26, revealed room [ROOM NUMBER], room [ROOM NUMBER] and room [ROOM NUMBER] each had one call light audit conducted during the day shift.Call light audits, dated 3/2/26 through 3/17/26, revealed room [ROOM NUMBER] had 15 call light audits conducted during the day shift, 12 call light audits conducted during the evening shift, and no call light audits conducted on the night shiftOn 3/13/26 a call light in room [ROOM NUMBER] was activated at 8:00 a.m. and answered at 8:20 a.m.Call light audits, dated 3/18/26 through 4/23/26, revealed room [ROOM NUMBER] had 40 call light audits conducted, one of which was performed during the night shift.On 6/9/26 the call light in room #S2 was activated at 8:20 a.m. and answered at 8:45 a.m.An undated call light log, conducted some time during the weekend of 6/12/26 through 6/14/26 per the DON, revealed a call light was activated in room #S9 at 12:54 a.m. and answered at 1:13 a.m.-No call light audits were conducted during the night shift from 2/2/26 through 5/31/26. -Call light audits were not consistently conducted for any rooms other than room [ROOM NUMBER] and room [ROOM NUMBER] from 2/2/26 through 5/31/26.-Several call lights on the audit log were not answered for 15 minutes or more.Resident council meeting minutes, dated March 2026, revealed (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	residents attending the council meeting voiced concerns regarding staff prioritizing meal tickets and trays over resident care, waiting a long time in the morning to be assisted by staff with getting up and ready, and waiting a long time for their call lights to be answered in the evenings. Resolutions were listed for each concern and included staff education, investigation and resolution of the concern, and continuing call light audits and staff education, respectively. Resident council meeting minutes, dated April 2026, revealed residents attending the council meeting voiced concerns regarding staff turning off residents' call lights before their request was completed and CNAs not helping cover other hallways. The resolution listed for both concerns was staff education. Resident council meeting minutes, dated May 2026, revealed residents attending the council meeting voiced concerns regarding night shift staff not getting coverage when the staff went on break, and staff turning off residents' call lights before completing their request. The resolution listed for both concerns was staff education. -However, staff education was not effective, as residents continued to have multiple concerns regarding call light response times at the time of the survey (see resident interview above). F. Staff interviews The DON was interviewed on 6/15/26 at 9:29 a.m. The DON said the receptionist/central supply coordinator was the person who conducted call light audits during the day. The DON said the receptionist had worked during the evening shift for a few weeks to conduct call light audits at night when the administration had identified some concerns with the evening shift. The DON said she had appointed a lead CNA who worked nights, so she was the main person who conducted call light audits at night. The DON said the lead CNA position was created as an intervention for call light wait times, as the night shift staff became more relaxed when the administration team left. -However, review of the call light audits revealed only one night shift audit was documented on the audit log from 2/2/26 through 5/31/26 (see record review above). CNA #3 was interviewed on 6/16/26 at 8:35 a.m. CNA #3 said she felt like she could get all of her tasks done timely, but the workload was person-dependent. CNA #3 said if she came out of a resident's room and saw multiple call lights were activated, she would answer whichever call light she saw first. CNA #2 was interviewed on 6/16/26 at 8:44 a.m. CNA #2 said she was not sure how to tell which call light to answer first if she left a resident's room and saw multiple call lights were activated. CNA #2 said in that scenario, she would work her way down the hall and answer them in order, or use her judgement if she knew the residents and what they usually used their call light for. The DON was interviewed again on 6/16/26 at 10:44 a.m. The DON said it was the same residents who complained about call lights in each resident council meeting. The DON said when she spoke with those residents, they reported call light times had generally gotten better but there were one-off situations where their call lights took a longer time to be answered. The DON said there were situations where nursing staff would be attending to a resident who needed more assistance, which would delay them in answering other call lights, but residents generally reported their call light times were better. The DON said interventions the administration put in place to improve call light wait times included staff education, one-on-one education with specific staff members, initiating disciplinary action for staff members, shifting staffing positions to different areas, designating a shower aide in the evening shifts, creating the position of lead CNA and trying to identify a root cause. The DON said she was not able to determine a root cause for the long call light times because the call light concerns seemed to move from shift to shift and could not have a blanket answer for each instance. The DON said she was trying to [NAME] in on some of the nursing staff to improve the issue. The DON said she was consistently trying to come up with new solutions to the issue, which was why the facility had conducted call light audits here and there. The DON said she did not want to say one specific call light wait time was her expectation, but said she would want to analyze a call light wait time of 15 or 20 (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	minutes to see what happened and why it took that amount of time for staff to answer. The DON said for call light audits, the receptionist would watch the call light alert board for the residents' rooms they identified from grievance forms and time the call light responses. The DON said she created the role of lead CNA to do the same process for rooms they had identified from grievance forms, and said the CNA would throw in other random rooms for the audit if they could. The DON said the nurses had been conducting the night shift call light audits and had been including CNAs into the audit workload as well. The DON said she had done call light audits sporadically whenever she received grievance forms. The DON said she and the ADON had come in on a few night shifts to perform call light audits but said the staff were more conscientious when they were in the building, so they did not accurately reflect what may have been happening, and the DON had not recorded or documented these audits. The DON said there were no documented call light audits completed by any members of the IDT. II. Failed to ensure residents were treated with dignity by staff during meal service. A. Facility policy and procedure. The Dignity and Respect policy and procedure, revised February 2020, was received from the DON on 6/17/26 at 11:02 a.m. It read in pertinent part, The staff shall display respect for residents when speaking with, caring for, or talking about them, as constant affirmation of their individuality and dignity as human beings. B. Observations. During a continuous