STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065403	A. Building B. Wing	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center at Lincoln, Llc, The	12230 Lioness WY Parker, CO 80134

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 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065403	A. Building B. Wing	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center at Lincoln, Llc, The	12230 Lioness WY Parker, CO 80134

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 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to ensure residents received adequate supervision to prevent accidents for one (#1) of five residents reviewed for accidents out of five sample residents.Resident #1 was admitted on [DATE] for postoperative left knee replacement rehabilitation services and physical therapy. Resident #1 was determined to be a high fall risk related to her postoperative status and history of falls. On 10/17/25 Resident #1 sustained an unwitnessed fall when she was left unattended in the bathroom.On 10/24/25 Resident #1 sustained an additional fall when she was left unattended in the shower. She sustained a left femur fracture that was deemed inoperable for repair. Specifically, the facility failed to ensure fall interventions were consistently implemented for Resident #1, which resulted in a fall with major injury. Findings include:I. Facility policy and procedureThe Fall Prevention policy, revised 7/24/23, was provided by the nursing home administrator (NHA) on 11/5/25 at 4:50 p.m. It read in pertinent part, Falls in the skilled nursing setting represent one of the most potentially devastating occurrences that can negatively impact a patient's recovery. In facility, falls directly cause tens of thousands of bone fractures, intracranial hemorrhages, re-hospitalizations and deaths every year in the United States. It is because of these unfortunate events that The (name of facility) are implementing its comprehensive program to prevent falls and injury. Any patient deemed to be high risk by nursing and/or therapy staff will have the following interventions at least considered: Thorough physical therapy and occupational therapy evaluation, routine toileting schedule throughout shift and line of sight as needed. If an unwitnessed fall occurs, risk management to be completed and determine what interventions need to be implemented to prevent further falls. II. Resident #1A. Resident statusResident #1, age [AGE], was admitted on [DATE] and discharged to the hospital on [DATE]. According to the October 2025 computerized physician orders (CPO), diagnoses included fracture to the left femur with surgical intervention, difficulty walking, muscle weakness and a history of falls prior to admission. The 10/14/25 minimum data set (MDS) assessment revealed the resident had mild cognitive impairments with a brief interview for mental status (BIMS) score of 12 out of 15. The 10/28/25 MDS assessment revealed Resident #1 required supervision or touching assistance with toileting hygiene and showers and bathing. She required supervision or touching assistance with sit to stand transfers, toileting transfers and shower transfers. B. Resident #1's representative interviewResident #1's representative was interviewed on 11/5/25 at 9:26 a.m. The representative said the evening shift staff informed her of Resident #1's fall. She said the staff only gave Resident #1 Tylenol as ordered for pain and could not exceed the resident's dose of Tylenol due to potential liver damage. She said she asked the staff if they had called the doctor and the staff did not have an answer for her. She said the staff continued to transfer the resident improperly. She said the resident had pain from her hip to her foot. She said she was told by nursing staff that the resident's left knee prosthetic fracture was displaced and was now non-surgical. She said the Resident #1 was discharged home from the hospital with hospice care. She said the resident told her the staff had assisted her into the shower, set the water temperature and left the room. She said Resident #1 had finished her shower and was cold and wet, so she activated her call light. The representative said the resident waited a while and decided to try to get up by herself and fell.C. Record reviewResident #1's fall care plan, initiated 10/8/25 and revised 10/26/25, revealed the resident was at a high fall risk related to the need for increased assistance from others, decreased functional activity tolerance, fall in the last month prior to admission, hypertension (high blood pressure), pain, recent falls, recent surgery and lung cancer. The care plan indicated the resident had an unwitnessed fall on 10/17/25 and 10/24/25. Pertinent interventions included placing a Call Don't Fall sign in the resident's room to remind the resident to call for assistance (initiated 10/18/25), four P's: Did the resident have to use the restroom? Did the resident need to be repositioned? Were all commonly used belongings within reach of the resident? Was the resident having pain? (If Yes, Please report to nurse as soon as possible) (initiated 10/18/25), utilizing a fall bracelet if appropriate and as needed related to high fall risk (initiated 10/9/25), monitoring the resident's activities (initiated 10/8/25), transferring and changing the resident's position slowly (initiated 10/8/25), reinforcing the need to call for assistance (initiated 10/8/25), placing the call bell within reach (initiated 10/8/25), encouraging the resident to use positioning bars (initiated 10/8/25) and ensuring the environment was free of clutter and well lit (initiated 10/8/25). Resident #1's activities of daily living (ADL) care plan, initiated 10/8/25 and revised 10/26/25, revealed the resident was at a high fall risk due to self care deficits and decreased