

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 09/19/2024
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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47536</p> <p>Based on interviews and record review, the facility failed to ensure two (#38 and #74) of 10 residents reviewed for abuse out of 50 sample residents were kept free from physical abuse.</p> <p>Specifically, the facility failed to:</p> <ul style="list-style-type: none"> -Prevent a physical altercation between Resident #239 and Resident #38; and, -Prevent a physical altercation between Resident #74 and Resident #70. <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating policy, revised September 2022, was provided by the nursing home administrator (NHA) on 9/16/24 at 1:57 p.m. The policy read in pertinent part,</p> <p>All reports of resident abuse are reported to local, state, and federal agencies.</p> <p>If resident abuse is suspected, the suspicion must be reported to the administrator and other officials according to state law.</p> <p>The administrator immediately (within two hours of an allegation of abuse) reports the suspicion to the state licensing agency responsible for surveying/licensing the facility and law enforcement officials.</p> <p>Upon receiving allegations of abuse the administrator is responsible for determining what actions are needed for the protection of residents.</p> <p>All allegations are thoroughly investigated. The administrator initiates investigations.</p> <p>Investigations may be assigned to an individual trained to review, investigate, and report abuse allegations.</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
---	-------	-----------

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 09/19/2024
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Any employee who has been accused of resident abuse is placed on leave with no resident contact until the investigation is complete.</p> <p>II. Altercation on 1/1/24 between Resident #239 and Resident #38</p> <p>A. Facility investigation</p> <p>The 1/1/24 progress note documented Resident #239 hit Resident #38 and was aggressive with staff as they attempted to redirect him. The altercation was unwitnessed by staff, and staff became aware of the occurrence when Resident #38 walked to the dining room on the unit, bleeding from his head. The progress note documented Resident #239 was aggressive with staff as they attempted to redirect him away from Resident #38.</p> <p>The progress note documented the nurse immediately assessed both residents, contacted the provider, and transferred both residents to the hospital for evaluation. Resident #239 returned to the facility on [DATE] and Resident #38 returned to the facility on [DATE].</p> <p>B. Resident #239</p> <p>1. Resident status</p> <p>Resident #239, age greater than 65, was admitted on [DATE], discharged to the hospital on 1/1/24 and readmitted to the facility on [DATE]. He was discharged from the hospital on 1/4/24 and went home with his spouse. According to the January 2024 computerized physician's orders (CPO), diagnoses included unspecified Alzheimer's disease and dementia without behavioral disturbance.</p> <p>Resident #239 resided in the memory care unit of the facility for wandering and elopement attempts.</p> <p>The 1/4/24 minimum data set (MDS) assessment documented the brief interview for mental status (BIMS) was not completed because the resident was sometimes not understood. The staff assessment for mental status documented the resident had short and long-term memory problems and was severely impaired in daily decision-making.</p> <p>Resident #239 had physical and verbal behavioral symptoms directed towards others for one to three days during the assessment period. Resident #239 put others at significant risk for physical injury and disrupted care and the living environment for one to three days during the assessment period.</p> <p>The MDS assessment documented Resident #239 rejected evaluation or care for one to three days during the assessment period and wandered and intruded significantly on the privacy of others.</p> <p>2. Record review</p> <p>The care plan, initiated on 1/1/24, identified Resident #239's severe cognitive loss, which could relate to physically and verbally aggressive behaviors. Interventions included staff not engaging in a power struggle with the resident, calling the resident's wife as needed, giving the resident space when he became angry and keeping the resident in line of sight for safety.</p> <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A nurse progress note, dated 1/1/24 at 9:09 p.m., documented Resident #239 hit Resident #38 and was aggressive with staff after he hit Resident #38. The physician was contacted and ordered Resident #239 to be transferred to the hospital for evaluation.</p> <p>C. Resident #38</p> <p>1. Resident status</p> <p>Resident #38, age greater than 65, was admitted on [DATE] and discharged on [DATE] to another long-term facility. According to the September 2024 CPO, diagnoses included dementia with behavioral disturbance and hypertension. Resident #38 resided in the memory care unit of the facility.</p> <p>The 8/26/24 MDS assessment documented the BIMS assessment was not completed because he was rarely understood. The staff assessment for mental status documented the resident had short and long-term memory problems. Resident #38 knew the location of his room and was moderately impaired with daily decision-making.</p> <p>Resident #38 had physical and verbal behavioral symptoms directed toward others for one to three days during the assessment period. Other behavioral symptoms were not directed toward others for 4 to 6 days during the assessment period. He put others at significant risk for physical injury and disrupted care and the living environment for one to three days during the assessment period. Resident #38 rejected evaluation or care for one to three days during the assessment period.</p> <p>Resident #38 was independent with eating, oral hygiene, toileting hygiene, dressing, putting on and taking off footwear and personal hygiene, bed mobility, transfers in and out of bed, and ambulation. He required staff supervision for showers and shower transfers. He used a wheelchair for mobility.</p> <p>2. Record review</p> <p>The care plan, initiated on 11/27/23, identified Resident #38 as needing a memory care unit for increased wandering, confusion, and dementia. Interventions included keeping the resident's environment free of hazards, having pleasant interactions when the resident was confused, and removing and redirecting the resident from unsafe behavioral confrontations.</p> <p>The care plan, initiated on 1/3/24, identified the resident had a behavior of agitation with verbally and physically abusive behavior toward staff and others and was hard to redirect. Interventions included placing a stop sign banner on the door entry, keeping the resident in line of sight when agitated, keeping the resident safe from others due to unpredictable and impulsive moods and behaviors and social services would look for appropriate placement for Resident #38.</p> <p>The care plan, initiated on 3/29/24, identified Resident #38 as becoming agitated and wanting to leave. He was obsessive about his wife. Interventions included encouraging safe boundaries and space with his wife when he was agitated, taking a walk, separating him from his wife and keeping the resident in line of sight.</p> <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A progress note, dated 1/1/24 at 9:25 p.m., documented Resident #38 was sitting in the dining room with blood on his hand and neck and covered with a towel. The resident had a laceration and bruise on his head, neck and left ear. The physician was contacted and ordered Resident #38 to be sent to the hospital for evaluation.</p> <p>The physician was contacted and ordered Resident #38 to be sent to the hospital for evaluation. He returned to the facility on [DATE].</p> <p>D. Staff interview</p> <p>The NHA was interviewed on 9/19/24 at 4:25 p.m. The NHA said the facility immediately separated the residents and each resident was placed on one-on-one staff monitoring until they were both sent to the hospital for evaluation. The NHA said Resident #239 was a new resident to the facility on [DATE]. He said the interdisciplinary team (IDT) reviewed the status of each resident on the unit and determined Resident #239 and Resident #38 would be a safe trial for room sharing prior to the incident. The NHA said Resident #38 tended to obsess only about his wife, who also resided in the memory care unit.</p> <p>The NHA said the facility was told prior to Resident #249's admission to the facility that he was not violent. He said Resident #38 obsessed over his spouse, another resident in the facility, and did not have issues with other males in the memory care unit. The NHA said staff responded to the altercation appropriately and had each resident was on one-to-one supervision after the incident until the physician was contacted.</p> <p>The NHA said when Resident #239 returned to the facility from the hospital, he had another occurrence of aggressive behavior with staff members. The NHA said Resident #239 was transported back to the hospital and discharged to his home with his spouse from the hospital.</p> <p>III. Altercation on 8/31/24 between Resident #74 and Resident #70</p> <p>A. Facility investigation</p> <p>On 8/31/24, Resident #70 slapped Resident #74, her spouse, with force while he assisted her with her clothing. A facility volunteer observed the altercation. The volunteer reported after the altercation, the residents were separated immediately by staff. The volunteer reported the occurrence to facility staff on 9/1/24, which was reported to state and local authorities on 9/3/24.</p> <p>-Cross reference F609 for failure to report an allegation of abuse timely.</p> <p>The facility initiated an investigation on 9/3/24 and interviewed 15 staff members, residents and family members. No concerns about Residents #70 and #74 were reported. The family reported the behavior between the two residents was a long-term dynamic and agreed to have the couple continue to share a room at the facility.</p> <p>B. Resident #74</p> <p>1. Resident status</p> <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #74, age greater than 65, was admitted on [DATE]. According to the September 2024 CPO, diagnoses included unspecified lack of normal physiological development in childhood, hypertension and diabetes.</p> <p>The 4/7/24 MDS assessment documented Resident #74 had severe cognitive impairment with a BIMS score of four out of 15.</p> <p>Resident #74 was independent with eating, hygiene, dressing, putting on and taking off footwear, bed mobility, transfers in and out of bed and ambulation.</p> <p>2. Record review</p> <p>A progress note, dated 9/3/24 at 2:05 p.m., documented Resident #74's altercation with his spouse, Resident #70. The progress note documented Resident #70 hit Resident #74 on his arm while he attempted to assist her with changing her shirt. The progress note documented a nurse completed a skin assessment and there were no marks or abrasions apparent on Resident #74. The provider was notified and ordered to monitor Resident #74 for 72 hours.</p> <p>C. Resident #70</p> <p>1. Resident status</p> <p>Resident #70, age greater than 65, was admitted on [DATE]. According to the September 2024 CPO, diagnoses included unspecified dementia without behavioral disturbance, difficulty walking and diabetes.</p> <p>The 3/17/24 MDS assessment documented Resident #70 had severe cognitive impairment with a BIMS score of three out of 15.</p> <p>Resident #70 was independent with eating and bed mobility. She required partial/moderate assistance from staff for hygiene, showers, dressing, bed mobility, and transfers. Resident #70 used a manual wheelchair and was dependent on staff for locomotion. Resident #70 had no previous behavioral episodes.</p> <p>2. Record review</p> <p>A progress note, dated 9/3/24 at 9:01 a.m., documented the staff reported to the provider that Resident #70 was in an altercation with Resident #74. The provider evaluated Resident #70 and gave no new orders.</p> <p>D. Staff interview</p> <p>The NHA was interviewed on 9/19/24 at 4:25 p.m. The NHA said the altercation was reported late to the State Survey and Certification Agency because the volunteer thought the window for reporting abuse was 48 hours.</p> <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The NHA said the facility began an investigation on 9/1/24 when the altercation was reported by the volunteer. The NHA said a facility volunteer was responsible for reporting abuse in the same manner and time frames as facility staff. He said the volunteer received education on immediate reporting.</p> <p>The NHA said the provider evaluated Resident #70 and found no injuries. The NHA said the family was notified about the altercation and agreed to let the couple continue to reside in the same room. The NHA said neither resident had behavior events before the 8/31/24 altercation.</p>		