observation of the lunch meal service on 6/10/26, beginning at 11:41 a.m. and ending at 12:13 p.m., the following was observed: At 11:41 a.m. CNA #3 was standing at a dining table where Resident #44 and Resident #10 were seated. CNA #3 asked an unidentified dietary aide if he had the two feeder's meals coming up, and pointed at Resident #44 and Resident #10. -CNA #3 said this with a volume that was heard from the other end of the dining room and was within earshot of the other residents. C. Staff interviews. A social services support staff member, who was filling in for the social services director, was interviewed on 6/16/26 at 10:04 a.m. The social services support staff member said she would expect the facility staff to talk to residents with respect during meal service and talk to the residents themselves, rather than talking around them. The social services support staff member said it was not appropriate to refer to residents as feeders as it was an issue of dignity, and said she would not want to be called a feeder. The DON was interviewed on 6/16/26 at 10:44 a.m. The DON said facility staff should converse with the residents they were assisting with eating and should not refer to residents as feeders. The DON said being called a feeder would make her feel like she was not a part of everyone else.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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. Based on observations and interviews, the facility failed to ensure all drugs and biologicals were properly stored, secured, and labeled in accordance with accepted professional standards in one of two medication carts and one of one medication storage room. Specifically, the facility failed to: Ensure medications were labeled with the date they were opened; -Ensure expired medications were disposed of; and, -Ensure there were no loose pills in the bottom of the medication cart's drawers. Findings include: I. Professional reference The United States Food and Drug Administration (USFDA) Don't Be Tempted to Use Expired Medicines (revised 10/31/24) was retrieved on 6/21/26 from https://www.fda.gov/drugs/special-features/dont-be-tempted-use-expired-medicines. It read in pertinent part, Expired medical products can be less effective or risky due to a change in chemical composition or a decrease in strength. Certain expired medications are at risk of bacterial growth, and subpotent antibiotics can fail to treat infections, leading to more serious illnesses and antibiotic resistance. Once the expiration date has passed, there is no guarantee that the medicine will be safe and effective. If your medicine has expired, do not use it. According to the manufacturer's recommendations for Latanoprost 0.005% ophthalmic solution, retrieved 7/21/26 from https://www.accessdata.fda.gov/drugsatfda_docs/label/2012/020597s044lbl.pdf, Once a bottle is opened for use, it may be stored at room temperature up to 25 degrees Celsius (C)/77 degrees Fahrenheit (F) for six weeks. According to the manufacturer's recommendations for Flonase, retrieved on 6/21/26 from https://www.flonase.com/products/sensimist/faqs/, Flonase Sensimist: A 60-spray bottle will last you two weeks and a 120-spray bottle will last you four weeks. Standard Flonase/Fluticasone Propionate is good for up to 60 days after opening. According to Health Direct Pharmacy Services (6/22/26), RX Guides: Select Medications with Shortened Expiration Dates., retrieved on 6/24/26 from https://www.hdrxservices.com/rx-guides-select-medications-with-shortened-expiration-dates/ Ipratropium Albuterol three months after first actuation or when the device locks out. According to the manufacturer's recommendations for azelastine HCl ophthalmic solution 0.05%, retrieved on 6/24/26 from https://www.medicines.org.uk/emc/files/pil.11152.pdf, Once opened: Do not use this medicine if the bottle has been open for longer than 28 days. This medicine does not require any special storage conditions. II. Facility policy and procedure The Medication storage policy, dated 10/1/23, was provided by the nursing home administrator (NHA) on 6/11/26 at 4:21 p.m. It revealed in pertinent part, All medications dispensed by the pharmacy are stored in the container with the pharmacy label. Outdated medications are immediately removed from inventory and disposed of in accordance with medication disposal procedures. Medication storage conditions are monitored every month by the consultant pharmacist. Multiple-dose ophthalmic products, once opened, require an expiration date that is shorter than the manufacturer's expiration date to ensure medication purity and potency. When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated. The nurse shall place a 'Date opened' sticker and enter the date opened and the new date of expiration. The expiration date of the vial or container will be 30 days unless the manufacturer recommends another date or regulations/guidelines require different dating. III. Observations The medication room was observed with the director of nursing (DON) on 6/11/26 at 11:29 p.m. The following item was found: -One bottle of latanoprost 0.005% eye drops which expired on 1/25/26. Medication cart one was observed with registered nurse (RN) #5 on 6/11/26 at 2:00 p.m. The (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	following items were found:-One bottle of latanoprost ophthalmic solution 0.005 % was not labeled with the date it was opened; -One bottle of fluticasone propionate nasal suspension 50 microgram per actuation (mcg/act) was not labeled with the date it was opened; -One bottle of fluticasone propionate nasal suspension 50 mcg/act was not labeled with the date it was opened;-Ipratropium-Albuterol Inhalation Solution 0.5-2.5 mg/3ml inhaler was not labeled with the date it was opened;-One bottle of azelastine HCl ophthalmic solution 0.05% was not labeled with the date it was opened; and,-One bottle of fluticasone propionate nasal suspension was not labeled with a resident's name or the date it was opened. -There were 33 unidentified pills loose on the bottom of the medication cart's first and second drawers.IV. Staff interviewsRN #5 was interviewed on 6/11/26 at 2:20 p.m. RN#5 said the nurse who opens a medication should mark the open date and expiration date on the medication. He said each nurse on their shift should clean the medication carts. He said the night nurses should be checking for expiration dates and open dates on the medication. He said expiration dates should be clearly marked to prevent administration of expired medication. He said if medications were expired, the medication may not be effective. RN #5 said the pharmacy consultant completed monthly rounds to check medication expiration dates. The DON was interviewed on 6/11/26 at 3:29 p.m The DON said the night shift nurses had the task of checking the medication room and the medication carts for open dates and expiration dates on medications. She said all the nurses should clean the medication carts on their shift. The DON said the night shift nurses should discard expired medications according to the policy. She said the pharmacy consultant completed a monthly audit of the medication carts and medication room. The DON said expired medications may not be as effective.