| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065382 | A. Building<br>B. Wing | 06/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Brookdale Skyline | 2365 Patriot Hts<br>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) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to ensure residents who were unable to carry out activities of daily living (ADL) received the necessary services to maintain proper personal hygiene for three (#6, #8 and #9) of seven residents reviewed for ADLs out of 13 sample residents.<br><br>Specifically, the facility failed to:<br><br>-Ensure staff used a gait belt when transferring Resident #6 from a recliner to the wheelchair while taking the resident to his room to provide incontinence care;<br><br>-Ensure staff properly used a Hoyer lift (mechanical lift) when transferring Resident #8 to her bed to provide incontinence care; and,<br><br>-Ensure Resident #8 and Resident #9 were provided with timely incontinence care.<br><br>Findings include:<br><br>I. Professional reference<br><br>According to the Joerns Hoyer manufacturer guidelines, 2021, retrieved on 6/16/25, from https://www. https://www.joerns.com/product/hoyer-pro-slings/,<br><br>A sling is an item of moving and handling equipment that is used with a mechanical lift in order to facilitate the transfer of a patient. It comprises a specially designed and constructed piece of fabric that is placed under and/or around a patient before being attached to the spreader bar/cradle of a lift to raise, transfer and lower the patient. When selected and used correctly, a sling and lift combination will achieve a safer transfer and reduce the risks associated with manual handling.<br><br>Cross over leg straps, pass one leg strap through the other and attach to the hoist on the front hooks.<br><br>II. Facility policy and procedure<br><br>The Supporting the Activities of Daily Living policy, revised February 2024, was provided by the assistant director of nursing (ADON) on 6/11/25 at 5:10 p.m. It read in pertinent part,<br><br>Residents who are unable to carry out activities of daily living independently should receive the<br><br>(continued on next page) |



| 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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065382 | A. Building<br>B. Wing | 06/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Brookdale Skyline | 2365 Patriot Hts<br>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) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | services necessary to maintain good nutrition, grooming, personal and oral hygiene.<br><br>Appropriate care and services should be provided for residents who are unable to carry out<br><br>ADLs independently, with the consent of the resident and/or resident representative and in<br><br>accordance with the plan of care, including appropriate support and assistance with:<br><br>-Hygiene (bathing, dressing, grooming, and oral care);<br><br>-Mobility (transfer and ambulation, including walking);<br><br>-Elimination (toileting);<br><br>-Dining (meals and snacks); and,<br><br>-Communication (speech, language, and any functional communication systems).<br><br>The Gait/Transfer/Walking Belts policy, revised May 2022, was provided by the ADON on 6/11/25 at 5:10 p. m. It read in pertinent part,<br><br>Gait/transfer/walking belts are safety devices used for assisting a resident with transfer and/or<br><br>ambulation with mobility needs. These devices are used with residents who may have an unsteady gait, are at risk for falls, or other health conditions that affect ambulation.<br><br>Staff providing resident care should have access to gait/transfer belts and receive training in proper body mechanics. Gait/transfer belts should be used when needed, while providing care, assisting with ambulation, or transferring a resident.<br><br>The Mechanical/Assistive Lifts policy, revised September 2017, was provided by the ADON on 6/11/25 at 5:10 p.m. It read in pertinent part,<br><br>The use of all mechanical/assistive lift equipment should be according to manufacturer's<br><br>recommendations.<br><br>Staff should be educated on proper use of the equipment.<br><br>Education should be provided on the proper use of the assistive mechanical lifting<br><br>equipment prior to its use.<br><br>The Perineal Care procedure, issued October 2016, was provided by the ADON on 6/11/25 at 5:10 p.m. It read in pertinent part,<br><br>The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065382 | A. Building<br>B. Wing | 06/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Brookdale Skyline | 2365 Patriot Hts<br>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) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Use a washcloth with warm water and soap or a disposable moist cloth. Wash perineal area, wiping from front to back.<br><br>Wash the rectal area thoroughly, wiping from the base of the labia towards and extending<br><br>over the buttocks. Do not reuse the same washcloth/water or moist disposable cloth to clean<br><br>the labia.<br><br>Discard disposable items into designated containers. Remove gloves and discard into designated containers. Wash and dry your hands thoroughly.<br><br>III. Failure to transfer Resident #6 appropriately using a gait belt<br><br>A. Resident #6<br><br>1. Resident #6, age greater than 65, was admitted on [DATE]. According to the June 2025 computerized physician orders (CPO), diagnoses included dementia, history of falling, unspecified lack of coordination, abnormal gait and mobility.