| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065245 | A. Building<br>B. Wing | 06/16/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Columbine West Health and Rehab LLC | 940 Worthington Cir<br>Fort Collins, CO 80526 |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to ensure all drugs and biologicals were properly stored, secured, and labeled in accordance with accepted professional standards in two of four medication storage carts and two of two storage closets. Specifically, the facility failed to:<br>-Ensure medications were labeled with the date they were opened;-Ensure expired medication were removed and discarded from the medication carts; and,-Ensure medications were stored in a secured area.<br><br>Findings include:<br><br>I. Professional reference<br><br>The PharMerica (1/12/25) Abridged List of Medications with Shortened Expirations Dates, was retrieved on 6/17/26 from<br><br>chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://pharmerica.com/wp-content/uploads/2025/01/PM It read in pertinent part,<br><br>Once certain products are opened and in use, they must be used within a specific timeframe to avoid reduced stability, sterility and potentially reduced efficacy. Product-specific storage and expiration details can be found in the drug product's package insert under the 'How Supplied/Storage & Handling' section. A drug product's beyond use date (BUD) is the manufacturer supplied expiration date or the shortened date after opening, whichever comes first. These in-use medications should be labeled such that the date opened is noted, clearly visible and securely attached to a part of the package to not be discarded. This date is to be referenced when auditing to clear medications prior to expiration.<br><br>The Pharmcare USA's (4/9/23) Medication Disposal Practices in Assisted Living and Long Term Care, was retrieved on 6/17/26 from https://pharmcareusa.com/education/medication-disposal-practices-in-assisted-living-ltc/. It read in pertinent part,<br><br>When medications are not disposed of correctly, they can pose serious threats to both human health and the environment. Improper disposal can lead to accidental ingestions, overdose and even death.<br><br>The Highlights for Prescribing Information for Xalantan (latanoprost ophthalmic solution) 0.005%, for topical ophthalmic use (December 2022), was retrieved on 6/17/26 from chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.accessdata.fda.gov/drugsatfda_docs/label/ (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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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | It read in pertinent part,<br><br>Store unopened bottle(s) under refrigeration at 2 degrees celsius (C) to 8 degrees C (36 degrees fahrenheit (F) to 46 degrees F). During shipment to the patient, the bottle may be maintained at temperatures up to 40 degrees C (104 degree F) for a period not exceeding eight days. Once a bottle is opened for use, it may be stored at room temperature up to 25 degrees C (77 degrees F) for six weeks.<br><br>The Highlights of Prescribing Information for Humalog (insulin lispro) injection (May 2025), for subcutaneous or intravenous use was retrieved on 6/17/26 from chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.accessdata.fda.gov/drugsatfda_docs/label/<br>It read in pertinent part,<br><br>Diluted Humalog for subcutaneous injection may be stored for 28 days when refrigerated at 41 degrees F (5 degrees C) and for 14 days at room temperature up to 86 degrees F (30 degrees C). When stored at room temperature, Humalog U-100 and U-200 can only be used for a total of 28 days, including both not in-use (unopened) and in-use (opened) storage time.<br><br>The Highlights of Prescribing Information for Lantus (insulin glargine) injection (June 2023), for subcutaneous use (June 2023) was retrieved on 6/17/26 from chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.accessdata.fda.gov/drugsatfda_docs/label/<br>It read in pertinent part,<br><br>Store unused Lantus in a refrigerator between 36 degrees F and 46 degrees F (2 degrees C and 8 degrees C). Do not freeze. The Lantus vial you are using should be thrown away after 28 days or if the expiration date has passed, even if it still has insulin left in it.<br><br>The Food and Drug Administration (FDA) label for Refresh Tears (carboxymethylcellulose sodium) 0.5% (6/30/22) was retrieved on 6/17/26 from https://nctr-crs.fda.gov/fdalabel/services/spl/set-ids/329d1fe0-4432-4565-b7b1-65666bd86526/spl-doc?hl=Car<br>It read in pertinent part,<br><br>Discard 90 days after opening.