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to provide an effective pest control program to ensure the facility was free of pests. Specifically, the facility failed to: -Ensure the facility was kept free from mice, spiders and other insects; and,-Consistently follow recommendations from the pest control company to decrease the potential for mice, spiders and other insects to enter the facility. Findings include: I. Professional reference According to the Centers for Disease Control(CDC) Guidelines for Environmental Infection Control in Health-Care Facilities (revised July 2019), retrieved on 6/19/26 from https://www.cdc.gov/infection-control/media/pdfs/Guideline-Environmental-H.pdf, From a public health and hygiene perspective, pests should be eradicated from all indoor environments. Approaches to institutional pest management should focus on: eliminating food sources, indoor habitats, and other conditions that attract pests; excluding pests from entering the indoor environments; and applying pesticides as needed. Rodents can transmit viruses such as lymphocytic choriomeningitis, bacteria such as campylobacteriosis, leptospirosis, plague, salmonellosis, tularemia, yersiniosis, and fungi such as dermatophytosis. Spiders and mice are among the typical arthropod and vertebrate pest populations found in health-care facilities. Insects can serve as agents for the mechanical transmission of microorganisms or as active participants in the disease transmission process as vectors. Sealing windows helps to minimize insect intrusion. When windows need to be opened for ventilation, ensuring that screens are in good repair and closing doors to the outside can help with pest control. A pest-control specialist with appropriate credentials can provide a regular insect-control program that is tailored to the needs of the facility and uses approved chemicals and/or physical methods.II. Facility policy and procedure The Pest Control Program policy, dated January 2025 and revised 6/9/26, was received from the nursing home administrator (NHA) on 6/17/26 at 11:02 a.m. It read in pertinent part, The policy is to maintain an effective pest control program that eradicates and contains common household pests and rodents. The facility will maintain a written agreement with a qualified outside pest service to provide comprehensive pest control services on a regular and scheduled basis. The facility will utilize a variety of methods in controlling certain seasonal pests. These will involve indoor and outdoor methods that are deemed appropriate by the outside pest service and state and federal regulations.III. Facility observations staff interview On 6/10/26 at 8:51 a.m. a tour of the kitchen was conducted. The door to the alleyway in the back of the kitchen was observed to be propped open and no staff members were walking in or out of the doorway. On 6/10/26 at 9:21 a.m. a gap was observed under the emergency exit door at the end of the [NAME] hallway, which exited to the outside of the facility. There was daylight visible through the gap. On 6/10/26 at 2:40 p.m. a spider was observed crawling on the floor in the middle of the hallway at the intersection of the Silverthorn and Aspen unit hallways. Resident #51 was walking with a member of the therapy staff. The therapy staff member crushed the spider with her shoe. Resident #51 told the therapy staff member that she had seen spiders in her room. On 6/10/26 at 3:22 p.m. a large spider was observed by the doorframe of the exit door at the eastern end of the [NAME] hallway. On 6/12/26 at 1:30 p.m. there were two mousetrap boxes observed on the floor at the end of the 100 hallway. On 6/16/26 at 11:53, following an initial interview (see interview below), the maintenance director went to Resident #3 and Resident #7's shared room. The maintenance director said that there were no spiders in that room. He said that there were sticky traps in the residents' room because when one resident requested a sticky trap, they were placed in every residents' (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	room. Resident #7 said she did see spiders in their room. Resident #3 said she saw a centipede at night but she had not yet reported it. The maintenance director proceeded to remove the sticky traps that had been placed under each sink in Resident #3's room. He confirmed that the first sticky trap had one spider and mouse droppings on it and the second sticky trap had bugs and mouse droppings on it. The maintenance director said the sticky traps were changed out every Friday. He said he would spray for insects when the NHA asked him to spray. During the interview, a bug was observed walking across the floor. The maintenance director said the bug was a glow bug. IV. Resident interviews and observations Resident #51 was interviewed on 6/10/26 at 10:55 a.m. Resident #51 said she had spiders in her room and saw them every day. Resident #51 said she had previously had an ant issue in her room and the sanitary conditions of the facility left something to be desired. A glue trap was observed under Resident #51's sink. The glue trap had several spiders of varying sizes on it and a spider was observed walking across the resident's wall during the interview. Resident #27 was interviewed on 6/10/26 at 4:56 p.m. Resident #27 said he had seen a mouse in his room and the last time he had seen it was two days (6/8/26) ago, around 3:00 p.m., by the radiator. During the interview, several mouse droppings were observed by the window sill and under the sink. There was a mouse trap underneath the radiator and under the sink. Resident #27 said he did not like having a mouse in his room. Resident #7 was interviewed on 6/11/26 at 9:41 a.m. Resident #7 said she had seen a spider on her bed the other day and said she had seen several large spiders crawling under her bed and on her walls. During the interview, a glue trap was observed under the resident's sink. The glue trap contained several mouse droppings on it. Resident #48 was interviewed on 6/11/26 at 9:50 a.m. Resident #48 said she had mouse droppings in her room. She said she reported it to the facility staff. Resident #48 said she cleaned out her room and removed all food from her room to try to eliminate the mouse problem. Resident #25 was interviewed on 6/11/26 at 10:00 a.m. Resident #25 said she had seen mouse droppings in her room and she had cleaned out all her food from her room. She said she did not have any food in her drawers. Resident #25 said she hoped not to see any more mice because she did not like them. Resident #3 was interviewed on 6/11/26 at 10:18 a.m. Resident #3 said she had seen a bug parade on her floor this morning (6/11/26). She said she had seen several insects crawling along her floor. V. Resident group interview Six residents (#43, #56, #1, #19, #23 and #27) who frequently attended the monthly resident council meetings and who were identified as alert and oriented by facility and assessment were interviewed on 6/15/26 at 10:01 a.m. Resident #19 and Resident #43 both reported seeing spiders in their rooms and both residents said they had been bitten by spiders in the facility recently. Resident #1 and Resident #19 said the facility had tons of mice. Resident #19 said the residents had been voicing their concerns about mice each month in resident council meetings since January 2026. Resident #19 said he had found several mice in his room and had seen mouse feces on his bed. He said the way the facility was trying to treat the mice problem was not