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 09/19/2024
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)		
<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50690</p> <p>Based on observations, record review and interviews, the facility failed to ensure residents were free from physical restraints for one (#62) of one resident reviewed out of 50 sample residents.</p> <p>Specifically, the facility failed to ensure a physician's order was obtained, a safety risk assessment was completed and alternative interventions were attempted for the use of Resident #62's bed alarm.</p> <p>Findings include:</p> <p>I. Resident #62</p> <p>A. Resident status</p> <p>Resident #62, age 85, was admitted on [DATE]. According to the September 2024 computerized physician orders (CPO), diagnoses included Alzheimer's disease and glaucoma (an eye disease that causes vision loss).</p> <p>The 8/4/24 minimum data set (MDS) assessment documented the resident's brief interview for mental status (BIMS) score could not be determined because the resident could not communicate. The resident was dependent on staff for assistance for showering and personal hygiene, dressing, eating, moving in bed and transfers.</p> <p>B. Observations</p> <p>On 9/18/24 at 9:36 a.m., Resident #62's bed was observed. There was a bed alarm hooked over the head of the bed. The alarm was a box shape with a magnet attached to the front. The magnet was attached to a string that was approximately three feet long.</p> <p>C. Record review</p> <p>The care plan, revised 8/8/24, revealed Resident #62 used a voice alarm and helmet to prevent injury from falls. Pertinent interventions included ensuring the device was properly applied, evaluating the resident for adverse consequences of the alarm, including fear, anxiety, agitation related to the alarm sound, decreased mobility, sleep disturbances, and infringement of freedom.</p> <p>On 9/19/24 (during the survey), a physician's order was placed for a tab alarm to alert staff to the resident's needs.</p> <p>-A review of Resident #62's electronic medical record (EMR) did not reveal there was a safety risk assessment evaluation document that showed alternative treatments were attempted and justified the reasons for the alarm.</p> <p>D. Staff interviews</p> <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The interim director of nursing (IDON) was interviewed on 9/18/24 at 11:50 a.m. The IDON said the facility used tab alarms for residents who were at risk for transferring without staff assistance, falling out of their chairs.</p> <p>The IDON said the tab alarm was not considered a restraint because when the device was attached to the resident, the resident was able to move and reposition freely. The IDON said the device did not restrict the resident from moving around in the facility and was activated only when the resident put too much tension on the cord.</p> <p>The IDON said a physician's order was not required to use the tab alarm. She said when a resident was identified as a candidate for using the alarm, the interdisciplinary team (IDT) reviewed the resident status and if recommended, consent was obtained from the resident or family, and the device was attached to the chair and resident.</p> <p>The IDON said when restraint devices were used, the facility did not monitor for removal until quarterly care conferences.</p> <p>Registered nurse (RN) #3 was interviewed on 9/18/24 at 1:04 p.m. RN #3 said Resident #62 had a bed alarm that was used at night. RN #3 said the bed alarm had a box with a magnet and the magnet was attached by a string to the resident's clothes. She said if the magnet fell off because the resident moved too far, the alarm sounded.</p> <p>Certified nurse aide (CNA) #3 was interviewed on 9/18/24 at 1:28 p.m. CNA #3 said she thought Resident #62 was the only resident at the facility with a bed alarm. She said the string was clipped to the resident's underwear. She said the alarm was sensitive, so even if he rolled over, the alarm would sound. She said the alarm beeped and had a man's voice that asked him to please sit down until someone could help him. CNA #3 said the bed alarm helped prevent more falls.</p> <p>RN #4 was interviewed on 9/19/24 at 7:34 p.m. RN #4 said Resident #62's bed alarm had been utilized since April 2024. He said it helped prevent falls. RN #4 said the staff heard the alarm from the nurse's station. He said if the alarm sounded, he went into the resident's room and assessed him. RN #4 said most of the time he had rolled just far enough for the string to pull off the magnet. He said most of the time, the resident was still asleep when that happened. He said sometimes the resident looked back up at him and then he fell back asleep. RN #4 said the staff tried a lot of other fall interventions before implementing the bed alarm.</p>		

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 09/19/2024
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>47536</p> <p>Based on record review and interviews, the facility failed to report alleged violations of potential abuse to the State Survey and Certification Agency in accordance with state law for one (#74) of ten residents reviewed for abuse out of 50 sample residents.</p> <p>Specifically, the facility failed to report an allegation of resident to resident physical abuse to the local police or the State Agency within 24 hours of the altercation.</p> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating policy, revised September 2022, was provided by the nursing home administrator (NHA) on 9/16/24 at 1:57 p.m. The policy read in pertinent part,</p> <p>All reports of resident abuse are reported to local, state, and federal agencies.</p> <p>If resident abuse is suspected, the suspicion must be reported to the administrator and other officials according to state law.</p> <p>The administrator immediately (within two hours of an allegation of abuse) reports the suspicion to the state licensing agency responsible for surveying/licensing the facility and law enforcement officials.</p> <p>II. Incident of physical abuse between Resident #70 and #74</p> <p>The facility investigation notes documented on 8/31/24, Resident #70 slapped Resident #74, her spouse, with force while he assisted her with her clothing. A facility volunteer observed the altercation and separated the residents. The volunteer reported the occurrence to facility staff on 9/1/24.</p> <p>The facility failed to report the allegation of abuse to state and local authorities until 9/3/24, two days after the incident was reported to the facility by the volunteer.</p> <p>III. Staff interviews</p> <p>The NHA was interviewed on 9/19/24 at 4:25 p.m. The NHA said the altercation was reported late to the State Survey and Certification Agency because the volunteer thought the window for reporting abuse was 48 hours.</p> <p>The NHA said the facility began an investigation when the altercation was reported on 9/1/24. The NHA said a facility volunteer was responsible for reporting abuse in the manner and time frames as facility staff. He said the volunteer received education on immediate reporting.</p>		

