

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 03/09/2026
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on record review and interviews, the facility failed to use the services of a registered nurse (RN) for at least eight consecutive hours, seven days a week. Specifically, the facility failed to schedule a RN for at least eight consecutive hours on 3/2/26, 3/3/26 and 3/4/26. Findings include: I. Record review A review of the 3/2/26, 3/3/26 and 3/4/26 nursing staff schedule revealed there were no RNs scheduled to work on those three days. II. Staff interview The nursing home administrator (NHA) was interviewed on 3/9/26 at 2:55 p.m. and said there were no RNs available in the facility for 3/2/26, 3/3/26 and 3/4/26, while the director of nursing (DON) was on vacation. The NHA said the scheduling coordinator was responsible for the staffing schedule to ensure a RN was available for at least eight hours a day. The NHA said a RN had been scheduled to work the night shift on 3/5/26 and 3/6/26 and the scheduler would ensure a RN was scheduled at least eight consecutive hours a day in the future.</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