working. Resident #27 said he saw mice running from resident room to resident room and down the facility's hallways. VI. Resident council meeting minutes Review of the facility's resident council meeting minutes, from December 2025 through May 2026 revealed the following: The 12/29/25 resident council meeting minutes documented there was a continued mouse problem and the facility would continue checking the traps and putting new traps down. The 1/15/26 resident council meeting minutes documented would continue to monitor mice in the building and the mouse traps. The minutes did not identify that the concern regarding the mouse problem had been resolved. The 2/19/26 resident council meeting minutes did not identify that the facility's mouse problem had been discussed at the meeting or that the concern regarding the mouse problem had been resolved. The March 2026 (no day specified) resident council meeting minutes documented there were no (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	unresolved issues from the February 2026 resident council meeting. However, the meeting minutes additionally documented that maintenance would continue checking the mouse traps daily. The April 2026 (no day specified) resident council meeting minutes did not identify that the facility's mouse problem had been discussed at the meeting or that the concern regarding the mouse problem had been resolved. The 5/21/26 resident council meeting minutes documented that mouse traps in resident rooms had been observed to have mouse activity and the traps were checked daily. -Review of the resident council meeting minutes, from December 2025 through May 2026 did not identify that the facility was attempting to address the mouse problem in other ways besides placing and checking mouse traps. VII. Additional record review Review of pest control service invoices were provided by the facility for 1/13/26, 2/5/26, 3/6/26, 4/15/26, 5/8/26 and 6/1/26. The 4/25/26 pest control service invoice documented that the pest control company identified an area in the facility that had a door gap and a door that was open when it was not in use. The recommendation was for the facility to add/repair the door sweep (the plastic or rubber part that attaches to the bottom of the door). Additionally, the 4/15/26 pest control service invoice documented the pest control company identified a second area in the facility that had a door gap. The recommendation was for the facility to seal the gap. The 5/8/26 pest control service invoice documented the pest control company identified that the door to the dumpster area outside the facility had a door gap and was observed to be open when not in use. The service invoice documented the concern remained an open action issue from the April 2026 service visit. The recommendations were for the facility to add/repair the door sweep and keep the door closed. The service invoice documented that a resolution by the facility was needed. The 6/1/26 pest control service invoice documented the openings around the penetration points (entry points into the facility) remained an open action issue from the April 2026 visit and the status of the resolution was still pending. -However, observations during the survey revealed the door to the alleyway in the back of the kitchen was propped open when it was not in use and there was a gap under the emergency exit door at the end of the [NAME] hallway, which exited to the outside of the facility (see facility observations above). VIII. Staff interviews Certified nurse aide (CNA) #1 was interviewed on 6/15/26 at 11:40 a.m. CNA #1 said he had seen a spider in the charting room. He said he killed it and disposed of it. CNA #1 said he did not report it. CNA #1 said he had heard discussions about mice being an issue in the facility from residents and other staff members. Housekeeper (HK) #1 was interviewed on 6/16/26 at 11:15 a.m. HK #1 said she had heard residents complain about mice. She said she attended the resident council meetings and had heard the residents' discussion of pests leaving droppings in the residents' rooms. The maintenance director was interviewed on 6/16/26 at 11:45 a.m. The maintenance director said the pest control company came to the facility monthly to address the issues with mice. He said he called the pest control company to come out more frequently when needed. He said he had requested two additional mousetrap boxes for the facility and said the facility had a total of six mousetrap boxes. He said he had requested that housekeeping frequently check the residents' rooms and floors after meals to sweep up and clean crumbs. The maintenance director said he had not seen any notes regarding doors being left open or other recommendations on the pest control invoices. The maintenance director said when he received invoices from the pest control company, he looked at what services were provided and what they cost. He said he must have missed the notes in the service invoices regarding the pest control company's recommendations (see record review above).		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to document resuscitation choices accurately in the medical record for two (#5 and #40) of 24 residents reviewed out of 41 sample residents. Specially, the facility failed to:-Ensure Resident #5's medical orders for scope of treatment (MOST) form matched the computerized physician orders (CPO) for cardiopulmonary resuscitation (CPR); and,-Ensure Resident #40's MOST form matched the CPO for no CPR. Findings include:I. Facility policy and procedureThe Advanced Directives policy and procedure, revised [DATE], was received from the director of nursing (DON) on [DATE] at 11:02 a.m. It read in pertinent part, Once the advanced directive or information regarding resident preferences regarding treatment options is received by the facility, it will be confirmed in the resident medical record and communicated to members of the care plan team. The facility will also notify the attending physician of advanced directives so that, if necessary, appropriate orders can be documented in the resident's medical record and plan of care.II. Resident #5A. Resident statusResident #5, age [AGE], was admitted on [DATE]. According to the [DATE] CPO, diagnoses included chronic obstructive pulmonary disease, chronic kidney disease, dementia and Alzheimer's disease. The [DATE] minimum data set (MDS) assessment revealed the resident had moderate cognitive impairments with a brief interview for mental status (BIMS) score of 10 out of 15. B. Resident's representative interviewResident #5's representative, who was the resident's power of attorney (POA) was interviewed on [DATE] at 2:24 p.m. The resident's representative said she was not sure if she had filled out any documentation regarding her wishes for Resident #5's code status (a set of medical orders directing what life-saving interventions a healthcare team should perform if a patient's heart or breathing stops) when he first admitted to the facility. The resident's representative said she would want Resident #5 to receive CPR at that moment because he was still strong, but said her decision would depend on what his condition was at the time of the event.C. Record reviewResident #5's MOST form, located in the advance directive binder at the nurses' station and uploaded into the resident's electronic medical record (EMR), revealed it was signed and dated on [DATE] by the resident's POA. The MOST form indicated the resident's/POA's wishes were for Resident #5 to receive CPR with full treatment, including intravenous (IV) antibiotics and fluids and intubation. -However, review of Resident #5's [DATE] CPO revealed a physician's order for do not attempt resuscitation (DNR), ordered [DATE] and signed by Resident #5's physician on [DATE].Another MOST form for Resident #5, dated [DATE], was uploaded to Resident #5's EMR on [DATE] (during the survey process). The MOST form was signed by Resident #5's POA on [DATE]. The MOST form indicated no CPR and comfort-focused treatment, which included relieving pain using medication and manual treatment of airway obstruction. The form documented the director of nursing (DON) had reviewed the form on [DATE] and no changes had been made.