

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2026
NAME OF PROVIDER OR SUPPLIER Bear Creek Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1685 S 21st St Colorado Springs, CO 80904	

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 - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 and transmission of diseases and infections in two of two units. Specifically, the facility failed to: -Ensure hand hygiene was performed appropriately when providing care; -Ensure staff donned (put on) appropriate personal protective equipment (PPE) when providing direct care to residents who should be on enhanced barrier precautions (EBP), including Resident #7 and Resident #33; -Ensure resident rooms were cleaned in a hygienic manner; and, -Ensure chemical dwell times were followed. Findings include:</p> <p>I. Hand hygiene failures</p> <p>A. Facility policy and procedure</p> <p>The Infection Prevention and Control Program (IPCP) policy, revised October 2018, was provided by the nursing home administrator (NHA) on 2/10/26 at 8:02 a.m. It read in pertinent part, An IPCP is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>Important facets of infection prevention include instituting measures to avoid dissemination, educating staff and ensuring that they adhere to proper techniques and procedures, implementing appropriate isolation precautions when necessary and following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC).</p> <p>The facility has established policies and procedures regarding infection control among employees, contractors, vendors, visitors and volunteers, including those with potential direct exposure to blood or body fluids are trained in and required to use appropriate precautions and personal protective equipment (PPE).</p> <p>The Handwashing/Hand Hygiene policy, dated 2001, was provided by the NHA on 2/11/26 at 9:12 a.m. It read in pertinent part, This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections.</p> <p>Hand hygiene is indicated immediately before touching a resident, before performing an aseptic task, after contact with blood, body fluids or contaminated surfaces, after touching a resident, after touching a resident's environment, before moving from work on a soiled body site to a clean body site on the same resident and immediately after glove removal.</p> <p>B. Observations (continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 2/10/26 at 8:15 a.m. registered nurse (RN) #1 prepared medications to administer to Resident #15, including enoxaparin sodium (Lovenox - blood thinner medication) subcutaneous injection 30 milligram (mg) per 0.3 milliliter (ml), ordered 1/31/26.</p> <p>RN #1 entered Resident #15's room and administered his medications, including the Lovenox injection. RN #1 prepared the left lower quadrant of the resident's abdomen for the injection by cleansing the area with an alcohol prep pad, then administered the subcutaneous injection.</p> <p>-RN #1 failed to perform hand hygiene between the time he last handled the medication cart and when he administered the injection to Resident #15</p> <p>-RN #1 failed to don gloves before he administered the subcutaneous injection to Resident #15.</p> <p>RN #1 performed hand hygiene with hand sanitizer after he exited the resident's room.</p> <p>-However, RN #1 did not perform hand hygiene until after he touched the medication cart computer.</p> <p>On 2/10/26 at 8:30 a.m. RN #1 prepared medications to administer to Resident #39, including a famotidine 10 mg oral tablet, ordered 3/20/24. While RN #1 dispensed the famotidine tablets, one tablet fell from the medication bottle to the top of the medication cart. RN #1 used his ungloved hand, picked up the tablet from the top of the medication cart and added it to Resident #39's medication cup for administration.</p> <p>RN #1 entered Resident #39's room and administered his medications, including the famotidine tablet that fell to the top of the medication cart.</p> <p>-RN #1 failed to ensure medications that dropped from the medication bottle were not administered to Resident #39.</p> <p>Tracheostomy care was performed on Resident #7 by RN #1 on 2/10/26 at 1:37 p.m. RN #1 performed hand hygiene with soap and water in the resident's room before he donned a clean pair of gloves.</p> <p>-RN #1 failed to change his gloves after he removed the old inner tracheostomy cannula and before he inserted the clean inner tracheostomy cannula.</p> <p>C. Staff interviews</p> <p>RN #1 was interviewed on 2/10/26 at 8:30 a.m. RN #1 said he did not know if he should have worn gloves during a subcutaneous or intramuscular injection. He said he did not wear gloves unless he was manipulating an intravenous (IV) catheter. RN #1 said it was important that hand hygiene was performed appropriately because he could be a vector and transmit communicable diseases from the last resident or object he made contact with.