

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/13/2022
NAME OF PROVIDER OR SUPPLIER  Kiowa Hills Rehabilitation and Nursing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 924 W Kiowa St Colorado Springs, CO 80905	

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 0600  Level of Harm - Actual harm  Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31821</p> <p>Based on record review and interviews, the facility failed to ensure two (#1 and #2) of four residents reviewed for abuse out of nine sample residents were protected from abuse.</p> <p>Resident #2, with a diagnosis of dementia, and had known wandering behaviors into other resident rooms. Resident #2 was in Resident #1's room doorway on 10/12/22 when she was pushed by Resident #1 out of his room. Resident #1 had verbal and physical behaviors directed towards others. Due to the facility's failures of not appropriately addressing Resident #2's wandering behaviors, they failed to protect her from abuse which resulted in her sustaining a traumatic subdural hemorrhage (brain bleed) as a result of being pushed by Resident #1.</p> <p>Findings include:</p> <p>I. Facility policy and procedure</p> <p>The Abuse policy, modified October 2022, was received from the nursing home administrator (NHA) on 12/13/22 at 9:06 a.m. It read in pertinent part:</p> <p>It is the policy to empower and enable any and all owners, directors, officers, clinical staff, employees, independent contractors, consultants, volunteers, and others ( 'Associates' ) currently or potentially working for the Facility to make reports to the relevant authorities pursuant to the provision of the Elder Justice Act ( 'EJA' ) and Center for Medicare and Medicaid (CMS) regulations. The Facility will not retaliate against any Associate in response to lawful acts done by the Associate pursuant to the EJA.</p> <p>II. Resident to resident physical altercation between Resident #1 and #2</p> <p>A. Facility investigation</p> <p>Incident 10/12/22</p> <p>Resident #2 was standing in doorway and Resident #1 got upset and pushed Resident #2. Resident #1 was immediately placed on one-to-one (staff supervision) and Resident #2 was sent to the emergency room .</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:  065175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/13/2022
NAME OF PROVIDER OR SUPPLIER  Kiowa Hills Rehabilitation and Nursing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 924 W Kiowa St Colorado Springs, CO 80905	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>-The facility substantiated the abuse investigation.</p> <p>B. Resident #2 (victim)</p> <p>1. Resident status</p> <p>Resident #2, age 70, was admitted on [DATE], readmitted on [DATE] and discharged [DATE]. According to the December 2022 computerized physician orders (CPO), diagnoses included traumatic subdural hemorrhage without loss of consciousness, dementia and anxiety.</p> <p>According to the 11/18/22 minimum data set (MDS) assessment, the resident had severe cognitive impairment with a brief interview for mental status (BIMS) score of three out of 15. The resident had no behaviors. She required supervision for bed mobility, transfers, grooming and toilet use.</p> <p>2. Record review</p> <p>The care plan, initiated 3/20/2020 and revised 10/25/22, identified the resident had the potential to be physically aggressive related to Alzheimer's. Intervention included analyzing times of day, places, circumstances, triggers and what de-escalates behaviors and document behaviors. Provide physical and verbal cues to alleviate anxiety. Give positive feedback and assist verbalization of sources of agitation. Guide away from the source of distress and engage calmly in conversation.</p> <p>The care plan, initiated 3/20/2020 and revised 10/25/22, identified the resident frequently wandering around the facility un-purposely. I do not attempt to leave the facility. Interventions include distract me from wandering/pacing by offering pleasant diversions, structured activities, food, conversation. I prefer: reading romance, suspense, mysteries and the bible, listening to country/western music, and watching boxing on TV (television).</p> <p>Nurse note dated 10/12/22 at 5:20 p.m. this writer heard another nurse calling out resident's name and noted resident lying on the floor of 600 hallway on her left side. This incident was witnessed by the assistant director of nursing (ADON). Resident was lingering outside another resident's doorway. The resident in the room became enraged, striking the resident in the chest, causing her to fall to the floor hitting her head. Resident was unresponsive initially and then slow to respond to verbal stimulations. During this writer's physical assessment of the resident, noted moaning when touching her left temporal area and left pelvic area. No shortening or rotation of her bilateral legs noted. The resident was able to grip bilateral hands equally. Pupils are equal and reactive to light. No swelling/bleeding noted on the resident's head. Vital signs taken. Advised by the director of nursing (DON) to send to the emergency room (ER) immediately for further evaluation. Ambulance called and transported to the hospital emergency room . Attempted to notify emergency medical contact but the phone number listed was incorrect. DON and nursing home administrator (NHA) also notified of transfer to ER.</p> <p>Social service note dated 11/16/22 at 1:42 p.m., social service spoke with the resident's son about transferring the resident into a secured unit. He stated he was fine with the transfer but he would like her to stay within the sister facility (within the corporation) if possible. Referral sent to sister facility for transfer.</p> <p>C. Resident #1 (assailant)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/13/2022