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 09/19/2024
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)		
<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48412</p> <p>Based on record review and interviews, the facility failed to ensure a discharge summary was in place for four (#236, #84, #85 and #238) of four residents reviewed for discharge out of 50 sample residents.</p> <p>Specifically, the facility failed to ensure discharge summaries were completed and included a recapitulation of the resident's stay.</p> <p>Findings include:</p> <p>I. Resident #236</p> <p>A. Resident status</p> <p>Resident #236, age greater than 65, was admitted on [DATE] and discharged home on 6/4/24. According to the June 2024 computerized physician orders (CPO), the resident had a diagnosis of aftercare following joint replacement surgery.</p> <p>The 6/12/24 minimum data set (MDS) assessment revealed Resident #236 had a mild cognitive impairment with a brief interview for mental status (BIMS) score of 11 out of 15.</p> <p>B. Record review</p> <p>The discharge summary dated 6/3/24 documented the resident was discharged home with home health services. The facility failed to ensure the discharge summary form was completed in its entirety.</p> <p>The following sections of the discharge summary form were not completed:</p> <ul style="list-style-type: none"> -Physical and mental functional status including activities of daily living (ADLs); -Continence; -Skin condition; -Vision; -Special treatment and procedures; -Dental; -Nutrition and dental; -Activities pursuit; <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident needs, strengths and goals;</p> <p>-Resident's customary routine;</p> <p>-Pertinent lab test results;</p> <p>-Rehabilitation follow up or potential; and,</p> <p>-Recapitulation of stay, specifically for activities and rehabilitation.</p> <p>II. Resident #84</p> <p>A. Resident status</p> <p>Resident #84, age greater than 65, was admitted on [DATE] and discharged home on 1/15/24. According to the January 2024 CPO, diagnoses included sepsis (the body overreacts to an infection or injury), chronic respiratory failure with hypoxia (oxygen does not reach all organs) and acute systolic (congestive) heart failure.</p> <p>The 1/19/24 MDS assessment revealed Resident #84 had a moderate cognitive impairment with a BIMS score of seven out of 15.</p> <p>B. Record review</p> <p>The discharge summary dated 1/15/24 documented the resident was discharged home with outpatient rehabilitation services. The facility failed to ensure the discharge summary form was completed in its entirety.</p> <p>The following sections of the discharge summary form were not completed:</p> <p>-Physical and mental functional status including activities of daily living (ADLs);</p> <p>-Continence;</p> <p>-Skin condition;</p> <p>-Vision;</p> <p>-Special treatment and procedures;</p> <p>-Dental;</p> <p>-Nutrition and dental;</p> <p>-Activities pursuit;</p> <p>-Resident needs, strengths and goals;</p> <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident's customary routine;</p> <p>-Pertinent lab test results;</p> <p>-Rehabilitation follow up or potential; and,</p> <p>-Recapitulation of stay, specifically for activities and rehabilitation.</p> <p>-Resident #84's discharge summary was started on 1/15/24 and, as of 9/18/24 (the end of the survey), was still in progress.</p> <p>III. Resident #85</p> <p>A. Resident status</p> <p>Resident #85, age greater than 65, was admitted on [DATE] and discharged to an independent living facility on 8/5/24. According to the August 2024 CPO the resident had a diagnosis of a displaced fracture to the upper end of the right humerus (arm) bone.</p> <p>The 6/19/24 MDS assessment revealed Resident #85 was cognitively intact with a BIMS score of 15 out of 15.</p> <p>B. Record review</p> <p>The discharge summary dated 8/5/24 documented the resident was discharged to an independent living facility with home health services. The facility failed to ensure the discharge summary form was completed in its entirety.</p> <p>The following sections of the discharge summary form were not completed:</p> <p>-Physical and mental functional status including activities of daily living (ADLs);</p> <p>-Continence;</p> <p>-Skin condition;</p> <p>-Vision;</p> <p>-Special treatment and procedures;</p> <p>-Dental;</p> <p>-Nutrition and dental;</p> <p>-Activities pursuit;</p> <p>-Resident needs, strengths and goals;</p> <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident's customary routine;</p> <p>-Pertinent lab test results;</p> <p>-Rehabilitation follow up or potential; and,</p> <p>-Recapitulation of stay, specifically for activities and rehabilitation.</p> <p>IV. Resident #238</p> <p>A. Resident status</p> <p>Resident #238, age greater than 65, was admitted on [DATE] and discharged home on 6/17/24. According to the June 2024 CPO, diagnoses included a mechanical loosening of the internal right knee prosthetic joint, chronic pain and dependence on supplemental oxygen.</p> <p>The 6/19/24 MDS assessment revealed Resident #238 was cognitively intact with a BIMS score of 15 out of 15.</p> <p>B. Record review</p> <p>Resident #238's discharge summary was started on 6/17/24 and was still in progress as of 9/18/24 (the end of the survey).</p> <p>-The brief history, nursing summary, dietary summary, activity summary, social services summary and rehabilitation summary sections were not completed.</p> <p>-A review of Resident #238's electronic medical record (EMR) failed to reveal that a nursing summary with the recapitulation of the resident's stay was completed upon the resident's discharge from the facility.</p> <p>V. Staff interviews</p> <p>The interim director of nursing (IDON) and corporate consultant (CC) #1 were interviewed together on 6/19/24 at 2:29 p.m. The IDON said the social service director opened the discharge summary form in the residents' EMR and informed the interdisciplinary team (IDT) to complete their designated portions. She said the discharge summary was to be completed on the resident's day of discharge. She said the discharge summary, the medication list and any pertinent information was provided to the family or the receiving facility at the time of discharge.</p> <p>The IDON reviewed the discharge summaries for Resident #236, #84, #85 and #238 and said the discharge summary forms were not completed thoroughly. She said the forms were missing pertinent information.</p> <p>CC #1 reviewed the discharge summaries for Resident #236, #84, #85 and #238. She said the facility was using the wrong discharge summary form. She said the facility was using the post discharge plan of care rather than the correct discharge summary form. CC #1 said the facility had not identified that there were concerns with residents' discharge summaries.</p>		

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 09/19/2024
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)
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20287</p> <p>Based on observations, record review and interviews, the facility failed to provide assistance with activities of daily living (ADL) for one (#4) of four residents reviewed out of 50 sample residents.</p> <p>Specifically, the facility failed to provide Resident #4 with encouragement and cueing at meals to ensure the resident received adequate nutritional intake.</p> <p>Findings include:</p> <p>A. Resident status</p> <p>Resident #4, age greater than 65, was admitted on [DATE]. According to the September 2024 computerized physician orders (CPO), diagnoses included dementia, mood disturbance and anxiety.</p> <p>According to the 9/16/24 minimum data set (MDS) assessment, Resident #4 had significant cognitive impairment and was unable to complete the brief interview for mental status (BIMS) assessment. The resident had both short and long term memory problems. She had severely impaired decision making. She required supervision and touching assistance with eating.</p> <p>The assessment documented the resident did not have rejections of care.</p> <p>B. Observations</p> <p>On 9/17/24 during a continuous observation of the dinner meal, beginning at 4:20 p.m. and ending at 4:39 p. m., the following was observed:</p> <p>At 4:20 p.m. Resident #4 was in the dining room. She had her meal in front of her. She was not eating.</p> <p>At 4:27 p.m. the resident continued to sit in the dining room with her meal in front of her. She was picking at her cake with her fingers. She had not received any cueing or encouragement to eat from staff.</p> <p>At 4:34 p.m. she continued sitting at the dining room table. She had not eaten any of her meal.</p> <p>At 4:36 p.m. certified nurse aide (CNA) #1 entered the dining room and asked Resident #4 if she was eating. The resident did not respond. CNA #1 asked the resident if she was finished eating. Resident #4 nodded her head slightly and CNA #1 removed her dinner meal from the table. She had eaten less than 10 percent (%) of her meal.</p> <p>-CNA #1 failed to provide cueing or encouragement to eat to Resident #4.</p> <p>(continued on next page)</p>

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 09/19/2024
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)		
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-CNA #1 failed to offer Resident #4 an alternative when she did not eat the meal that was in front of her.</p> <p>At 4:39 p.m. the resident continued to sit at the dining room table after CNA #1 had removed her meal</p> <p>On 9/18/24, during a continuous observation of the brunch meal, beginning at 10:49 a.m. and ending at 11:16 a.m., the following was observed:</p> <p>At 10:49 a.m. Resident #4 received her meal of a waffle, sausage link, a bowl of fruit loops and a shake. A CNA cut up the resident's waffle and left the table.</p> <p>At 11:00 a.m. the resident was not eating. She was drinking the shake, but she had only eaten a couple of bites of the waffle. Resident #4 piled her silverware and drinks onto her plate.</p> <p>-Staff did not offer assistance or encouragement to eat to the resident.</p> <p>At 11:06 a.m. the resident's family member came in and sat with her and talked.</p> <p>At 11:13 a.m. the resident's family member asked the resident if she was done eating and pushed the tray away.</p> <p>-Staff did not observe the resident's plate to see if she had eaten and staff did not offer encouragement to eat to the resident.</p> <p>At 11:16 a.m. the resident was assisted out of the dining room by her family member.</p> <p>-Staff did not observe what the resident had eaten and did not stop her from leaving the dining room. Resident #4 had only eaten bites of her waffle and half of the shake.</p> <p>On 9/18/24 during a continuous observation of the dinner meal, beginning at 4:35 p.m. and ending at 4:55 p.m., the following was observed:</p> <p>At 4:35 p.m. Resident #4 was in the dining room awaiting her meal.</p> <p>At 4:38 p.m. the resident received her meal of salisbury steak, broccoli and mashed potatoes and gravy.</p> <p>At 4:45 p.m. the resident continued sitting at the table with her meal in front of her.</p> <p>-Staff did not offer assistance or encouragement to eat to the resident.</p> <p>At 4:50 p.m. the resident continued to sit at the dining room table without eating her meal.</p> <p>-Staff did not offer assistance or encouragement to eat to the resident.</p> <p>At 4:55 p.m. an unidentified CNA asked the resident if she was ready. The resident did not respond and the CNA pushed her tray away. Resident #4 had not eaten any of her meal.</p> <p>(continued on next page)</p>		