<br><br>II. Facility policy and procedure<br><br>The Medication Storage policy, revised 5/16/26, was received from the nursing home administrator (NHA) on 6/16/26 at 9:00 a.m. It read in pertinent part,<br><br>It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security.<br><br>Unused Medications: The pharmacy and all medication rooms are routinely inspected by the consultant pharmacist (or designee) for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed in accordance with our Destruction of Unused Drugs policy.<br>(continued on next page) |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | III. Observations<br><br>On 6/11/26 at 4:00 p.m. the medication cart for the west hallway was observed with registered nurse (RN) #1. The following items were found:<br><br>-One box of diphenhydramine (allergy medication) 25 milligrams (mg), expired May 2026;<br><br>-One box of single use Genteal tears 0.1%, with two expiration dates of January 2026 and February 2026; and,<br><br>-Four opened bottles of Latanoprost 0.005% with no open dates.<br><br>On 6/11/26, the medication cart for the west hallway was observed with licensed practical nurse (LPN) #1. The following items were found:<br><br>-Five bottles of Refresh tears eye drops (carboxymethylcellulose sodium) 0.5% with no open date;<br><br>-Three bottles of Lantanoprost 0.005% with no open date;<br><br>-One bottle of milk of magnesium, expired October 2025;<br><br>-One bottle of magnesium oxide 400 mg with no expiration date;<br><br>-One pen of Humalog insulin (short acting insulin) with no open date; and,<br><br>-One pen of Lantus insulin (long acting insulin) with no open date<br><br>IV. Staff interviews<br><br>RN #1 was interviewed on 6/11/26 at 4:00 p.m. RN #1 said eye drops should be labeled with open dates because they were usually only good for 30 days once opened.<br><br>LPN #1 was interviewed on 6/11/26 at 4:15 p.m. LPN #1 said insulin pens should always be labeled once they come out of the refrigerator with an open date. LPN #1 said he did not know that eye drops needed to be labeled with an open date.<br><br>The director of nursing (DON) was interviewed on 6/16/26 at 9:12 a.m. She said the night shift nurses were responsible for auditing the medication carts during their shift. The DON said the nurses should not be administering expired medications and it was part of the five rights of medication administration to check the expiration date prior to administration. The DON said the expectation was to label medications with shortened expiration dates with an expiration date once they were opened. The DON said this was to ensure that expired medications were not being administered.<br><br>IV. Additional observations<br><br>The medication storage closet on the [NAME] unit was observed on 6/15/26 at 3:15 p.m.<br><br>The closet was located in the main hallway next to residents' rooms. The door to the closet had a lock, however it was not locked.<br>(continued on next page) |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | In the closet following items were observed:<br><br>-Two baskets with ten heparin (blood thinner) syringes, one basket with five large bags of intravenous fluid (IV) solution and IV starting kits.<br><br>The medication storage room on the East unit was inspected on 6/15/26 at 3:25 p.m. It was located in the hallway next to the residents' rooms and was unlocked.<br><br>The storage room contained multiple wound care supplies, personal care supplies, vinegar solution, soap, disinfecting wipes, hand sanitizers, and multiple bottles of whirlpool disinfectant.<br><br>V. Staff interview<br><br>The DON was interviewed on 6/15/26 at 3:45 p.m. She said heparin and IV solutions were medications and should not be kept in unlocked storage. She said all medications should be kept locked and out of reach of residents. She said the storage room on the East unit should be always locked and as the room contains chemicals that should not be accessible to residents. She said she will inspect both rooms immediately and provide education to nursing staff to keep the storage room locked.<br><br>The DON was interviewed again on 6/15/26 at 4:15 p.m. The DON said all medications were removed from the [NAME] closet unit and the storage room on the East side was locked. |