-However, a second MOST form had been created and uploaded on [DATE] which indicated Resident #5's POA did elect for the resident to receive CPR (see above). III. Resident #40A. Resident statusResident #40, age [AGE], was admitted on [DATE] and discharged to independent living on [DATE]. According to the [DATE] CPO, diagnoses included fracture of right tibia, type 2 diabetes and atherosclerotic heart disease (plaque build-up inside the arteries that supply blood to the heart).The [DATE] MDS assessment revealed the resident was cognitively intact with a BIMS score of 13 out of 15. B. Resident interviewResident #40 was interviewed on [DATE] at 10:28 a.m. Resident #40 said he had indicated on his admission paperwork that he did not want to receive CPR. Resident #40 said he (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	had changed his decision a few days ago and elected to receive CPR without extreme measures.-However, a new MOST form was not completed for Resident #40 to reflect the update in his CPR elections (see record review below). -Additionally, Resident #40's EMR and [DATE] CPO did not reflect his CPR elections on admission (see record review below).C. Record reviewResident #40's MOST form, located in the advance directive binder at the nurses' station and uploaded into the resident's EMR, revealed it was signed and dated on [DATE] by the resident. The MOST form indicated the resident's wishes were for no CPR with comfort-focused treatment which included do not intubate and to avoid intensive care. Review of Resident #40's [DATE] CPO revealed the following physician's orders:CPR/Full code, ordered [DATE] and discontinued [DATE]; and,DNR/comfort measures, ordered [DATE] (during the survey process).-Resident #40's physician's order for code status was not updated to match what he elected on his [DATE] MOST form (DNR) until [DATE], during the survey process, and the day of the resident's discharge from the facility.IV. Staff interviewsLicensed practical nurse (LPN) #1 was interviewed on [DATE] at 2:49 p.m. LPN #1 said the charge nurse was the person responsible for going through all of the newly admitted residents' paperwork and uploading the information into their EMRs. He said the DON would follow up to ensure it was entered correctly. LPN #1 said the facility kept a physical copy of residents' MOST forms in a binder at the nurses' station. LPN #1 said in an emergency, he would generally check a resident's EMR for their code status information first because it was easier to access.Registered nurse (RN) #5, who also served as a charge nurse, was interviewed on [DATE] at 2:53 p.m. RN #5 said the medical records official was the person responsible for entering MOST form information for newly admitted residents. RN #5 said he would use the resident's EMR in an emergency to find their code status information and said he did not have to use the paper copy of the MOST form. RN #5 said if a resident wanted to change their code status, the staff would assist them in filling out a new MOST form. RN #5 retrieved the advanced directives binder from the nurses' station and found Resident #5's MOST form. He said the resident elected for a full code/CPR code status. RN #5 then found Resident #40's MOST form in the binder which he said documented the resident wanted no CPR and comfort care.-However, the MOST forms RN #5 found in the advanced directives binder did not match the physician's orders in the residents' EMRs (see above).The medical records official was interviewed on [DATE] at 3:07 p.m. The medical records official said the facility had recently changed how new admission paperwork was handled. The medical records official said the nursing staff went through the new admission paperwork with the residents and their families, and said the charge nurse now uploaded that information to the residents' EMRs. The medical records official said that documentation had previously come to her to be uploaded, but she had gotten too far behind in uploading it, and said the change in processes had happened the month prior ([DATE]). The medical records official said the nursing staff were the responsible parties for entering the physician's orders for whether the resident would receive CPR or was DNR in the resident's EMR. The DON was interviewed on [DATE] at 3:17 p.m. The DON said when a new resident was admitted to the facility, the charge nurse would take the resident their admission packet, including the MOST form, and go through the admission information with the resident. The DON said she and the assistant director of nursing (ADON) would then enter all of the resident's physician orders into their EMR. The DON said if a resident admitted with a MOST form, she would make sure those physician's orders for code status were entered into their EMR, and if any changes needed to be made to their existing MOST form, the physician's orders in their EMR would be changed. The DON said nursing staff should use the physical copy of the resident's MOST form in the case of an emergency to identify the resident's code status and treatment elections. The DON said the code status information in residents' EMRs should match (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	their MOST form. -However, interviews with nursing staff revealed they did not look for the physical copies of residents' MOST forms in the event of an emergency, but relied on the information in the residents' EMRs. The DON said she had identified the discrepancies between Resident #5 and Resident #40's MOST forms and their EMRs that day ([DATE]) and said she was not sure what happened. The DON said if a resident wanted to change their code status, they would need to fill out a new MOST form. The DON said Resident #40 had just spoken with his physician the day prior ([DATE]) and may have reviewed his code status elections at that time. The regional nurse consultant was interviewed on [DATE] at approximately 5:15 p.m. The regional nurse consultant said she had found another MOST form for Resident #5 tucked away in the advanced directives binder, which she said was the most accurate form for the resident and matched what was in his EMR. -However, the MOST form, dated [DATE], had been filled out prior to the newer MOST form available in the advanced directives binder for Resident #5 (see record review above). RN #4 was interviewed on [DATE] at 10:34 a.m. RN #4 said in the event of an emergency, she would look for a resident's code status information in their EMR. RN #4 said she thought there were also physical copies of residents' MOST