<br><br>The 5/9/25 minimum data set (MDS) assessment revealed Resident #6 had severe cognitive impairment with a brief interview for mental status (BIMS) score of seven out of 15. Resident #6 required assistance for transfers, toileting and personal hygiene.<br><br>The MDS assessment documented Resident #6 was frequently incontinent of urine and occasionally incontinent of bowel.<br><br>2. Observations<br><br>On 6/11/25 at 10:41 a.m. Resident #6 was assisted by certified nurse aide (CNA) #3 to transfer from a recliner to his wheelchair in order to go to the resident's room to provide incontinence care. Resident #6 was slow to respond to questions and did not open his eyes during the transfer.<br><br>-CNA #3 did not use a gait belt while providing a stand pivot transfer from the recliner to the wheelchair.<br><br>After Resident #6's incontinence care was finished, CNA #3 applied the resident's gait belt and requested assistance from CNA #5 in order to transfer Resident #6 back to the recliner. CNA #3 and CNA #5 commented on how tired Resident #6 appeared to be this morning.<br><br>-Despite the placement of the gait belt to transfer Resident #6, CNA #3 did not hold onto the gait belt to transfer the resident, instead placing her arms under Resident #6's armpits and lifting the resident by the shoulders during the transfer.<br><br>3. Record review<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065382 | A. Building<br>B. Wing | 06/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Brookdale Skyline | 2365 Patriot Hts<br>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) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | The comprehensive care plan, updated 6/3/25, documented Resident #6 required assistance from staff for transfers, toileting, bathing and personal hygiene. Interventions included the use of appropriate assistive devices and for staff to provide frequent cues to the resident when ambulating to reduce the risk of falls.<br><br>4. Staff interviews<br><br>The director of rehabilitation (DOR) was interviewed on 6/11/25 at 3:38 p.m. The DOR said she provided hands-on training on the use of gait belts and assistive devices for the nurses and CNAs. The DOR said she instructed the staff to use a gait belt with any ambulation or stand-pivot transfers for the safety of the staff and the residents. The DOR said holding the resident under the shoulders could dislocate the resident's shoulder if the resident started to fall.<br><br>IV. Failures with Resident #8 and Resident #9<br><br>A. Resident #8<br><br>1. Resident #8, age greater than 65, was admitted on [DATE]. According to the June 2025 CPO, diagnoses included Alzheimer's dementia and heart failure.<br><br>The 4/3/25 MDS assessment revealed Resident #8 had severe cognitive impairment with a brief interview for mental status (BIMS) score of five out of 15. Resident #8 was dependent on staff assistance for dressing, bathing, toileting, repositioning and personal hygiene.<br><br>The MDS assessment documented Resident #8 was always incontinent of urine and always incontinent of bowel.<br><br>2. Observations<br><br>During a continuous observation of Resident #8 in the dining room and common area on 6/11/25, beginning at 8:50 a.m. and ending at 12:45 p.m., the following was observed:<br><br>At 8:50 a.m. Resident #8 was being assisted with eating breakfast by an unidentified CNA in the dining room. Resident #8 was seated in her wheelchair with her Hoyer lift sling underneath her.<br><br>At 8:59 a.m., after the meal was complete, an unidentified CNA wheeled Resident #8 in her wheelchair to sit in front of the television (TV) in the common area.<br><br>From 8:59 a.m. until 12:45 p.m. Resident #8 remained in her wheelchair in the common area. During this time Resident #8 was not checked for incontinence by staff.<br><br>-Resident #8 was not offered or provided with incontinence care between 8:50 a.m. and 12:45 p.m., a period of three hours and 55 minutes.<br><br>On 6/11/25 at 12:57 p.m. CNA # 1 and CNA #2 transferred Resident #8 from her wheelchair to her bed using a Hoyer lift. During the transfer, the lower straps of the Hoyer lift sling were not crossed over each other to secure the resident per the manufacturer's guidelines (see manufacturer's guidelines above).<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065382 | A. Building<br>B. Wing | 06/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Brookdale Skyline | 2365 Patriot Hts<br>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) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | After transferring Resident #8 to her bed, CNA #1 and CNA #2 proceeded to provide the resident with incontinence care. When CNA #1 removed the resident's brief, the brief was heavily saturated with urine in the front and back of the brief.<br><br>-While providing incontinence care to Resident #8, CNA #1 used the same disposable moist cloth for multiple wipes on Resident #8's backside without folding the cloth to expose a new clean area of the cloth for each wipe.<br><br>After Resident #8's brief was changed, CNA #1 and CNA #2 repositioned Resident #8 in bed.<br><br>-CNA #1 and CNA #2 did not remove their soiled gloves and perform hand hygiene prior to repositioning the resident.<br><br>3. Record review<br><br>The care plan, updated 4/4/25, identified Resident #8 was incontinent of both bowel and bladder. Interventions included checking Resident #8 for incontinence, assisting Resident #8 with toileting as needed, providing incontinence care and applying barrier cream after each incontinence episode.