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| F 0881<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Implement a program that monitors antibiotic use.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to establish an effective antibiotic stewardship program that included antibiotic use protocols and a system to monitor antibiotic use for one (#30) of five residents reviewed for antibiotic stewardship out of 31 sample residents. Specifically, the facility failed to ensure Resident #30's long term use antibiotic was evaluated for appropriate use.Findings include:I. Professional referenceAccording to The Centers for Disease Control and Prevention's (CDC) Core Elements of Antibiotic Stewardship for Nursing Homes, (2024), retrieved on 4/27/26 from https://www.cdc.gov/antibiotic-use/hcp/core-elements/nursing-homes-antibiotic-stewardship.html, To track how and why antibiotics are prescribed, providers perform reviews on resident medical records for new antibiotics started to determine whether the clinical assessment, prescription documentation and antibiotic selection were in accordance with facility antibiotic use policies and practices. When conducted over time, monitoring process measures can assess whether antibiotic prescribing policies are being followed by staff and clinicians.II. Facility policy and procedureThe Antibiotic Stewardship policy, dated December 2016, was provided by the nursing home administrator (NHA) on 6/16/26 at 12:40 p.m. It read in pertinent part, Antibiotic orders obtained from consulting, specialty, or emergency providers shall be reviewed for appropriateness. At least annually or per facility policy, each attending physician shall be provided feedback on their antibiotic use data in the form of a written report to improve prescribing practices and resident outcomes. Feedback may include: Clinical justification for the use of an antibiotic beyond the initial duration ordered such as a review of laboratory reports/cultures in order to determine if the antibiotic remains indicated or if adjustment to the therapy should be made.III. Resident #30A. Resident statusResident #30, age [AGE], was admitted on [DATE]. According to the April 2026 computerized physician orders (CPO), diagnoses included chronic kidney disease and history of recurrent urinary tract infections (UTIs). The 6/16/26 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. The resident was incontinent of bowel and bladder and was on antibiotics. B. Record reviewReview the June 2026 medication administration record (MAR) revealed the resident was receiving Cephalexin (antibiotic) 250 milligram (mg) every day for UTI prophylaxis. Starting on 1/2/26.The provider note, dated 1/2/26, documented the resident requested to be on antibiotic prophylactically that she has been on for years. The resident reported a pouch was found on last imaging in her bladder that causes recurrent bladder infection. The resident had brought the medication from home. The note documented the provider verified she took cephalexin 250 mg and placed an order for every evening. The nurse practitioner (NP) note documented on 1/2/26 by NP #1 documented Resident #31 had a history of recurrent UTIs and a bladder pouch. NP #1 documented that he educated the resident on the potential of multi drug resistant organisms (MDROs) development due to long term use of antibiotics. However, the resident refused to discontinue.IV. Staff interviewsThe infection preventionist (IP) was interviewed on 6/16/26 at 10:35 a.m. The IP said she worked in the facility part time on temporary bases until a permanent IP position was filled. She said she started in April 2026. She looked through the binder that contained antibiotic stewardship reviews for residents on antibiotics. She was not able to locate documented rationale for the long term antibiotic use for Resident #31. She said it was missed and not documented, and she did not know why the resident was on antibiotics.Registered nurse (RN) #2 was interviewed on 6/16/26 at 11:06 a.m. She said she did not know the resident was on antibiotics. She reviewed the record and confirmed that the resident was on antibiotics. She said she did not know why the resident was on antibiotics. She said the resident did not have any signs or symptoms of UTI and did not have any ongoing acute infections. She said long term use of antibiotics was not recommended as it could result in development of resistance to an antibiotic. NP #1 was interviewed on 6/16/26 at 11:36 a.m. He said to his knowledge the long term use of antibiotics was prescribed by<br>(continued on next page) |

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| F 0881<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | a urologist. He said continuing use of antibiotics per resident's request was not appropriate. He said he believed there was a recommendation from a urologist.However, no additional documentation from urology was provided by the facility or located in the resident's electronic record. |