forms in a binder at the nurse's station, but said she would look at the resident's EMR first because it was faster. The DON was interviewed a second time on [DATE] at 10:44 a.m. The DON said Resident #5 had been admitted to the facility with an existing MOST form (the form dated [DATE]). The DON said the regional nurse consultant had found Resident #5's MOST form, and said it revealed the resident's code status was DNR. The DON said the MOST form originally in Resident #5's EMR was filled out by the resident himself, while the form dated [DATE] was filled out by the resident's POA. The DON said since Resident #5 had cognitive impairments, the facility needed to use the MOST form filled out by his POA. -However, both the [DATE] and the [DATE] MOST forms were filled out and signed by Resident #5's POA. -Additionally, the physical copy of the version of Resident #5's MOST form the DON said was correct ([DATE]) was not readily available in the advanced directives binder at the nurses' station for staff to use. V. Facility follow-up The DON provided a copy of Resident #5's MOST form via email on [DATE] at 11:02 a.m., after the survey exit. The MOST form, dated [DATE], revealed Resident #5's code status had been reviewed again on [DATE] without any changes. The MOST form indicated Resident #5's representative elected not to have the resident receive CPR. -However, an interview with Resident #5's representative on [DATE] revealed she did not recall reviewing Resident #5's code status and wanted the resident to receive CPR at that time (see representative's interview above).		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to communicate effectively with the dialysis centers for one (#3) of two residents reviewed for dialysis out of 41 sample residents. Specifically, the facility failed to ensure pre- and post-dialysis assessments for Resident #3 were completed and documented per professional standards. Findings include: I. Facility policy and procedure The Renal Dialysis, Care of Resident, Hemodialysis Access Site policy and procedure, revised December 2025, was received from the director of nursing (DON) on 6/17/26 at 11:02 a.m. It read in pertinent part, The facility licensed nurse will complete the baseline information, pre- and post-dialysis section of the nurses dialysis communication record. Dialysis center licensed nurses will complete the dialysis center section of the nurses dialysis communication record. II. Resident #3A. Resident status Resident #3, age [AGE], was admitted on [DATE]. According to the June 2026 computerized physicians orders (CPO), diagnoses included end stage renal disease (the irreversible loss of 85% to 90% of kidney function, where the kidneys can no longer support life), type 2 diabetes mellitus, chronic respiratory failure and seizures. The 4/24/26 minimum data set (MDS) assessment revealed the resident had moderate cognitive impairments with a brief interview for mental status (BIMS) score of 12 out of 15. The resident required setup or cleanup assistance for most activities of daily living (ADL). The assessment documented the resident was receiving dialysis. B. Resident interview Resident #3 was interviewed on 6/11/26 at 9:26 a.m. Resident #3 said she had a dialysis binder at the nurses' station and said the nursing staff were supposed to fill out information in the binder each time before she went to dialysis. Resident #3 said the facility's nursing staff had not filled out her binder when she went to dialysis the day prior (6/10/26). Resident #3 said she kept asking the nursing staff to fill out her binder before her dialysis appointments because it was supposed to be done. Resident #3 said there was only one nurse who filled out her dialysis binder consistently. Resident #3 said the nursing staff usually assessed her blood pressure prior to her dialysis appointments but said she did not think they assessed it afterwards. Resident #3 said she felt frustrated and did not know why she had to keep reminding the nurses when it was supposed to be done, as the dialysis center staff appreciated seeing it was filled out. Resident #3 said there was an instance in December 2025 where the nursing staff had not looked at the notice posted on her dialysis binder from the dialysis center which revealed her dialysis appointment time had been changed due to an upcoming holiday. Resident #3 said she was still able to attend her appointment because the outside transportation company had arrived to pick her up, but said she was late to her appointment because the nursing staff had not prepared her to go to the appointment. Resident #3 said she should not have to do the facility nursing staff's job for them. C. Record review The dialysis care plan, revised 9/10/25, revealed Resident #3 needed dialysis to treat her end stage renal disease. Pertinent interventions included encouraging Resident #3 to go to her scheduled appointments on Mondays, Wednesdays and Fridays, checking the resident's arteriovenous fistula every day for bruit (low pitched whooshing sound heard with a stethoscope over a fistula indicating healthy blood flow through the vascular access site) or thrill (physical vibration or buzzing sensation felt with the fingertips over a vascular access site), and monitoring, documenting and reporting to the physician any signs of bleeding, hemorrhage, bacteremia or septic shock. Review of Resident #3's June 2026 CPO revealed the following physician's order: Send Resident #3 with dialysis communication form. If the form is not returned, call the dialysis center and ask for it to be faxed to the facility, ordered 10/17/25 and revised 6/10/26 at 10:22 a.m. (during the survey process). Review of Resident #3's (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dialysis communications forms, from 3/11/26 to 6/12/26, revealed the forms consisted of a pre-dialysis assessment section and a section which gave information and assessment results during the dialysis treatment. The pre-dialysis section was to be filled out by facility nursing staff and contained information about vital signs, weight, blood glucose level, assessment of the access site (the surgically created point on the body where blood was removed and returned during hemodialysis), the resident's diet, medications administered pre-dialysis, diet and time of last meal, and any meals sent with the resident to the dialysis center. The dialysis center section of the communication form was to be filled out by dialysis staff. The section consisted of the dialysis center name, nephrologist (specialized physician who diagnoses and treats kidney diseases), vital signs taken, condition of the access site, whether or not a bruit and thrill were present, type of vascular access site, and notes about amount of food consumed during the dialysis procedure. Review of Resident #3's dialysis communication forms revealed the following: The pre-dialysis center information was not filled out in its entirety on 3/11/26. The dialysis center information section was not filled out and was blank or nearly blank on 4/8/26, 4/13/26 and 4/15/26. No dialysis communication form was provided, the pre-dialysis information was not filled out and the dialysis center wrote resident assessment information on a sticky note or blank piece of paper on 3/13/26, 3/16/26, 3/20/26, 3/23/26, and 6/10/26. Review of Resident #3's electronic medical record (EMR) did not reveal documentation to indicate the dialysis center information, from 4/8/26 through 4/15/26, had been obtained or recorded by the facility. Review of Resident #3's EMR did not reveal documentation to indicate Resident #3 was assessed or had her vital signs obtained consistently after dialysis, from 3/11/26 through 6/8/26. Review of Resident #3's June 2026 medication administration record (MAR), from 6/1/26 through 6/15/26, revealed the following: Resident #3's vital signs were measured at 3:00 p.m. (pre-dialysis) and at 7:30 p.m. (post-dialysis) on 6/10/26, 6/12/26 and 6/15/26 and recorded in the order to send Resident #3 with her dialysis form. No other vital signs were recorded in the MAR before or after Resident #3's dialysis appointments from 6/1/26 through 6/8/26. III. Staff interviews Registered nurse (RN) #1 was interviewed on 6/16/26 at 9:54 a.m. RN #1 said Resident #3 went to her dialysis appointments on Mondays, Wednesdays and Fridays each week. RN #1 said she checked Resident #3's vital signs before and after her dialysis appointments and recorded them in her dialysis binder and in her EMR. RN #4 was interviewed on 6/16/26 at 10:34 a.m. RN #4 said residents receiving dialysis had a binder that was kept at the nurses' station. RN #4 said to prepare a resident to go to dialysis, she would make sure the resident was dressed and ready, get their face sheet and any medications, and assess the resident's vital signs. RN #4 said she would also assess the resident's vital signs when they returned from their dialysis appointments. RN #4 said she would document the resident's vital signs in their EMR. RN #4 said the nursing staff needed to obtain the resident's vital signs before and after their dialysis appointments to establish their baseline and to assess the resident's condition when they returned. The DON was interviewed on 6/16/26 at 10:44 a.m. The DON said there were dialysis communication sheets kept in the resident's dialysis binder. The DON said on dialysis days, there were orders in the resident's CPO to obtain vital signs before and after the dialysis appointment, monitor the shunt or fistula, and monitor pre- and post- dialysis weights. The DON said the nursing staff should record the resident's vital signs in the dialysis communication binder and in their MAR. The DON said she had noticed an issue with Resident #3's vital signs measurement order and had corrected it (on 6/10/26 during the survey process - see record review above). The DON said she expected the nursing staff to assess Resident #3's vital signs after she returned from dialysis to see how her body handled the dialysis appointment.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to ensure received routine dental care obtaining routine and 24-hour emergency dental care for one (#7) of three residents reviewed for ancillary services out of 41 sample residents. Specifically, the facility failed to provide dental services for Resident #7, who had been identified as having dental decay. Findings include: I. Facility policy and procedure The Dental Services policy and procedure, revised November 2019, was received from the director of nursing (DON) on 6/17/26 at 11:02 a.m. It read in pertinent part, It is the policy of this facility, in accordance with residents' needs, to promptly assist residents in obtaining routine (to the extent covered under the State plan) and emergency dental care. The facility will, if necessary or requested, assist the resident with making dental appointments and arranging transportation to and from the dental services location. All actions and information regarding dental services, including any delays related to obtaining dental services, will be documented in the resident's medical record. II. Resident #7A. Resident status Resident #7, age [AGE], was admitted on [DATE], discharged home on 3/20/26 and readmitted on [DATE]. According to the June 2026 computerized physician orders (CPO), diagnoses included cellulitis of the right lower limb, need for assistance with personal cares, epilepsy and adult failure to thrive. According to the 4/18/26 minimum data set (MDS) assessment, the resident was cognitively intact with a brief interview for mental status (BIMS) score of 15 out of 15. The resident required setup or cleanup assistance from staff for oral hygiene and required partial to maximal assistance from staff for most other activities of daily living (ADL). The assessment documented the resident had obvious or likely cavities or broken natural teeth. B. Resident interview and observations Resident #7 was interviewed on 6/11/26 at 9:41 a.m. Resident #7 said she had one tooth that felt tender. Resident #7 said she had seen the dental hygienist once but had not seen a dentist in a while. Resident #7 said she thought she should see a dentist. Resident #7 held the upper left side of her mouth as she spoke about her sore tooth. C. Record review The dental care plan, revised 4/20/26, revealed Resident #7 had oral/dental health problems resulting from poor oral hygiene. Pertinent interventions included coordinating arrangements for dental care and providing transportation as needed, and monitoring and reporting to Resident #7's physician any signs of oral/dental problems needing attention, including pain or her teeth being missing, loose, broken, eroded or decayed. A dental hygiene treatment chart, dated 9/18/25, revealed Resident #7 was seen by the dental hygienist for an exam and prophylaxis. Resident #7 was documented to have complained of upper left and lower right quadrant mouth pain. Resident #7 had severe inflammation, high decay rate, heavy bleeding, plaque and calculus and poor oral hygiene. Resident #7 had possible decay for teeth #3, #14 and #18. The note documented Resident #7 needed extractions and recommended an appointment for scaling and root planing (a dental cleaning procedure used to treat gum disease). A dental visit note, dated 10/8/25, revealed Resident #7 was seen by a dentist for a comprehensive exam. Resident #7 had moderate plaque accumulation throughout her dentition and moderate to severe bone loss. Resident #7 was interested in extracting tooth #15 (a tooth on the upper left quadrant) at her next visit. The dentist documented tooth #15 was not able to be restored, and had a fluoride application applied to the cavity surfaces. The dentist documented Resident #7's recommended treatments included a hygienist visit and extraction of tooth #15. The dentist documented Resident #7 would have tooth #15 extracted at her next visit. -However, review of Resident #7's electronic medical record (EMR) did not reveal documentation to indicate any follow-up dental appointments to remove tooth #15 were scheduled. A social services note, dated 11/28/25 at (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1:38 p.m., revealed Resident #7 was reviewed by the social services team. The note documented Resident #7 had last been seen for a dental exam on 10/8/25 and visited the dental hygienist on 9/18/25.-The note did not document any dental follow-up appointments were needed for Resident #7.A dental hygiene treatment chart, dated 12/9/25, revealed Resident #7 was seen by the dental hygienist for a scale and root planing. Resident #7 had severe inflammation, high decay rate, heavy bleeding, plaque and calculus and poor oral hygiene. Resident #7 had possible decay for tooth #15. The hygienist recommended Resident #7 have a visit for periodontal maintenance (a maintenance hygienist visit typically performed every three to four months to treat gum disease).