</p> <p>RN #1 was interviewed again on 2/10/26 at 1:58 p.m. RN #1 said he did not know if he should have changed his gloves after he removed Resident #7's old inner tracheostomy cannula and before he inserted the new inner cannula, and he did not know if that posed a risk to the resident. RN #1 said he had never thought about that before.</p> <p>The director of nursing (DON) was interviewed on 2/11/26 at 12:20 p.m. The DON said it was (continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>important to perform hand hygiene appropriately to protect both staff members and the residents from infection. She said hand hygiene was indicated before medications were dispensed, before medications were administered and after exiting the resident's room. The DON said gloves should have been worn while the subcutaneous injection was administered because the nurse broke the resident's skin and posed a risk to pathogens.</p> <p>The DON said if a pill dropped to the floor or to the medication cart the nurse should have thrown it away - even if they attempted to pick up the pill with a gloved hand. She said the pill should not have been placed in the resident's medication cup because the nurse did not know what the pill landed on, or when the last time the medication cart was cleaned.</p> <p>The DON said gloves should be changed after working with a dirty or soiled area, such as the inner tracheostomy cannula, before moving on to a clean area, such as the clean inner tracheostomy cannula, due to the risk of contamination. She said RN #1 would receive further education on providing direct patient care.</p> <p>II. Enhanced barrier precautions (EBP) failures</p> <p>A. Professional reference</p> <p>Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), 4/2/24, was retrieved 2/17/26. It read in pertinent part, Enhanced Barrier Precautions (EBP) expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities. Nursing home residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs. The use of gown and gloves for high-contact resident care activities is indicated, when contact precautions do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization as well as for residents with MDRO infection or colonization.</p> <p>Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: dressing; bathing/showering; transferring; providing hygiene; changing linens; changing briefs or assisting with toileting; device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator; and, wound care: any skin opening requiring a dressing.</p> <p>In general, gown and gloves would not be required for resident care activities other than those listed above, unless otherwise necessary for adherence to standard precautions. Residents are not restricted to their rooms or limited from participation in group activities. Because enhanced barrier precautions do not impose the same activity and room placement restrictions as contact precautions, they are intended to be in place for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.</p> <p>B. Facility policy and procedure</p> <p>The Enhanced Barrier Precautions (EBP) policy, dated 2001, was provided by the NHA on 2/11/26 at 9:12 a.m. It read in pertinent part, EBPs are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents. EBPs refer to infection prevention and control interventions designed to reduce the transmission of MDROs during high-contact resident care activities. (continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>EBPs apply when a resident is infected or colonized with a CDC-targeted MDRO, but does not have a wound or indwelling medical device and does not have secretions or excretions that cannot be covered or contained; a resident is not known to be infected or colonized with any MDRO, has a wound or indwelling medical device and has secretions or excretions that cannot be covered or contained; and, a resident is infected or colonized with any MDRO and there is a current investigation of a suspected or confirmed MDRO outbreak.</p> <p>Indwelling medical devices include central lines, urinary catheters, feeding tubes and tracheostomies. Examples of secretions or excretions include wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and pose an increased potential for extensive environmental contamination and risk of transmission of a pathogen. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include dressing, bathing/showering, changing briefs or assisting with toileting, transferring, changing linens, device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.) and wound care.</p> <p>C. Observations and resident interview</p> <p>Resident #7 was interviewed on 2/10/26 at 9:50 a.m. Resident #7 said when the nursing staff performed tracheostomy care they had never worn a yellow gown, but they did wear gloves.