

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065225	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Colonial Rehabilitation and Nursing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1340 E Fillmore St Colorado Springs, CO 80907	

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)
<p>F 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to choose his or her attending physician.</p> <p>47536</p> <p>Based on interviews and record review, the facility failed to ensure residents had the right to choose his or her preferred attending physician for four (#1, #2, #3 and #4) of six residents out of 12 sample residents.</p> <p>Specifically, the facility failed to assist residents to make an informed choice for selecting their attending physician when the facility changed medical provider groups.</p> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Resident Rights policy, revised December 2016, was provided by the regional nurse consultant (RNC) on 10/16/24 at 2:48 p.m. It read in pertinent part, Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident ' s right to be informed about his or her rights, be informed of, choose an attending physician, and participate in decision-making regarding his or her care.</p> <p>II. Resident interviews</p> <p>Resident #4, who was cognitively intact based on facility assessment, was interviewed on 10/16/24 at 1:12 p. m. Resident #4 said she was aware her attending physician had changed. She said she was not offered a choice for a new physician and did not recall the facility obtaining her consent to select the attending physician of her choice.</p> <p>Resident #4 said she was not informed she had the right to select her preferred attending physician and the facility had not informed her which physicians would be covered by her insurance.</p> <p>Resident #2, who was cognitively intact based on facility assessment, was interviewed on 10/16/24 at 1:24 p. m. Resident #2 said she was aware her physician had changed. She said she was offered a choice of a new physician but not the physician she preferred.</p> <p>Resident #2 said she was not informed she had the right to select the attending physician of her choice. She said she did not recall the facility notified which physicians would be covered by her insurance.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>III. Record review</p> <p>The electronic medical records (EMR) for Resident #1, #2, #3 and #4 were reviewed. There was an undated and unsigned provider choice document in each of the residents ' EMRs.</p> <p>The document read in pertinent part,</p> <p>We are proud to announce we have two new medical providers for you to choose from, please see below.</p> <p>Please let us know which provider you would like to have as your physician.</p> <p>I, (resident name), have decided I would like to have, one of the two physicians on the form, as my selected physician.</p> <p>Each of the forms were completed by the facility ' s social services director (SSD) and were not signed by the residents or the residents ' legal representatives.</p> <p>-The facility was unable to provide documentation the Residents #1, #2, #3, and #4 and/or their responsible parties had been informed about the change in attending physician and the residents' permission was obtained with informed consent to change the attending physicians.</p> <p>IV. Staff interviews</p> <p>The nursing home administrator (NHA) was interviewed on 10/17/24 at 8:20 a.m. The NHA said the previous facility owner contracted with a new medical group to provide primary care for the facility ' s residents around July 2024. The NHA said the previous owner would not allow residents to choose a physician outside of the newly contracted medical group.</p> <p>The NHA said the facility changed ownership on 9/1/24 and ended the contract with the previous medical group. The NHA said in September 2024, the facility arranged to have two new physicians assume primary care for the residents.</p> <p>The SSD was interviewed on 10/17/24 at 8:46 a.m. The SSD said in September 2024 she and her assistant met with each resident and assisted them in choosing a new attending physician. The SSD said, when she met with the residents, she told each resident they had a right to select a physician of their choice but did not include information for which physicians were covered by their insurance. She said if the resident was undecided which physician to choose, she reviewed the provider choice document with them and then the residents made their choice of one of the two listed physicians. The SSD said she completed the provider choice forms for each resident and the form reflected each residents ' choice for attending physician.</p>		