-However, review of Resident #7's EMR did not reveal documentation to indicate any follow-up dental appointments were scheduled.A social services note, dated 2/26/26 at 3:30 p.m., revealed Resident #7 was reviewed by the social services team. The note documented Resident #7 had last been seen by the dentist on 12/9/25.-The note did not document any dental follow-up appointments were needed for Resident #7.A readmission assessment tool, dated 4/12/26 at 3:57 p.m., revealed Resident #7 was assessed by a member of the facility's nursing staff on admission. Resident #7's oral/dental status was not evaluated at the time.A social services progress note, dated 4/17/26 at 10:52 a.m., revealed Resident #7 was reviewed by the social services team. The note revealed Resident #7 did not have any immediate ancillary requests. A care plan review note, dated 4/17/26 at 3:10 p.m., revealed Resident #7 attended a care conference. The social services plan of care section of the review note revealed Resident #7 had last been seen for dental services on 12/9/25.-The note did not document any dental follow-up appointments were needed for Resident #7.A progress note, dated 5/22/26 at 1:59 p.m., revealed Resident #7 had obvious or likely cavities or broken natural teeth.Review of Resident #7's electronic medical record (EMR) did not reveal any care conference documentation or any documentation pertaining to dentistry referrals following her readmission on [DATE].III. Staff interviewsRegistered nurse (RN) #1 was interviewed on 6/16/26 at 9:54 a.m. RN #1 said the facility kept a list of residents who needed to see the dentist or other ancillary staff, and said the charge nurse was responsible for adding residents to those lists. RN #1 said the charge nurse would then let the nursing staff know who needed to go to which appointments after they were scheduled.A social services support staff member, who was filling in for the social services director (SSD), was interviewed on 6/16/26 at 10:04 a.m. The social services support staff member said the facility's dentist usually came in once per month. The social services support staff member said if a resident had an identified cavity or needed a dental appointment to examine a toothache and the dentist was not due to arrive soon, she would arrange for the resident to be seen by another dentist in the community. The social services support staff member said if a resident needed a tooth extracted and needed a follow-up appointment to have the tooth extracted, residents were sometimes referred to an oral surgeon. The social services support staff member said she usually tried to schedule the follow-up extraction appointments within a few days of the initial dental exam. The social services support staff member said she was not familiar with Resident #7 but would look into her case.RN #4 was interviewed on 6/16/26 at 10:34 a.m. RN #4 said if a resident told her they had any issues with their teeth, she would first assess the resident to see if the issue was urgent. RN #4 said after her assessment, she would let her charge nurse know about the issue. RN #4 said the facility kept a list of residents who needed to be seen by the dentist.The DON was interviewed on 6/16/26 at 10:44 a.m. The DON said the dentist came to the facility on a quarterly basis. The DON said if a resident attended an appointment and the provider recommended a follow-up visit, the charge nurse or assistant director of nursing (ADON) would identify that information on their discharge paperwork and submit it to the facility's scheduler to get the resident's appointment scheduled. The DON said she expected (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the SSD to follow up and ensure any follow-up dental appointments were scheduled. The DON said she was not aware of any dental issues for Resident #7.IV. Facility follow-upThe DON submitted additional information via email on 6/17/26 at 1:24 p.m. (after survey exit), including a written statement, care conference notes, dental records for Resident #7 (see record review above) and the resident's weight history. The written statement, undated, revealed Resident #7 had been seen by the dentist for a new patient comprehensive examination and fluoride application for tooth #15, at which time the dentist recommended Resident #7 have another hygiene visit and extraction of tooth #15. Resident #7 was seen again by the dental hygienist on 12/9/25 with a recommendation for perio-maintenance, which would have been due in March 2026 or April 2026, and was scheduled 3/25/26.The statement documented after the facility communicated with the dentistry service provider on 6/16/26 (during the survey process), they found since Resident #7 had been discharged from the facility on 3/20/26, her dental appointment on 3/25/26 was not able to be completed. Resident #7 was then added to the dentistry service provider's list to be seen by the dentist on 7/2/26 and the hygienist on 7/9/26. An email from the dentistry service provider, dated 6/17/26 at 12:22 p.m., revealed Resident #7 was initially scheduled to be seen by the dentist on 3/25/26, but her appointment had been canceled as the resident was discharged from the facility at that time. The service provider confirmed Resident #7 was on their schedule to be seen 7/9/26, and added she could be seen on 7/2/26 if her tooth needed to be extracted more emergently. -However, Resident #7 was not scheduled to be seen by the dentist until 6/16/26 (during the survey process), which was 59 days after the resident's MDS assessment identified she had decay or cavities and 27 weeks after Resident #7's dentist recommended she have tooth #15 extracted.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Medallion Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observations, record review and staff interviews, the facility failed to ensure staffing information was posted in a prominent place, readily accessible to residents and visitors. Specifically, the facility failed to ensure the correct nurse staffing information was updated daily. Findings include: I. Observations Observations in the facility on 6/11/26 at 9:30 a.m. revealed the nurse staffing information was posted, however, the date on the posting was 5/18/26 with a census of 59 residents. Observations in the facility on 6/15/26 at 9:08 a.m. revealed the nurse staffing information was posted, however, the date on the posting was 5/18/26 with a census of 59 residents. -The facility failed to update the actual working hours for the nursing staff, the date of the information and the resident census (the facility's census during the survey was 57 residents). II. Staff interview The director of nursing (DON) was interviewed on 6/15/26 at 10:10 a.m. The DON said the scheduler was responsible for updating the daily nurse staff posting but she was on a leave of absence. She said since the scheduler was out on leave, the charge nurse was responsible for updating the posting. She said she did not think about ensuring the charge nurse was completing the task. She said the nurse staffing information posting had not been updated since 5/18/26. She said she would immediately update the posting and ensure it was completed daily.		