Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Skyline Ridge Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 515 Fairview St Canon City, CO 81212	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 47536 Based on records review and interviews the facility failed to maintain an effective infection prevention and control program to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of disease for seven (#2, #5, #6, #7, #8, #12 and #13) of 14 residents out of 14 sample residents. Specifically, the facility failed to ensure the tracking, offering and administration of the COVID-19 vaccination for Resident #2, Resident #5, Resident #6, Resident #7, Resident #8, Resident #12 and Resident #13. Findings include: I. Professional reference According to the Centers for Disease Control and Prevention (CDC), Stay Up to Date with COVID-19 Vaccines, revised on 1/7/25, retrieved on 1/15/25 from https://www.cdc.gov/covid/vaccines/stay-up-to-date.html?s_cid=SEM.GA:PAI:RG_AO_GA_TM_A18_C-CVD-Parents-Brd:covid%20vaccine%20age%20limit:SEM00014&utm_id=SEM.GA:PAI:RG_AO_GA_TM_A18_C-CVD-Parents-Brd:covid%20vaccine%20age%20limit:SEM00014&gad_source=1. It read in pertinent part, Everyone six months and older should get a 2024-2025 COVID-19 vaccine. The COVID-19 vaccine helps protect you from severe illness, hospitalization , and death. It is essential to get your 2024-2025 COVID-19 vaccine if you are 65 and older, are at high risk for severe COVID-19, or have never received a COVID-19 vaccine. Vaccine protection decreases over time, so it is important to get your 2024-2025 COVID-19 vaccine. II. Facility policy and procedure The Vaccination of Residents policy, revised October 2019, was received from the director of nursing (DON) on 1/15/25 at 3:33 p.m. It read in pertinent part, All residents will be offered vaccines that aid in preventing infectious diseases. (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prior to receiving vaccinations, the resident or representative will be provided information and education regarding the benefits and potential side effects of the vaccinations. If a vaccine is refused, the refusal shall be documented in the resident's medical record. If the resident receives a vaccine, the following information shall be documented in the resident's medical record: site of administration; date of administration; lot number of the vaccine; expiration date; and, the name of the person administering the vaccine. III. Resident interviews Resident #12 was interviewed on 1/15/25 at 1:27 p.m. Resident #12 said she did not recall if she had been offered the COVID-19 vaccination. Resident #13 was interviewed on 1/15/25 at 1:41 p.m. Resident #13 said she did not recall if she had been offered the COVID-19 vaccination. IV. Record review The DON provided the vaccine roster, dated 3/27/24, on 1/16/25 at 4:30 p.m. The document included hand-handwritten information on the form of Novax, lot 55683MF023, the date 5/31/24, a list of resident names (see interview below). According to the electronic medical record (EMR) of Resident #2, Resident #5, Resident #6, Resident #7, Resident #8 Resident #13 and Resident #13 revealed the EMR's were not up to date with the resident's COVID-19 vaccination status. A review of the EMR revealed the following residents did not have documentation they were offered, administered, or declined the 2024-2025 COVID-19 vaccination. According to a refusal form in Resident #2's EMR, Resident #2 declined the COVID-19 vaccine. The refusal form was undated. There was no evidence in the resident's EMR that the resident had received education regarding the COVID-19 vaccine. Resident #2 tested positive for COVID-19 on 11/27/24. Review of Resident #5's EMR revealed the resident signed a consent form to receive the COVID-19 vaccine. The consent form was undated. There was no evidence in the EMR that Resident #5 was administered the COVID-19 vaccine. Resident #5 tested positive for COVID-19 on 11/27/24. Review of Resident #6's EMR revealed the resident declined the COVID-19 vaccine on 10/1/24. There was no evidence in the EMR that the resident had received education regarding the COVID-19 vaccine. Resident #6 tested positive for COVID-19 on 11/27/24. Resident #7 had a verbal consent form dated 9/30/24 from the resident's representative to receive the COVID-19 vaccination. Review of Resident #7's EMR did not reveal the vaccination was administered. Resident #7 tested positive for COVID-19 on 11/27/24. Review of Resident #8's EMR revealed under the immunization tab, the resident declined the vaccination. There was no evidence in the EMR that the resident received education regarding the COVID-19 vaccine. Resident #8 tested positive for COVID-19 on 11/19/24. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #12's EMR did not reveal the COVID-19 vaccine was offered to Resident #12. Resident #12 tested positive for COVID-19 on 11/27/24. There was no evidence Resident #13's EMR the COVID-19 vaccine was offered or declined. Resident #213 tested positive for COVID-19 on 11/19/24. IV. Staff interviews The DON and the corporate resource nurse (CRN) were interviewed together on 1/16/25 at 4:30 p.m. The DON said the infection preventionist resigned on 10/25/24. The DON said herself and the corporate resource nurse (CRN) worked together to manage the infection prevention program. The DON said the residents were offered the seasonal influenza and the COVID-19 vaccines. The DON said the residents signed a consent form to receive or decline the vaccine. The DON said when a resident declined the COVID-19 vaccine, the facility used a declination of COVID-19 vaccination form to document education had been provided to the resident. The DON said that if a vaccine was administered, the nurse documented the vaccine information in the resident's EMR on the immunization tab. The DON said the IP documented vaccines on a resident vaccine roster. The DON said the vaccine roster did not accurately document if a vaccine was administered because it did not include the date of administration, vaccine expiration date, and the name of a staff member as required when a vaccine was administered. The CRN said she reviewed the 3/27/24 vaccine roster and said she could not determine if the vaccines were administered. The CRN said the hand-handwritten information on the form of Novax, lot 55683MF023, 5/31/24, was insufficient to determine if the vaccines were administered on 5/31/24 or if the date was the expiration date or date of vaccine manufacture. The CRN said when a vaccine was administered, documentation should include the date of administration, lot number, expiration date, and location of the vaccine. The DON and the CRN said they could not find documentation of the COVID-19 vaccination being administered or received education as applicable, for Resident #2, Resident #5, Resident #6, Resident #7, Resident #8, Resident #12 and Resident #13.

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 47536 Based on interviews and record review, the facility failed to employ an infection preventionist (IP) who had completed specialized training in IP and control which had the potential to affect all residents residing in the facility at the time of the survey. Specifically, the facility failed to have a qualified IP involved with the facility's IP and control program. Findings include: I. Facility policy and procedure The Infection Preventionist policy, revised September 2022, was received from the director of nursing (DON) on 1/15/25 at 3:33 p.m. It read in pertinent part, The IP coordinates the development and monitoring of the infection prevention and control program. The IP is professionally trained in nursing or other related fields with at least the following professional training: A nurse must have earned a certificate/diploma or degree in nursing. The IP is qualified by education, training, and has sufficient knowledge to perform the role. The IP remains current with national/state/local guidelines. The IP has the background and ability to fully carry out the requirements of the infection prevention program. The IP has obtained specialized IP training beyond infection prevention or education prior to assuming the role. Evidence of training is provided through a certificate of completion or equivalent documentation. The IP is employed on site and at least part time. The IP is scheduled with enough time to properly implement and monitor the infection prevention program. II. Record review Review of employee records revealed the facility's previous full-time IP resigned and her last day of working in the facility was 10/25/24. II. Staff interviews (continued on next page)

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The DON and the corporate resource nurse (CRN) were interviewed together on 1/16/25 at 4:30 p.m. The DON said the facility's full-time IP had resigned and her last day of working in the facility was 10/25/24. The DON said on 1/8/25, the facility assigned a current staff nurse to the IP position and the new IP did not have a certificate that documented she had completed IP education and training. The DON said she and the CRN worked together to manage the infection prevention program. The DON said she did not have a certificate for the completion of IP training. The CRN said she had completed the IP education modules, however, she was unable to provide a certificate of completion. The CRN said she was a corporate employee and worked at the facility. III. Facility follow up On 1/16/25 at 1:15 p.m. the CRN provided her IP certificate of completion, dated 1/15/25, during the survey. The CRN said she worked from the facility orienting and training the DON and the newly appointed IP, in addition to providing support to other corporate facilities. The CRN said she worked at least half time as the facility's IP. -However, the CRN was unable to provide evidence she had completed the required IP certification training prior to 1/15/25 (during the survey), therefore, the facility did not have a qualified IP in the building from 10/25/24 until 1/15/25.