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 09/19/2024
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)
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The unidentified CNA failed to provide cueing or encouragement to eat to Resident #4.</p> <p>-The CNA failed to offer Resident #4 an alternative when she did not eat the meal that was in front of her.</p> <p>C. Record review</p> <p>Review of Resident #4's nutrition care plan, revised 6/19/24, revealed the resident was at risk for inability to maintain nutrition. Pertinent interventions included fair intakes at meals and monitoring and encouraging adequate intake at meals.</p> <p>D. Staff interviews</p> <p>CNA #6 was interviewed on 9/19/24 at 1:58 p.m. CNA #6 said Resident #4 was dependent on staff for all activities of daily living, however, she said she was able to feed herself. She said the resident required supervision and cueing while eating. CNA #6 said at times Resident #4 would yell that she did not need help, however, she said she needed to receive the cueing if she was not eating and alternatives should be offered to the resident.</p> <p>The registered dietitian (RD) was interviewed on 9/19/24 at 3:39 p.m. The RD said Resident #4 was able to feed herself. She said if the resident was not eating, staff was to provide her with encouragement. She said the resident should be offered an alternative if she did not eat her meal.</p> <p>The interim director of nursing (IDON) was interviewed on 9/19/24 at approximately 3:30 p.m. The IDON said Resident #4 was able to feed herself, however, she said at times the resident got upset if she was assisted. The IDON said if the resident was not eating, the staff needed to provide encouragement to her.</p>

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 09/19/2024
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)		
<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48412</p> <p>Based on record review and interviews, the facility failed to maintain medical records on each resident that were accurately documented for four (#72, #34, #33 and #237) of 13 residents out of 50 sample residents.</p> <p>Specifically, the facility failed to have an effective process in place to ensure residents' directives for cardiopulmonary resuscitation status (CPR) were maintained accurately and nursing staff was aware of where to find the information in the event of a medical emergency.</p> <p>Findings include:</p> <p>I. Professional reference</p> <p>[NAME] Advantage for Basic Nursing Thinking, Doing and Caring Third edition (2022), Philadelphia, PA by F. A. [NAME] Company, retrieved on [DATE], pg. 977, read in pertinent part:</p> <p>You must know the terminology used by your healthcare organization and pay careful attention to agency policies and advanced directives so you are prepared if a patient suffers a cardiopulmonary arrest.</p> <p>II. Admission Agreement</p> <p>The Admission Agreement, unrevised, was provided by the nursing home administrator on [DATE] at 1:57 p. m. It read in pertinent part:</p> <p>Unless directed otherwise in a written and valid advanced directive document (such as a do not resuscitate order), the community is authorized to provide or arrange for any emergency medical treatment deemed necessary for the resident. If the resident has any advance directives, a copy must be provided to the community at admission. If any advance directives are amended or changed while a resident of the community, copies must be provided to the community.</p> <p>III. Resident #72</p> <p>A. Resident status</p> <p>Resident #72, age greater than 65, was admitted on [DATE]. According to the [DATE] computerized physician orders (CPO), diagnoses included acute respiratory failure with hypoxia (not enough oxygen throughout the body), acute kidney failure, acute systolic (congestive) heart failure and heart failure.</p> <p>The [DATE] minimum data set (MDS) assessment revealed Resident #72 was cognitively intact with a brief interview for mental status (BIMS) score of 15 out of 15.</p> <p>B. Record review</p> <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #72's Medical Orders For the Scope of Treatment (MOST) form, signed on [DATE], revealed the resident wished to receive CPR.</p> <p>Resident #72's most recent MOST form, signed on [DATE], revealed the resident did not want to receive CPR and wished to be a do-not-resuscitate (DNR).</p> <p>Resident #72's advanced directives care plan, revised on [DATE], revealed Resident #72 was a full code (receive CPR).</p> <p>-The facility failed to update the resident's care plan to accurately reflect the resident's wishes when he wished to be a DNR (no CPR) on [DATE].</p> <p>Review of the [DATE] CPO revealed Resident #72 had a physician's order indicating the resident was a DNR code status (no CPR), ordered [DATE].</p> <p>-However, Resident #72 was documented on the CPR list page in the narcotics book as wishing to receive CPR, although his MOST form and physician's order indicated he was to be a DNR.</p> <p>IV. Resident # 34</p> <p>A. Resident status</p> <p>Resident #34, age greater than 65, was admitted on [DATE]. According to the [DATE] CPO, diagnoses included age-related osteoporosis, hypokalemia, hypocalcemia, hypomagnesemia, cognitive communication deficit and cerebral infarction.</p> <p>The [DATE] MDS assessment revealed Resident #34 was cognitively intact with a BIMS score of 15 out of 15.</p> <p>B. Record review</p> <p>Resident #34's most recent MOST form, signed on [DATE], revealed the resident's representative wanted the resident to receive CPR.</p> <p>Resident #34's advanced directives care plan, revised [DATE], revealed Resident #34 was a full code (receive CPR).</p> <p>Review of the [DATE] CPO revealed Resident #34 had a physician's order indicating she was a CPR full code status, ordered [DATE].</p> <p>-However, Resident #34 was not listed on the CPR list page in the narcotics book as wishing to receive CPR.</p> <p>V. Resident #33</p> <p>A. Resident status</p> <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #33, age greater than 65, was admitted on [DATE]. According to the [DATE] CPO, diagnoses included Alzheimer's disease, depression and heart failure.</p> <p>The [DATE] MDS assessment revealed Resident #33 was unable to complete the BIMS assessment due to rarely being understood. The staff assessment for mental status revealed Resident #33 had short-term and long-term memory problems.</p> <p>B. Record review</p> <p>Resident #33's most recent MOST form, signed on [DATE], revealed the resident's representative wanted the resident to be a DNR (no CPR).</p> <p>Resident #33's advanced directives care plan, revised [DATE], revealed the resident was a DNR based on his new MOST form signed on [DATE].</p> <p>Review of the [DATE] CPO revealed Resident #33 had a physician's order indicating the resident was a DNR code status (no CPR).</p> <p>-However, Resident #33 was documented on the CPR list page in the narcotics book as wishing to receive CPR, although his MOST form and physician's order indicated he was to be a DNR.</p> <p>VI. Resident #237</p> <p>A. Resident status</p> <p>Resident #237, age greater than 65, was admitted on [DATE]. According to the [DATE] CPO, diagnoses included a fracture of the right femur (leg bone), heart disease and diabetes.</p> <p>The [DATE] MDS assessment was not completed for Resident #237's BIMS score.</p> <p>B. Record review</p> <p>Resident #237's most recent MOST form, signed on [DATE], revealed the resident wished to receive CPR.</p> <p>-Resident #237's advanced directives care plan was not completed as of [DATE] (the end of the survey).</p> <p>Review of the [DATE] CPO revealed Resident #237 had a physician's order indicating the resident was a CPR full code status.</p> <p>-However, Resident #237 was not listed on the CPR list page in the narcotics book as wishing to receive CPR.</p> <p>VII. Staff interviews</p> <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Licensed practical nurse (LPN) #1 was interviewed on [DATE] at 12:30 p.m. LPN #1 said when a resident was unresponsive and she needed to find out the resident's code status, the facility had a page in the narcotics book which indicated which residents were to receive CPR.</p> <p>-LPN #1 opened the narcotics book and said the page indicating which residents were to receive CPR was last updated on [DATE]. LPN #1 said the page in the narcotics book which indicated which residents were to receive CPR was the only resource nurses used to determine if a resident should be given CPR.</p> <p>Registered nurse (RN) #2 was interviewed on [DATE] at 12:45 p.m. RN #2 said the list of residents who were to receive CPR was kept on a page in the narcotics books. RN #2 said she was able to check the resident's electronic medical chart (EMR) if she was unsure about the CPR list in the narcotics book, but she said the narcotics book was the CPR list resource for the nurses.</p> <p>The interim director of nursing (IDON) was interviewed on [DATE] at 6:00 p.m. The IDON said the admitting nurse obtained the resident's order for the code status. The IDON said the physician or nurse practitioner talked to the residents about their wishes for CPR status.</p> <p>The IDON said the CPR list page in the narcotics books was not the proper way for staff to check a resident's code status. The IDON said the facility had a MOST form book at the nurses' stations that contained the MOST forms for all residents and the MOST form book was the resource nurses were to use to check residents' CPR code statuses. The IDON said she provided training to the nurses on [DATE] (during the survey) because the nurses were using the CPR list page in the narcotics books instead of the MOST form books. The IDON said she was going to audit all of the MOST forms to ensure the forms matched the physician's orders and the residents' wishes.</p>		

