

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Fountain View Rehabilitation and Nursing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2438 E Fountain Blvd Colorado Springs, CO 80910	

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. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observations 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. Findings include:</p> <p>I. Facility policy and procedure: The Call Lights: Accessibility and Timely Response policy and procedure, dated 4/11/25, was provided by the nursing home administrator (NHA) on 12/11/25 at 9:17 a.m. It read in pertinent part, All staff members who see or hear an activated call light are responsible for responding. If the staff member cannot provide what the resident desires, the appropriate personnel should be notified.</p> <p>II. Resident interviews: Resident #10 was interviewed on 12/10/25 at 11:25 a.m. Resident #10 said the staff sometimes took a while to respond to her call light. Resident #10 said the average response time when she activated her call light was about two hours, but sometimes the staff took up to three hours to get to her. Resident #13 was interviewed on 12/10/25 at 3:30 p.m. Resident #13 said the staff's response times to call lights ranged from five minutes to fifty minutes, and varied a lot. Resident #13 said he was worried about the residents who were in their rooms alone and what would happen to them if they needed help and staff took that long to respond. Resident #13 said the night shift staff were the slower shift when responding to call lights. Resident #5 was interviewed on 12/11/25 at 9:57 a.m. Resident #5 said the facility staff took a long time to answer his call lights, especially at night. Resident #5 said he felt like the staff on duty were too overtasked, and there were not enough certified nurse aides (CNA) to help everyone. Resident #5 said he had waited up to two hours for someone to answer his call light. Resident #5 said the resident council had brought up the issue of call lights the day prior (12/10/25) and the facility management said they were working on call light response times. Resident #5 said he used his call light to get out of bed or get out of his wheelchair. Resident #17 was interviewed on 12/11/25 at 12:03 p.m. Resident #17 said the staff took a long time to answer his call lights. Resident #17 said the facility staff took anywhere from thirty minutes to one hour to answer his call light, and took longer at night. Resident #17 said he experienced a fall one time and the staff took thirty minutes to come in and assist him back up. Resident #17 said he had filed a grievance about the issue six weeks prior, and a staff member had come to talk to him about the grievance yesterday (12/10/25) and told him they were getting more staff to help with the issue. Resident #17 said he used his call light to ask for help getting out of bed and to have his urinal emptied. Resident #16 was interviewed on 12/11/25 at 1:00 p.m. Resident #16 said he was frustrated with the length of time it took staff to answer his call lights. Resident #16 said the weekend prior (12/6/25) he had sat for almost two hours soaking in diarrhea in his bed, and again for an additional hour later the same day. Resident #16 said in the first instance, he activated his call light after he soiled himself, and a nurse checked on him 30 minutes later to see what he needed. Resident #16 said the nurse left to find a CNA to help Resident #16 change his brief, however no one showed up for another hour. Resident #16 said later that day he had another bout of diarrhea and activated his call light again. Resident #16 said after 30 minutes he called the front desk to ask for help. Resident #16 said a similar instance had happened the weekend before that (11/29/25) in which he sat in a urine-soaked brief for an hour and 55 minutes before someone came to help him. Resident #16 said he had called the front desk three different times to have someone come help him that day. Resident #16 said the skin on his scrotum was burned because he was left soaking in urine and diarrhea for extended periods. Resident #16 said when the nurse cleaned him up that day, his scrotum was blistered and he cried because it hurt so badly. Resident #16 said he was upset because his scrotum had previously been irritated but was just starting to heal when these incontinence episodes occurred. Resident #16 said he felt terrible, anxious and stressed out waiting for the staff to come help him change his brief.</p> <p>III. Frequent visitor interview: A frequent visitor to the facility was interviewed on 12/11/25 at 9:07 a.m. The frequent visitor said there had been concerns from residents about long call wait times since the end of October 2025. The frequent visitor said one resident had fallen and waited 45 minutes for someone to answer his call light and assist him back up. The frequent visitor said multiple residents had shared with her that they waited up to two hours for their call lights to be answered, and the facility had not responded to their grievance forms they had filled out.</p> <p>IV. Record review: Facility grievances pertaining to call lights were provided by the NHA on 12/11/25 at 9:17 a.m. and revealed the following: A grievance from Resident #16, dated 12/10/25, revealed Resident #16 reported he experienced long call light wait times after incontinence episodes on 12/6/25 and 12/7/25. Resident #16's skin in his peri-area was observed on 12/10/25 with no open areas identified. The grievance</p>		