</p> <p>Tracheostomy care was performed on Resident #7 by RN #1 on 2/10/26 at 1:37 p.m. RN #1 performed hand hygiene with soap and water in the resident's room before he donned a clean pair of gloves.</p> <p>-RN #1 failed to don a mask or a yellow isolation gown while he performed tracheostomy care.</p> <p>During a continuous observations on 2/9/26, beginning at 12:15 p.m. and ending at 12:40 p.m., the following was observed:</p> <p>CNA #1 and CNA #3 were observed providing assistance to Resident #33. CNA #3 put Resident #33's shoes on. CNA #3 brought the sit to stand machine into the resident's room. CNA #3 put a gait belt around Resident #33's waist. CNA #1 and CNA #3 put the sling around Resident #33's back and hooked it to the machine. CNA #3 pressed the machine's button to lift the machine up and moved it to the wheelchair. CNA #1 lowered the machine so Resident #33 was sitting in his wheelchair. CNA #1 assisted Resident #33 into the bathroom. CNA #1 and CNA #3 donned (put on) clean gloves. CNA #1 and CNA #3 transferred Resident #33 to the toilet and removed his soiled brief. Resident #33 had a foley catheter. RN #3 came into the room and donned clean gloves. RN #3, CNA #1 and CNA #3 stood Resident #33 up from the toilet and cleaned his bottom. RN #3 applied cream to the wound on Resident #33's bottom. RN #3, CNA #1 and CNA #3 pulled up Resident #33's clean brief and pants and assisted him down in the wheelchair.</p> <p>-RN #3, CNA #1 and CNA #3 failed to don EBP during high contact resident care areas including dressing, transferring, wound care and toileting.</p> <p>D. Staff interviews</p> <p>Certified nursing aide (CNA) #1 was interviewed on 2/11/26 at 12:00 p.m. CNA #1 said she did not know about any special precautions for a resident with a tracheostomy, and as a CNA she did not provide care to residents with tracheostomy. She said she did not need to wear any special PPE to (continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>seconds.</p> <p>B. Facility policy and procedure</p> <p>The Cleaning and Disinfecting Residents' Rooms policy, revised 2013, was received from the NHA on 2/11/26 at 9:12 a.m. It documented in pertinent part, Manufacturers' instructions will be followed for proper use of disinfecting products. Clean horizontal surfaces (examples included bedside tables, overbed tables and chairs) daily with a cloth moistened with disinfectant solution. Clean personal use items (examples included lights, phones, call bells, bedrails, etc.) with disinfectant solution at least twice weekly.</p> <p>C. Observations</p> <p>During a continuous observation on 2/10/26, beginning at 9:00 a.m. and ending at 9:30 a.m., the following was observed:</p> <p>Housekeeper (HK) #1 was observed cleaning resident room [ROOM NUMBER]. HK #1 sprayed down the toilet with NABC concentrate and immediately wiped it down with a rag. HK #1 sprayed the commode with the NABC concentrate and immediately wiped it down with a new rag. HK #1 moved her cart to resident room [ROOM NUMBER]. HK #1 took out the trash. HK #1 sprayed down a rag with NABC Concentrate and wiped down the bedside table. HK #1 sprayed a clean rag with Clean by 4D and wiped down the grab bar in the bathroom. HK #1 sprayed the NABC concentrate on the bathroom sink counter and immediately wiped it with a clean rag. HK #1 sprayed the outside of the toilet with NABC Concentrate and immediately wiped it down with a clean rag. HK #1 swept and mopped the room.</p> <p>-HK #1 failed to disinfect the high touch surfaces.</p> <p>-HK #1 failed to follow the appropriate dwell times for chemicals used to clean resident rooms.</p> <p>During a continuous observation on 2/10/26, beginning at 9:35 a.m. and ending at 10:05 a.m., the following was observed:</p> <p>HK #2 was cleaning resident room [ROOM NUMBER]. HK #2 sprayed the bathroom sink, counter and mirror with NABC concentrate. HK #2 immediately wiped the mirror with a clean rag, replaced the rag, and wiped down the sink and counter with a new rag. HK #2 cleaned the inside of the toilet with toilet bowl cleaner and a brush. HK #2 sprayed NABC concentrate on the outside of the toilet and immediately wiped it down with a clean rag. HK #2 sprayed the grab bar in the bathroom with NABC concentrate and immediately wiped it down with a clean rag. HK #2 sprayed a clean rag with Clean by 4D and wiped down the side table in the room.</p> <p>-HK #2 failed to disinfect the high touch surfaces.</p> <p>-HK #2 failed to follow the appropriate dwell times for chemicals used to clean resident rooms.</p> <p>D. Staff interviews</p> <p>The environmental services director was interviewed on 2/11/26 at 11:21 a.m. She said the dwell time for Clean by 4D was two minutes and the dwell time for NABC concentrate was 10 minutes. She said she trained the housekeepers to spray down surfaces with the chemicals first as they started to (continued on next page)</p>		

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