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 09/19/2024
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)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48412</p> <p>Based on observations, record review and interviews, the facility failed to ensure the residents' environment remained as free of accidents or hazards as possible to prevent falls for one (#59) of five residents reviewed for falls out of 48 sample residents.</p> <p>Resident #59, who had a history of falling, required the use of a sit-to-stand mechanical lift for transfers. Per staff interviews (see interviews below), the use of the sit-to stand mechanical lift required that two staff members were present during resident transfers.</p> <p>On the night of 7/31/24, Resident #59 was being transferred to bed by a certified nurse aide (CNA). The CNA did not have another staff member present during the transfer and the resident sustained a fall. The CNA alerted the licensed practical nurse (LPN) to the resident's fall and the CNA and the LPN assisted Resident #59 back to her bed.</p> <p>On 8/1/24 Resident #59 was noted to have visible bruising and swelling to her right wrist and the day shift nurse called the physician who requested the resident be transferred to the hospital for further evaluation of her wrist. Resident #59 was diagnosed with a displaced fracture distal right radial metaphysis (a break at the end of the forearm bone near the right wrist) at the hospital.</p> <p>The facility investigated the fall and implemented immediate corrective actions and education to ensure staff were aware that all mechanical lift transfers required the use of two staff members.</p> <p>Although the facility implemented immediate changes in regards to Resident #59's fall with fracture due to the improper transfer with the mechanical lift, observations during the survey (see observations below) revealed the facility continued to have deficient practice in the area of accidents/hazards due to the facility staff failing to ensure fall interventions for Resident #59 were consistently in place.</p> <p>Findings include:</p> <p>I. Facility policy</p> <p>The Fall Risk Assessment policy, revised March 2018, was provided by the nursing home administrator (NHA) on 9/19/24 at 11:33 a.m. It read in pertinent part:</p> <p>The nursing staff, in conjunction with the attending physician, consultant pharmacist, therapy staff and others will seek to identify and document resident risk factors for falls and establish a resident-centered falls prevention plan based on relevant assessment information.</p> <p>Assessment data shall be used to identify underlying medical conditions that may increase the risk of injury from falls. The staff and attending physician will collaborate to identify and address modifiable fall risk factors and interventions to try to minimize the consequences of risk factors that are not modifiable.</p> <p>(continued on next page)</p>

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 09/19/2024
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)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The Falls Clinical policy, revised September 2012, was provided by the NHA on 9/19/24 at 11:33 a.m. It read in pertinent part:</p> <p>If the interventions have been successful in preventing falling, the staff will continue with current approaches or reconsider whether these measures are still needed if the problem that required the interventions is resolved.</p> <p>II. Resident #59</p> <p>A. Resident status</p> <p>Resident #59, age greater than 65, was admitted on [DATE]. According to the September 2024 computerized physician orders (CPO), diagnoses included a fracture to the lower end of the right radius, anxiety disorder, epilepsy, dementia, chronic diastolic (congestive) heart failure, muscle weakness and repeated falls.</p> <p>The 8/14/24 minimum data set (MDS) assessment revealed Resident #59 had a moderate cognitive impairment with a brief interview for mental status (BIMS) score of eight out of 15. Resident #59 had an impairment to one of her upper extremities and used a wheelchair.</p> <p>B. Observations</p> <p>On 9/18/24 at 9:49 a.m. Resident #59 was sitting in her wheelchair in her room. The resident's call light was hanging behind her and was out of her reach.</p> <p>At 9:56 a.m. the interim director of nursing (IDON) entered the resident's room and placed the call light within the resident's reach.</p> <p>On 9/19/24 at 9:56 a.m. Resident #59 was asleep in her bed. The bed was in the lowest position, however a fall mat was not on the floor next to the bed. The fall mat was tucked in on the side of the closet.</p> <p>At 10:04 a.m. certified nurse aide (CNA) #2 entered Resident #59's room and placed the fall mat on the floor by the bed as the resident continued to sleep.</p> <p>C. Record review</p> <p>Resident #59 experienced a fall on 8/1/24. The facility failed to use the mechanical lift according to the facility's protocol which resulted in the resident falling to the floor which resulted in a fractured lower end of the right radius.</p> <p>The 8/6/24 interdisciplinary at risk note progress note documented a CNA reported Resident #59 slipped off the bed and onto the floor. She stated she had placed the resident on the bed, moved the lift and saw the resident start to slide. The CNA said the resident leaned to the right, struck the trash can with her right arm and then was able to sit herself up into a sitting position.</p> <p>(continued on next page)</p>

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 09/19/2024
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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The progress note documented the root cause of the fall was the resident was not positioned far enough back on the bed. Current interventions were a Call don't fall sign, anticipate the resident's needs, toilet with assistance and proper footwear. New interventions implemented were for the resident to be a full mechanical Hoyer lift with two staff members present during transfers.</p> <p>A physician's note dated 9/6/24 documented Resident #59 had functional impairments with potential high risk for frequent falls. The note documented the resident was on Keppra (a medication used to treat seizures/epilepsy) 500 milligrams (mg) two times per day.</p> <p>The note documented the resident was on fall precautions and staff was to monitor for neurological changes.</p> <p>The note further documented the resident had significant cognitive deficits and was at high risk of falls with physical injury.</p> <p>Resident #59's activities of daily living (ADL) care plan, revised on 9/16/24 (during the survey), revealed the resident had limitations in her ability to perform her ADLs. Interventions included providing extensive assistance with bed mobility, dressing and personal hygiene and transferring the resident with two staff using the medium yellow sling and the Hoyer lift.</p> <p>Resident #59's fall care plan, revised on 8/21/24, revealed the resident was at risk for falls due to a history of falling, decreased mobility, diabetes and hypertension (blood pressure) medications. Interventions included keeping the call light within reach and encouraging the resident to use the call light for assistance, promptly responding to the resident's call light (initiated 8/8/22), low bed and fall mat while in bed (initiated 8/5/24), posting a sign encouraging the resident to call for assistance (initiated 8/5/24) and placing a touch call light within reach (initiated 8/19/24).</p> <p>-However, the facility failed to ensure Resident #59's call light was within reach and the fall mat was on the floor by the resident's bed (see observations above).</p> <p>III. Staff interviews</p> <p>The IDON was interviewed on 9/18/24 at 9:56 a.m. The IDON said Resident #59's call light was supposed to be within reach of the resident.</p> <p>CNA #2 was interviewed on 9/19/24 at 10:04 a.m. CNA #2 said Resident #59 was a fall risk and needed the fall mat on the floor by her bed. CNA #2 said the fall mat was previously on the floor but she said she moved it when she assisted the resident earlier and forgot to put the fall mat back.</p> <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Corporate consultant (CC) #2 was interviewed on 9/19/24 at 10:45 a.m. CC #2 said on 8/1/24 the day shift registered nurse (RN) noted Resident #59's arm was swollen and tender and the RN obtained a physician's order for an immediate x-ray. CC #2 said an investigation was started because the resident's fall resulted from a CNA transferring the resident with a sit-to-stand lift without a second staff person present. CC #2 said the licensed practical nurse (LPN) from the night of the fall (7/31/24) did not identify any problems or pain with the resident and the resident's representative was not notified right away. CC #2 said the CNA transferred the resident back to bed along with the LPN and the LPN admitted he did not follow the proper steps after a fall. She said the CNA used the sit-to-stand alone and transferred the resident into bed. CC #2 said the CNA notified the LPN the resident fell . CC #2 said the CNA and LPN were suspended pending the facility investigation.</p> <p>CC #2 was interviewed again on 9/19/24 at 11:36 a.m. CC #2 clarified Resident #59 was transferred to the side of her bed and her feet were still on the base of the sit-to-stand when the CNA pulled the lift away from the resident. CC #2 said this was what caused Resident #59 to fall.</p> <p>IV. Facility follow-up</p> <p>The NHA provided follow-up documentation (after the survey) on 9/23/24 at 5:36 p.m. It read in pertinent part:</p> <p>The community self-identified some concerns related to the facility will ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan and resident choices. The facility will ensure that the fall management policy is followed per corporate and state regulations.</p> <p>Corrective action:</p> <ol style="list-style-type: none"> 1. A resident (Resident #59) was sent to the emergency room (ER) for an x-ray due to a change in pain rating, and a swollen wrist and arm. The resident had a fall on 7/31/24. 2. An investigation started immediately upon the radiology report findings. 3. The nurse who failed to document fall assessment, post fall follow up and notification of family was suspended on 8/7/24. 4. Interview with resident, NHA and social worker on 8/6/24. 5. Spoke with resident's daughter on 8/5/24. 6. Notified the medical director (MD) on 8/1/24. 7. CNA suspended pending investigation on 8/5/24. <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>All residents that reside in the facility are at potential risk as every resident has the potential of falling. Facility will review the last 30 days of resident falls to identify any injury that might have occurred and went unreported or unassessed. Facility will review the last two weeks of the 24-hour report to identify any change of condition that was not assessed and followed up on. Issues identified will be addressed at that time. Facility will review residents who require mechanical lift transfers and ensure transfer status is on the residents' care plan.</p> <p>Starting 8/5/24, all nursing staff will be educated by the director of nursing (DON) or designee on ensuring two staff are present for all mechanical lift transfers, the facility fall management and investigation policy, to include safe positioning of resident in a bed, documentation required post fall including assessment and notification of resident after a fall. An attendance sheet will be reconciled with an active staff roster and nursing staff that were unable to attend will be provided with one-on-one re-education.</p> <p>The interdisciplinary team (IDT) will review each business day any concerns from the prior business day and ensure residents who have experienced any change in condition have been appropriately assessed and any follow up has been documented and reported to family and MD. The DON or designee will conduct record reviews post fall to ensure policy and procedures were followed weekly for four weeks, then monthly for two months, then as needed thereafter. DON or designee will observe three random staff utilizing a mechanical list weekly for four weeks, then monthly for two months, then as needed thereafter. Any non-compliance finding will be dealt with immediately. All findings will be tracked and trended and reported to the quality assurance performance improvement (QAPI) committee monthly for three months and then as needed to ensure the plan is implemented, sustained and evaluated for its effectiveness.</p> <p>Date of compliance was 8/9/24.</p>		