NAME OF PROVIDER OR SUPPLIER  Kiowa Hills Rehabilitation and Nursing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 924 W Kiowa St Colorado Springs, CO 80905	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>1. Resident status</p> <p>Resident #1, age under 65, was admitted on [DATE] and readmitted on [DATE]. According to the December 2022 computerized physician orders (CPO), diagnoses included disorders of the brain, falls, basal ganglia (a part of the brain) stroke, and tremors.</p> <p>According to the 11/7/22 minimum data set (MDS) assessment, the resident was not administered the brief interview for mental status (BIMS). The resident had verbal and physical behaviors directed at others. He required extensive assistance for bed mobility, transfers, grooming and toilet use.</p> <p>2. Record review</p> <p>The care plan, initiated 11/7/22 and revised 11/13/22, identified the resident was dependent on staff for meeting my emotional, intellectual, physical, and social needs related to brain tumor, fractured vertebra. Cognitive deficits, immobility, physical limitations. Family members have expressed preferences or wishes for, comfortable tactile stimulation, companionship, touch and a variety of sensory stimulation. Interventions include providing me with materials for individual activities as desired. The resident preferred independent activities.</p> <p>-Resident #1 did not have a person-centered care plan or interventions to evaluate the effectiveness of the interventions to prevent further physical abuse.</p> <p>Interdisciplinary team (IDT) note dated 10/18/22 at 8:34 a.m. IDT review for physical aggression towards another resident. IDT reviewed the incident from 10/12/22. This resident struck another resident in her chest, resulting in a fall to the floor with head injury. The resident was placed on one-to-one (staff supervision) immediately following the incident and continues with one-to-one at this time. Resident has exhibited no aggression towards another peer or staff member. Resident trigger specific Resident #2. Resident care plan was reviewed, and reviewed by my medical doctor. IDT will continue with one-to-ones and refer to psychologists.</p> <p>III. Staff interview</p> <p>Licensed practical nurse (LPN) #1 was interviewed on 12/12/22 at 2:55 p.m. He said Resident #1 did not have any behaviors directed towards others. He said Resident #1 was very territorial of his space and would get agitated if you would get in his space. He said Resident #1 did not have any other altercations or problems with any other residents in the facility.</p> <p>Certified nurse aide (CNA) #1 was interviewed on 12/12/22 at 3:00 p.m. He said Resident #1 was not comfortable with staff he was not familiar with and would get agitated if he was not familiar with staff providing care.</p> <p>Speech therapist (ST) #1 was interviewed on 12/12/22 at 3:17 p.m. She said she Resident #1 had receptive deficits and was having struggles to understand and process messages and information he received from others. She said his behaviors were not so much aggression but more frustration as he cannot express himself. She said he gets down on himself when he cannot complete or understand a task. She said she had heard about the resident to resident altercation. She said it could have been confusing for both parties as he did not know how to express himself and he did not have the ability to do so.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  065175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/13/2022
NAME OF PROVIDER OR SUPPLIER  Kiowa Hills Rehabilitation and Nursing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  924 W Kiowa St Colorado Springs, CO 80905	
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 0600  Level of Harm - Actual harm  Residents Affected - Few	<p>The nursing home administrator (NHA) and director of nursing (DON) were interviewed on 12/12/22 at 4:22 p. m. The NHA said, I am the abuse coordinator and the incident was substantiated as there were injuries.</p> <p>The DON said Resident #1 did not have a history of physical behaviors directed toward others. She said Resident #1 did have an issue with Resident #2 and staff could not understand what the issue was. She said Resident #1 was on one-to-one staff supervision while transfer for Resident #2 was in the process.</p> <p>The NHA said Resident #1 had not had any other outburst towards anyone other residents or staff since the transfers of Resident #2. She said during the investigation, staff could not figure out what it was about the interaction with Resident #2 which agitated him. She said they continued to monitor Resident #1 and have found no other triggers with residents or staff. She said the resident had a decline in physical health and had a recent fall which may be due to the disease process. She said physical therapy was working with him as Resident #1 had right side weakness.</p> <p>The social service director (SSD) was interviewed on 12/13/22 at 9:01 a.m. She said the residents did have a resident to resident altercation. She said Resident #2 was standing in Resident 1's doorway. She said Resident #1 pushed Resident #2 in the chest area and she fell back hitting her head. She said Resident #2 was immediately sent out to the emergency room (ER). She said Resident #1 was on one-to-one after the incident and was on one-to-one till Resident #2 was transferred out of the facility. She said Resident #1 had not had any other altercations or behaviors. She said Resident #1 was still being monitored.</p> <p>The SSD said she updated the residents' care plan after an altercation to address behaviors and or added interventions. The SSD said she did not update Resident #1's care plan after the altercation. She said a negative outcome would be staff would not know what behaviors to observe.</p>		