

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

Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065413	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/14/2026
NAME OF PROVIDER OR SUPPLIER The Center at Cordera		STREET ADDRESS, CITY, STATE, ZIP CODE 9208 Grand Cordera Pkwy Colorado Springs, CO 80924	
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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure one of five nursing members were able to demonstrate skills and techniques necessary to care for residents' needs. Specifically, the facility failed to ensure licensed practice nurse (LPN) #1 was licensed in Colorado while working active shifts at the facility. Findings include: Record review and interviews confirmed the facility corrected the deficient practice prior to the onsite investigation from [DATE], resulting in the deficiency being cited as past noncompliance with a correction date of [DATE]. I. Facility correctionA. Immediate actionThe human resources manager, while completing license verification checks on [DATE], identified LPN #1's expired multi-license nursing license. Upon notification of LPN #1 no longer having a multistate license, LPN #1 was notified and placed on suspension. LPN #1's employment status was terminated. The executive director and human resources manager spoke with LPN #1 and she said she would notify both her Texas Board of Nursing and the Colorado Board of Nursing of the concern.B. Identification of othersOn [DATE] and [DATE] the director of nursing (DON) completed a license check of all currently employed licensed nursing personnel to ensure each employee held an active license appropriate for their position and was authorized for practice in the state of Colorado or under valid nurse licensure compact multistate privileges. No issues were identified. C. Systemic changesThe facility revised the onboarding and credential verification process to require primary source verification of all professional licenses prior to any employee performing duties in a licensed capacity. The facility human resources manager was no longer employed. The NHA and DON were overseeing monthly license checks to ensure they were completed timely and if issues were identified they were addressed immediately.D. MonitoringAll newly hired licensed personnel will have primary source license verification completed prior to working in a licensed role to ensure licensing requirements are met. Compliance with license verification requirements will be monitored monthly via routine personnel file review processes to ensure continued adherence to credentialing standards. This will be the responsibility of the human resources manager. Upon hire of a new human resources manager, she/he will be re-trained on the expectation of monthly license checks and immediate notification of the NHA, DON and regional human resources director of any license concerns. The facility has since strengthened their internal processes for license monitoring to prevent any recurrence by ensuring license checks are completed monthly. The facility implemented Nursys e-Notify enrollment for all currently employed and newly hired licensed nurses to establish a standardized primary-source verification process. This would be completed at the time of hire and continuously monitored thereafter. Nursys is a verification system maintained by the National Council of State Boards of Nursing (NCSBN) that provides direct primary-source confirmation of licensure status, participating-state licensure eligibility, and publicly reported disciplinary or administrative actions. Enrollment of licensees in Nursys e-Notify enables real-time notifications of changes to licensure status, including expiration, discipline, restrictions, limitations, or other actions that may impact the nurse's ability to practice, allowing the facility to respond promptly and ensure ongoing compliance with regulatory requirements for verifying active, unrestricted licensure.II. Record (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
FORM CMS-2567 (02/99) Event ID: Facility ID: If continuation sheet Previous Versions Obsolete 065413 Page 1 of 2		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	reviewThe employee file for LPN #1 was reviewed on [DATE] at 12:50 p.m. The initial license check verification, completed on [DATE] at 2:29 p.m., documented LPN #1 had a multi-state license which included Colorado, which expired on [DATE].A license verification check ran on [DATE] at 12:50 p.m. documented LPN #1 had a valid single state nursing license for the state of Texas.LPN #1's punch details documented she worked shifts at the facility after the multi state license expired on [DATE] from 6 p.m. to 12:30 a.m., [DATE] from 5:50 a.m. to 12:45 p.m. and [DATE] from, 5:50 a.m. to 7:30 p.m.LPN #1's termination paperwork documented her employment was terminated on [DATE].III. Staff interviewsThe NHA was interviewed on [DATE] at 1:48 p.m. The NHA said the human resources manager was responsible for conducting license verification checks every month for every nurse who worked at the facility, which included as needed nurses. He said the human resources manager was responsible for ensuring nurses who did not have a valid nursing license did not work shifts at the facility.The NHA said LPN #1 was hired as a nurse with a valid multi state nursing license, which originated from Texas. He said LPN #1's multi state nursing license expired on [DATE]. He said LPN #1 had a current valid nursing license for the state of Texas. He said LPN #1 worked three shifts at the facility after her multi-state nursing license expired.The NHA said the human resources manager told him LPN #1's license verification fell through the cracks and she did not check her license after [DATE]. He said the human resources manager resigned from her position at the facility.The NHA said the facility was in the process of hiring a new human resources manager. He said the facility identified the human resources manager was not printing off the license verifications to show the license verifications were being completed.The NHA said the facility put a new system in place to ensure all nurse license verifications would be monitored each month.		