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 09/19/2024
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)		
<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48412</p> <p>Based on observations, record review and interviews, the facility failed to ensure one (#34) of three residents out of 50 sample residents received the care and services necessary to meet their nutrition needs and to maintain their highest level of physical well-being.</p> <p>Resident #34 was admitted to the facility for long-term care on 6/30/24 with diagnoses of age-related osteoporosis, hypokalemia (low potassium levels in the blood), hypocalcemia (low calcium levels in the blood), hypomagnesemia (low magnesium levels in the blood), cognitive communication deficit and cerebral infarction (stroke). Upon admission, on 6/30/24, the resident weighed 103.4 pounds (lbs).</p> <p>The 7/2/24 nutritional evaluation determined the resident was malnourished. The facility implemented snacks three times a day, however the facility did not have a system in place to monitor the resident's acceptance of the nutritional intervention. The resident's weight continued to decrease.</p> <p>On 9/17/24, Resident #34 weighed 87.5 lbs. Resident #34 had sustained a 15.9 lbs weight loss in three months (15.38%), which was considered a severe weight loss. The facility failed to implement person centered nutritional interventions when the resident's weight continued to decline until the resident sustained severe weight loss.</p> <p>Additionally, the facility failed to provide the resident with adequate assistance during meals and offer the resident meals.</p> <p>Findings include:</p> <p>I. Professional reference</p> <p>Treating Weight Changes in Long-Term Care, published 6/14/22, was retrieved on 9/25/24 from https://dietitiansondemand.com/treating-weight-changes-in-long-term-care/ It read in pertinent part,</p> <p>Any time a nutrition intervention is ordered or discontinued, the nutrition plan of care should reflect the current status of the resident. This helps keep everyone on the same page. A nutrition intervention is only effective when it is implemented. Be sure to communicate any changes to the nutrition plan of care with nursing and other clinical staff.</p> <p>II. Resident #34</p> <p>A. Resident status</p> <p>Resident #34, age greater than 65, was admitted on [DATE]. According to the September 2024 computerized physician order (CPO), diagnoses included age-related osteoporosis, hypokalemia, hypocalcemia, hypomagnesemia, cognitive communication deficit and cerebral infarction.</p> <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The 8/22/24 minimum data set (MDS) assessment revealed Resident #34 was cognitively intact with a brief interview for mental status (BIMS) score of 15 out of 15. The MDS assessment indicated the resident could eat independently.</p> <p>-However, observations revealed the resident had difficulties eating and spilled food on herself and the floor related to her tremors.</p> <p>The 7/4/24 MDS assessment documented the resident was 60 inches tall (five foot) and weighed 102 lbs. It indicated the resident had not had any significant weight gain or weight loss in the last six months. The MDS assessment did not indicate the resident had swallowing difficulties.</p> <p>B. Observations and interviews</p> <p>On 9/16/24 during a continuous observation, from 10:30 a.m. to 11:30 a.m., the following was observed:</p> <p>At 10:50 a.m. Resident #34 was in the dining room. Resident #34 was eating independently. Resident #34 was served french toast, eggs, sausage, bacon and toast. The resident's upper extremities were shaking with tremors. Resident #34 scooped some food on her spoon and as she lifted the spoon to her mouth, her tremors caused the food to fall off the spoon before she got the spoon to her mouth.</p> <p>Resident #34 was not offered assistance during the entire brunch meal. Resident #34 left the dining room at approximately 11:30 a.m. The majority of the residents' food was on the floor.</p> <p>On 9/17/24 during a continuous observation of the dinner meal, beginning at 5:00 p.m. and ending at 5:19 p. m., the following was observed:</p> <p>At 5:00 p.m. Resident #34 was in bed and she received her meal. The resident was served mechanical soft salisbury steak, green beans, mashed potatoes with gravy and peach cobbler.</p> <p>At 5:05 p.m. the resident took two bites of her dinner. She began to cough.</p> <p>At 5:19 p.m. certified nurse aide (CNA) #4 removed Resident #34's tray. Resident #34 had only eaten two bites of her dinner. CNA #4 did not offer an alternative meal option.</p> <p>The resident had her meal for 19 minutes before it was removed and she was not offered assistance to eat.</p> <p>On 9/19/24 at 1:30 p.m. CNA #2 began passing the siesta meal which consisted of two pieces of cheese and three crackers with lemonade.</p> <p>At 1:43 p.m. CNA #2 returned the meal cart to the kitchen. The residents who resided on Resident #34's hallway were not offered the siesta meal, including Resident #34.</p> <p>CNA #2 was interviewed at 1:45 p.m. CNA #2 said she returned the cart with cheese and crackers to the kitchen when all of the residents were served. CNA #2 said she picked up the meal cart at the beginning of the hallway and turned left down the smaller hallway. CNA #2 said she was not aware Resident #34's hallway was not served the siesta meal.</p> <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>At 1:48 p.m. CNA #2 removed the siesta meal cart from the kitchen and served the siesta meal to Resident #34 and the other residents on her hall. The resident took a few bites of the crackers but did not eat the cheese. The resident did not receive any assistance to eat.</p> <p>On 9/19/24 at 6:55 p.m. Resident #34 was lying in bed. She had her head slightly lifted and was eating a shake with a spoon. Resident #34 had spilled the shake on herself. Resident #34 said she needed assistance with eating.</p> <p>CNA #5 was interviewed at 6:57 p.m. CNA #5 said Resident #34 was independent with eating and was able to feed herself. CNA #5 said she was going to check on the resident.</p> <p>C. Record review</p> <p>Resident #34's nutritional care plan, initiated on 7/1/24, revealed the resident was at risk for the inability to maintain her nutrition. Interventions implemented on 7/1/24 included inviting the resident to activities that promoted additional intake, monitoring, documenting and reporting signs or symptoms of dysphagia (swallowing difficulties), monitoring, documenting and reporting signs or symptoms of malnutrition, occupational therapy screening and providing the resident with adaptive equipment for feeding as needed, providing and serving a no added salt diet as ordered per the family's request and recording each meal, the registered dietitian (RD) was to evaluate and make diet change recommendations as needed, speech pathology screening as needed and weighing the resident per facility protocol.</p> <p>Resident #34's activities of daily living (ADL) care plan, revised on 7/29/24, revealed the resident ate food independently.</p> <p>Resident #34's nutrition care plan, revised on 9/3/24, revealed the resident had a Carnation shake (nutritional supplement) added to each meal tray.</p> <p>Resident #34's weights were documented in the resident's electronic medical record (EMR) as follows:</p> <ul style="list-style-type: none"> -On 6/30/24 Resident #34 weighed 103.4 lbs; -On 7/1/24 Resident #34 weighed 102 lbs; -On 7/10/24 Resident #34 weighed 98.7 lbs; -On 7/16/24 Resident #34 weighed 100.6 lbs; -On 7/23/24 Resident #34 weighed 97.6 lbs; -On 7/30/24 Resident #34 weighed 98.9 lbs; -On 8/1/24 Resident #34 weighed 98.4 lbs; -On 8/13/24 Resident #34 weighed 96.2 lbs; <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-On 8/20/24 Resident #34 weighed 96.7 lbs;</p> <p>-On 8/27/24 Resident #34 weighed 92.6 lbs;</p> <p>-On 9/2/24 Resident #34 weighed 90.6 lbs;</p> <p>-On 9/10/24 Resident #34 weighed 89.7 lbs; and,</p> <p>-On 9/17/24 Resident #34 weighed 87.5 lbs.</p> <p>-Resident #34 sustained a 7.8 lbs (7.9%) weight loss from 8/1/24 to 9/2/24 in one month, which was considered severe.</p> <p>-Resident #34 lost 15.9 lbs (15.38%) from 6/30/24 to 9/17/24 in three months, which was considered severe.</p> <p>A skilled evaluation note entered in Resident #34's EMR on 6/30/24 revealed the resident was able to orally take in nutrition and hydration. The resident had no symptoms of a swallowing disorder. Difficulty in chewing was documented. The resident was offered assistance with meals which included set up and feeding assistance as needed and nutritional supplements were ordered with meals.</p> <p>The 7/2/24 mini nutritional assessment (MNA) revealed the resident weighed 102 lbs on 7/1/24 and the resident did not have a decreased food intake. The resident was unaware if she had lost any weight in the past three months. The resident was able to get out of her bed or chair but was not eating in the dining room. Resident #34 suffered psychological stress in the past three months and the resident had mild dementia. Resident #34 scored a six out of 14 on the nutritional assessment, which indicated she was malnourished.</p> <p>The 7/2/24 dietary profile revealed the resident was prescribed a no added salt diet, regular food texture and thin liquids. The assessment indicated the resident was not taking nutritional supplements before she was admitted to the facility and was not taking nutritional supplements at the time of the assessment. Resident #34 needed partial assistance during meals.</p> <p>On 7/6/24 Resident #34's diet order was changed to a no added salt diet, regular texture and thin liquids.</p> <p>The 7/9/24 nutrition risk review note revealed the resident was admitted on a regular diet that was changed based on the family's request. Resident #34 was able to eat with set up assistance at meals and her intakes were improving. The nutrition risk review note recommended offering snacks three times a day and weekly weights for four weeks then monthly weights if Resident #34's weight was stable.</p> <p>-Review of the resident's EMR indicated the resident was consuming 0 to 25% of the snacks the majority of the time in the last 30 days.</p> <p>-The task for eating support documented (from 8/21/24 to 9/19/24) revealed the resident required supervision with eating 37 times out of 150 meals, 17 times she required limited assistance out of 150 meals and four times required extensive assistance out of 150 meals.</p> <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/16/24 Resident #34's diet order changed from a no added salt diet, regular texture and thin liquids to a no added salt diet, mechanical soft texture and nectar thickened liquids.</p> <p>On 8/5/24 Resident #34's diet order changed from a no added salt diet, mechanical soft texture and nectar thickened liquids to a no added salt diet, mechanical soft texture and thin liquids.</p> <p>The 8/28/24 physician note revealed the nurse practitioner (NP) was notified the resident had lost some weight and the nurse thought the resident was feeling depressed. The resident confirmed with the NP that she was depressed and not having much of an appetite. The resident was offered Remeron antidepressant (medication used as an appetite stimulant) and declined.</p> <p>The 9/3/24 weight change note documented the resident had lost 5.2 % of her weight in one month. The resident was offered Remeron by her provider and refused, though the resident also had some depression. The registered dietician (RD) offered a protein shake with each meal and the resident agreed. The RD recommended liberalizing the resident's no added salt diet due to poor intake.</p> <p>The 9/17/24 nutrition note revealed the interdisciplinary team (IDT) notified the staff that the resident needed assistance at meals.</p> <p>The 9/18/24 weight change note revealed the resident lost 9.3% of her weight in one month and a severe weight change was noted. The resident needed more assistance during meals and the resident's EMR indicated needing anywhere from set up assistance to being fully dependent on staff during meals. The RD encouraged the resident to eat her meals in the dining room at the assistance table. The resident agreed to use Remeron for depression and increased appetite. The resident was accepting Carnation supplements 50 percent of the time. The RD encouraged small and frequent meals and ordered MedPass 60 milliliters (ml) three times a day and monitored weights weekly.</p> <p>-A review of the resident's EMR did not include documentation indicating the facility was monitoring the amount the resident was consuming of the Carnation supplement to determine if it was an effective intervention.</p> <p>A review of the September 2024 CPO revealed the resident had the following physician's orders:</p> <p>Carnation Breakfast Essential (nutritional supplement) two times a day, ordered on 9/3/24.</p> <p>Obtain weekly weights due to significant weight loss, ordered on 9/9/24.</p> <p>Mirtazapine (Remeron) seven and a half milligrams (mg) every day for an appetite stimulant, ordered on 9/12/24.</p> <p>TwoCal (nutritional supplement) three times a day, ordered on 9/17/24.</p> <p>III. Staff interviews</p> <p>Registered nurse (RN) #2 was interviewed on 9/18/24 at approximately 4:30 p.m. RN #2 said Resident #34 was able to feed herself, but she required supervision and encouragement. She said at times the resident fed herself better than other days as she had had a decline.</p> <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The registered dietitian (RD) was interviewed on 9/19/24 at 3:39 p.m. The RD said Resident #34 had a severe weight loss of 9.3% within a month (8/18/24 to 9/18/24). The RD said she started the resident on a protein shake and the resident was offered an appetite stimulant but the resident refused the medication at the time. She said Resident #34 had a diet change which liberalized her previous diet. The RD said Resident #34 was on weekly weights and a TwoCal nutritional supplement in addition to the Carnation shakes she received at meals. The RD said the shake consisted of peanut butter, banana and heavy cream.</p> <p>The RD said if the resident had not eaten her meal, the staff needed to offer an alternative meal. The RD said she spoke to Resident #34 on 9/18/24 and she agreed to have more assistance from staff during her meals. The RD said when she had spoken to the resident, she put out a communication to the interdisciplinary team so they would be aware of the changes. The RD said she sent the changes for Resident #34 on 9/18/24 at 3:29 p.m. from her conversation with the resident that she would like to have assistance with meals. The RD said she also updated Resident #34's kardex. She said Resident #34 was on a mechanical soft texture and was not supposed to receive crackers from the siesta meal. The RD said she relied on the nursing staff to ensure everyone received their meals since the facility offered five meals a day and that residents were not skipped.</p> <p>The interim director of nursing (IDON) was interviewed on 9/19/24 at 4:00 p.m. The IDON said Resident #34 fed herself independently but needed more cueing and assistance. The IDON said the RD was reviewing the resident and Resident #34 was also reviewed in the nutrition at-risk meeting.</p> <p>The dietary manager (DM) was interviewed on 9/19/24 at 4:30 p.m. The DM said the facility provided five meals a day, per the residents' preferences. The five meals included continental breakfast that was served at 7:00 a.m., brunch that was served at 10:30 a.m., siesta that was served at 1:30 p.m., dinner was served at 4:00 p.m. and the nightcap meal was served at 6:30 p.m.</p> <p>The DM said the facility did not have a system in place to track the five meals offered on the facility's meal plan or snacks.</p>		