<br><br>B. Resident #9<br><br>1. Resident status<br><br>Resident #9, age greater than 65, was admitted on [DATE]. According to the June 2025 CPO, diagnoses included dementia, altered mental status and urinary tract infection.<br><br>The 4/28/25 MDS assessment revealed Resident #9 had severe cognitive impairment with a brief interview for mental status (BIMS) score of three out of 15. Resident #9 required substantial assistance for transfers, toileting, dressing and personal hygiene.<br><br>The MDS assessment documented Resident #9 was always incontinent of bowel and bladder.<br><br>2. Observations<br><br>During a continuous observation of Resident #9 in the dining room and common area on 6/11/25, beginning at 8:50 a.m. and ending at 12:45 p.m., the following was observed:<br><br>At 8:55 a.m. Resident #9 wheeled herself in front of an open window.<br><br>From 8:55 a.m. until 11:41 a.m. no staff approached Resident #9 to offer incontinence care to the resident.<br><br>At 11:41 a.m. CNA #1 assisted Resident #9 in her wheelchair to the dining room CNA #1 and LPN #1 repositioned Resident #9 in her wheelchair in the dining room. CNA #1 and LPN #1 hooked their arms underneath Resident #9's armpits to pull her up in the wheelchair.<br><br>At 12:30 p.m. CNA #4 began providing eating assistance to Resident #9.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065382 | A. Building<br>B. Wing | 06/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Brookdale Skyline | 2365 Patriot Hts<br>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) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Resident #9 was not offered or provided with incontinence care between 8:50 a.m. and 12:45 p.m., a period of three hours and 55 minutes.<br><br>-At 12:45 p.m., upon prompting, staff attempted to check Resident #9 for incontinence, however, Resident #9 refused.<br><br>3. Record review<br><br>The care plan, updated 3/19/25, identified Resident #9 was incontinent of both bowel and bladder. Interventions included checking Resident #9 for incontinence, assisting Resident #9 with toileting as needed, providing incontinence care and changing the resident's clothing after each incontinence episode.<br><br>C. Staff interviews<br><br>LPN #1 was interviewed on 6/11/25 at 12:45 p.m. LPN #1 said Resident #8 was incontinent of both bowel and bladder and required staff to check and change her because Resident #8 was at risk for pressure injuries. LPN #1 said the last time Resident #8 was provided with incontinence care (on 6/11/25) was before breakfast.<br><br>LPN #1 said Resident #9 was incontinent and changed by staff before breakfast (on 6/11/25). LPN #1 said Resident #9 became agitated easily and often refused care. LPN #1 said when Resident #9 refused care, LPN #1 or another staff member would offer the care again a few minutes later.<br><br>CNA #1 was interviewed on 6/11/25 at 2:54 p.m. CNA #1 said Resident #8 was changed for the first time on her shift before breakfast, usually between 7:30 a.m. and 8:30 a.m. CNA #1 said she typically checked and changed all of the residents three times a shift; once before breakfast, once after lunch and once at the end of the shift.<br><br>The DOR was interviewed on 6/11/25 at 3:38 p.m. The DOR said she provided hands-on training to staff on how to use assistive devices and lifts, but she had not provided an in person all-staff education on safe Hoyer lift use since starting as the DOR for the facility a few months prior. The DOR said she was not sure if the previous DOR provided in-person education on safe Hoyer lift use. The DOR said the only time staff should not cross the lower straps of the transfer sling when using a Hoyer lift was if the resident had a full body sling with a seat. The DOR said she was not sure what type of sling was being used for Resident #8.<br><br>The DOR said staff should not pull up Resident #9 by hooking their arms under Resident #9's shoulders. She said one staff member should hold the resident under the legs and push the resident up in the wheelchair while another staff bear hugged the resident from behind to safely reposition the resident in the wheelchair.<br><br>-After the interview, the DOR confirmed that Resident #8 was in a normal Hoyer lift sling and staff should have crossed the lower straps of the sling, as was recommended by the manufacturer.<br><br>The ADON and the clinical consultant (CC) were interviewed together on 6/11/25 at 4:20 p.m. The ADON said residents who were unable to inform staff when they needed incontinence care should be checked every two hours.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065382 | A. Building<br>B. Wing | 06/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Brookdale Skyline | 2365 Patriot Hts<br>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) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | The ADON said untimely incontinence care increased the residents' risk for skin breakdown or urinary tract infections (UTI). The ADON said she was not aware of any in-person training provided to staff on incontinence care since starting as the ADON for the facility a few months prior. She said professional standards for cleaning residents after an incontinence episode included using a new clean disposable moist cloth with each wipe, or folding the cloth to a clean side between each wipe. The ADON said staff should only clean in one direction, from front to back, when providing incontinence care on female residents.<br><br>The CC said training modules on staff expectations for incontinence care and the use of assistive devices and lifts were completed during new employee orientation. |