

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER Kiowa Hills Rehabilitation and Nursing, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 924 W Kiowa St Colorado Springs, CO 80905	

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. (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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure one (#1) of three residents with limited range of motion receive appropriate treatment and services out of seven sample residents. Specifically, the facility failed to ensure Resident #1 received restorative services according to the physical therapy recommendations. Findings include: I. Resident #1A. Resident status Resident #1, age less than 65, was admitted on [DATE] and readmitted on [DATE]. According to the October 2025 computerized physician orders (CPO), the diagnoses included hemiplegia and hemiparesis affecting the left side, major depressive disorder and type two diabetes mellitus. The 8/21/25 minimum data set (MDS) assessment revealed the resident was cognitively intact with a brief interview for mental status (BIMS) score of 13 out of 15. She required substantial to maximum assistance with toileting, personal hygiene and transfers and partial to moderate assistance with bathing and dressing. B. Resident and resident representative interview Resident #1 and her representative were interviewed together on 10/30/25 at 1:20 pm. Resident #1 said she did not receive therapy consistently. She said she felt she would not be able to maintain her current abilities if the facility staff did not provide restorative therapy consistently. She said she was frustrated and felt the facility did not listen to her concerns. C. Record review The 9/25/25 physical therapy discharge notes documented a recommendation of a restorative ambulation program with ambulation five times per week for six weeks with a hemi-walker with contact guard assistance (CGA) and a wheelchair in tow while on even surfaces to maintain the resident's current level of function. It documented the resident had an excellent prognosis to maintain her current level of function with consistent staff support. The October 2025 restorative nursing notes documented Resident #1 received restorative therapy on 13 occasions out of 22 opportunities. II. Staff interviews Restorative nursing aide (RNA) #1 was interviewed on 10/30/25 at 2:13 p.m. He said he had worked at the facility for six years and provided restorative services for residents. RNA #1 said the therapy department developed the restorative therapy program for each resident and then he was responsible to execute the program. RNA #1 said Resident #1 enjoyed her restorative therapy program. He said Resident #1 was on a program to receive ambulation five days per week. He said he was not able to provide restorative therapy services to the resident according to the resident's plan. He said he got pulled from providing restorative therapy to go with other residents to outside therapy appointments and to work the floor. He said it was difficult to provide restorative services because of those reasons. He said Resident #1 had not been given restorative services according to the plan because he was not always available to provide the treatment. The director of nursing (DON) was interviewed on 10/30/25 at 3:20 p.m. The DON said the therapy department developed each restorative program and provided it to the RNA to execute. She said RNA #1 was pulled to the floor, to other outside appointments and worked the floor as needed. The DON said she was not aware Resident #1's restorative program was scheduled for five days per week. She said Resident #1 should receive the restorative program five days per week, which was the recommended program by the physical therapy department. The DON said it was important to complete the restorative program to maintain the resident's current level of function.</p>		