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 09/19/2024
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)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50690</p> <p>Based on observations, record review and interviews, the facility failed to ensure the medication error rate was not greater than five percent (%).</p> <p>Specifically, the facility's medication error rate was 7.69% or two errors out of 26 opportunities for error.</p> <p>Findings include:</p> <p>I. Professional reference</p> <p>According to [NAME], P.A., [NAME], A.G., et.al., Fundamentals of Nursing, 10 ed. (2020), Elsevier, St. Louis Missouri, pp. 606-607, was retrieved on 9/24/24, Take appropriate actions to ensure the patient receives medication as prescribed and within the times prescribed and in the appropriate environment. Professional Standards such as nursing scope and standards of practice apply to the activity of medication administration. To prevent medication errors, follow the seven rights of medication administration consistently every time you administer medications. Many medication errors can be linked in some way to an inconsistency in adhering to these seven rights: the right medication, the right dose, the right patient, the right route, the right time, the right documentation and the right indication.</p> <p>II. Facility policy and procedure</p> <p>The Medication Administration Times policy was provided by the nursing home administrator (NHA) on 9/16/24 at 1:57 p.m. It read in pertinent part,</p> <p>Med pass times:</p> <p>7:00 a.m.-11:00 a.m.</p> <p>11:00 a.m. -3:00 p.m.</p> <p>3:00 p.m.-11:00 p.m.</p> <p>4:00 p.m.-9:00 p.m.</p> <p>12:00 a.m. -3:00 a.m.</p> <p>III. Observations</p> <p>On 9/19/24 at 11:39 a.m. registered nurse (RN) #1 was preparing and administering medications to Resident #49. The orders included:</p> <p>-Aspirin EC (enteric coated) delayed release 81 milligrams (mg), one tablet by mouth one time a day for heart health. Scheduled for 7:00 a.m. to 11:00 a.m.</p> <p>(continued on next page)</p>		

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 09/19/2024
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)
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Lisinopril 10 mg, 0.5 tablet by mouth one time a day for hypertension. Scheduled for 7:00 a.m. to 11:00 a.m.</p> <p>-RN #1 gave the two medications at 11:39 a.m. (39 minutes after the allowed administration time).</p> <p>D. Staff interviews</p> <p>RN #1 was interviewed on 9/19/24 at 11:39 a.m. RN #1 said a few of the residents on the unit were having a hard day and he had to re-approach one of them later to see if they would take their medications, which slowed down the medication administration.</p> <p>The interim director of nursing (IDON) and the NHA were interviewed together on 9/19/24 at approximately 3:30 p.m. The IDON and the NHA said they were surprised that the medications were given late. The IDON said that RN #1 spent a lot of time with the residents and the residents loved him.</p>

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 09/19/2024
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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50690</p> <p>Based on observations and interviews, the facility failed to ensure all drugs and biologicals were properly stored in one of two medication refrigerators.</p> <p>Specifically, the facility failed to:</p> <ul style="list-style-type: none"> -Ensure the medication refrigerator was locked when left unattended; and, -Ensure controlled medications were locked in a double locked area inside the medication refrigerator. <p>Findings include:</p> <p>I. Professional reference</p> <p>According to Treas, L.S., [NAME], et.al. (2022) [NAME] Advantage for Basic Nursing (3 ed.), p. 1975, was retrieved on 9/25/24, Controlled substances must be double locked stored in locked drawers within a second locked area.</p> <p>According to the United States Drug Enforcement Administration (DEA) (4/10/18), was retrieved on 9/25/24 from https://www.dea.gov/drug-information/drug-scheduling. Lorazepam (Ativan) is a Schedule IV controlled substance.</p> <p>II. Observations</p> <p>On 9/16/24 at 9:26 a.m., the padlock on the Pine Ridge medication refrigerator behind the nurse's station was unlocked. The nurse's station was a U-shaped desk with two small entrances on each end. Behind the desk, were shelves lining the walls, and a medication refrigerator on the left-sided counter. The nurse's station was not locked.</p> <p>On 9/19/24 at 9:33 a.m. the padlock on the Pine Ridge medication refrigerator was unlocked.</p> <p>At 10:05 a.m. the padlock on the Pine Ridge medication refrigerator was unlocked.</p> <p>At 10:25 a.m. the padlock on the Pine Ridge medication refrigerator was unlocked and there were multiple doses of insulin and there were eye drops. There was a black lock box inside the refrigerator with a chain attaching it to the refrigerator shelf. There were no nurses in the vicinity. There were two non-facility employees from a hospice agency within a few feet of the refrigerator doing paperwork, and three residents in wheelchairs sitting just outside the nurse's station.</p> <p>At 10:36 a.m. registered nurse (RN) #2 locked the Pine Ridge medication refrigerator.</p> <p>III. Staff interviews</p> <p>(continued on next page)</p>

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 09/19/2024
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>RN #2 was interviewed on 9/19/24 at 1:30 p.m. RN #2 said she did not know the code for the lock that was on the outside of the refrigerator. She said the lock on the medication box inside the fridge was difficult to open.</p> <p>The NHA was interviewed on 9/19/24 at approximately 3:30 p.m. The NHA said the staff had reported difficulty opening the locks and that may have been why the refrigerator was unlocked. The NHA said he had not addressed the concerns regarding the staff having difficulty opening the locks on the medication refrigerator.</p> <p>IV. Facility follow-up</p> <p>On 9/20/24 at 10:26 a.m. (after the survey exit) the NHA provided pictures of a sign that was posted on the outside of all of the medication refrigerator doors that said, in pertinent part,</p> <p>Both the outside and inside locks have to be locked in order to be compliant.</p>		

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 09/19/2024
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47536</p> <p>Based on observations and interviews, the facility failed to maintain an infection control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development of infection and transmission of diseases.</p> <p>Specifically, the facility failed to:</p> <ul style="list-style-type: none"> -Ensure facility staff offered appropriate hand hygiene to residents before meals; and, -Ensure laundry staff handled clean laundry in a sanitary manner. <p>Findings include:</p> <p>I. Failure to provide hand hygiene to residents</p> <p>A. Facility policy</p> <p>The Handwashing/Hand Hygiene policy, revised October 2023, was received from the nursing home administrator (NHA) on 9/16/24 at 1:57 p.m. The policy read in pertinent part,</p> <p>This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections.</p> <p>All personnel are trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections.</p> <p>All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents and visitors.</p> <p>Hand hygiene is provided and supplies are readily accessible and convenient for staff to encourage compliance with hand hygiene policies. Alcohol-based hand rub dispensers are placed in areas of high visibility and consistent with workflow throughout the facility.</p> <p>Residents are encouraged to practice hand hygiene.</p> <p>B. Observations</p> <p>On 9/17/24 at 4:20 p.m. the main dining room was observed during the evening meal. The residents' meal trays had a warm green wet cloth which was placed on the tray. The resident's who were able to use the green cloth independently sanitized their hands prior to eating.</p> <p>-However, the residents who were not independent in their self care were not assisted with sanitizing their hands prior to eating their meal.</p> <p>(continued on next page)</p>		

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 09/19/2024
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident #4 was not assisted with hand hygiene prior to eating her meal. She was observed picking at her cake with her fingers.</p> <p>On 9/18/24 at 10:49 a.m. the main dining room was observed during the brunch meal. The residents' meal trays had a warm green wet cloth which was placed on the tray. The resident's who were able to use the cloth did wipe their hands. However, the residents who were not independent in their self care, were not assisted to wash their hands prior to eating their meal.</p> <p>On 9/18/24 at 4:35 p.m. the main dining room was passing the meal trays. The trays had a warm green wet cloth which was placed on the tray. The resident's who were able to use the green cloth independently sanitized their hands prior to eating.</p> <p>-However, the residents who were not independent in their self care were not assisted with sanitizing their hands prior to eating their meal.</p> <p>-Resident #59 self-propelled her wheelchair into the dining room. An unidentified certified nurse aide (CNA) assisted her with her wheelchair to the dining room table.</p> <p>-The CNA did not offer Resident #59 assistance with sanitizing her hands.</p> <p>Resident #59 received her meal at approximately 4:45 p.m. She received a finger food diet. The Salisbury steak was placed in a bun. The resident picked up the food with her unsanitized hands and began eating.</p> <p>C. Staff interviews</p> <p>The infection preventionist (IP) and corporate consultant #1 (CC) were interviewed together on 9/19/24 at 12:30 p.m. The IP said the residents were offered hand hygiene in the dining room before meals. The IP said the dietary staff were expected to place washcloths pre-moistened with warm water in a bucket in the dining room. As residents were ready to eat their meals, she said a staff member retrieved a clean, pre-moistened washcloth and offered it to the residents for hand hygiene. The IP said hand hygiene was essential to reduce hand-to-mouth disease transmission.</p> <p>CC #1 said the facility should offer the residents a sani-wipe, an individually wrapped hand-sanitizing wipe. CC #1 said she would work with the IP to ensure the residents were provided with hand hygiene before their meals.</p> <p>II. Failure to handle clean laundry in a sanitary manner</p> <p>A. Facility policy</p> <p>The Laundry and Bedding, Soiled policy, revised September 2022, was received from the NHA on 9/19/24 at 7:38 p.m. The policy read in pertinent part,</p> <p>Soiled laundry/bedding shall be handled, transported and processed according to best practice for infection prevention.</p> <p>All used laundry is handled as potentially contaminated using standard precautions.</p> <p>(continued on next page)</p>		

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 09/19/2024
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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Contaminated laundry is bagged or contained at the point of collection.</p> <p>Staff handle soiled textiles with minimum agitation to avoid the contamination of air, surfaces, and persons.</p> <p>Contaminated linen and laundry is not held close to the body or squeezed during transportation.</p> <p>Clean linen is protected from dust and soiling during transport and storage to ensure cleanliness.</p> <p>B. Observation</p> <p>On 9/18/24 at approximately 11:00 a.m. the laundry aide (LA) was delivering clean clothing to residents' rooms. She held the clean personal laundry next to her uniform. She had several hangers and went into multiple rooms holding the clothes directly against her uniform.</p> <p>C. Staff interviews</p> <p>The LA was interviewed on 9/18/24 at approximately 11:15 a.m. The LA said she had a cart that she was supposed to use to transport residents' clean clothing, however, she said it was easier for her to deliver the clothes by holding them instead of placing them on the cart. She said she did not know she should not hold the clean clothes against her uniform.</p> <p>The IP was interviewed on 9/19/24 at 12:30 p.m. The IP said staff should not transport clean laundry by holding the laundry against their bodies. The IP said if the laundry was clean, holding the laundry against the body could cause the laundry to become contaminated by any pathogens on the employees' clothing. She said if the laundry was soiled and came into contact with the employees' clothing, the employees' clothing would be a possible source for spreading pathogens.</p>