STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065390	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center at Centennial, The	3490 Centennial Blvd Colorado Springs, CO 80907

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** IV. Resident #31 A. Resident status Resident #31, age greater than 65, was admitted on [DATE]. According to the October 2024 CPO, diagnosis included fracture of the neck of the left femur (thigh bone), dementia, cirrhosis of the liver, chronic viral hepatitis C, acute kidney failure, personal history of other infectious parasitic diseases and long term current use of antibiotics. The 10/8/24 MDS assessment revealed, the resident had severe cognitive impairment with a BIMS of five out of 15. He used a walker and a wheelchair and had impairment to one side of his lower extremities. He required maximal assistance with toilet hygiene and was dependent on staff for lower body dressing and putting on/off footwear. He was frequently incontinent of bowel and bladder. He had a surgical wound and moisture associated skin damage. He received an antibiotic. B. Record review A nurse's note dated 10/3/24 at 10:24 a.m. revealed Resident #31 had dark urine and an order was received to collect a urine sample via straight catheter and send it to the lab for evaluation. A 10/3/24 physician's order read to collect a urine sample for a UA and C&S (culture and sensitivity) if indicated due to dark urine. A 10/4/24 physician's order read Amoxicillin (antibiotic) oral tablet 875 mg (milligrams) give one tablet by mouth two times a day for urinary tract infection for six days. A 10/4/24 physician's risk/benefit assessment revealed the antibiotic use did not meet the McGeer criteria. -However, Resident #31 was prescribed the antibiotic despite the antibiotic use not meeting the criteria. A 10/15/24 physician's order read to collect a UA with culture and sensitivity. -The facility failed to identify any symptoms or reason for the request of the urinalysis. (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

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A 10/17/24 physician's order read Keflex (antibiotic) oral capsule 500 mg by mouth three times a day for UTI for three days. A nurse's note dated 10/18/24 at 2:17 p.m. revealed Resident #31t was started on Keflex 500 mg three times a day for five days while awaiting the sensitivity results. A 10/20/24 physician's order read Levaquin (antibiotic) oral tablet 500 mg by mouth one time a day for UTI for six days. -The facility failed to follow the Mcgeer Criteria when obtaining urinalysis and treating suspected urinary tract infections, which resulted in Resident #31 being prescribed three different antibiotics. C. Staff interview Licensed practical nurse (LPN) #1 was interviewed on 10/22/24 at 9:40 a.m. LPN #1 said the nurses assessed the residents everyday. She said if the resident had a history of UTIs or symptoms, they would call the physician. She said if the physician ordered a urinalysis, the nurse would report it to the IP who would ensure it met the Mcgeer Criteria. LPN #1 said the nurse did not follow the McGeer Criteria when requesting an order for a urinalysis from the physician for Resident #31. V. Additional interviews The infection preventionist (IP) and the DON were interviewed on 10/23/24 at 11:05 a.m. The IP said the facility used Mcgeer criteria for UTIs before prescribing an antibiotic for a resident. The IP said staff looked for a change in the character of urine, such as color, smell, burning, frequency, incontinence, fever, or change in a residents' mental status. The IP said it was the responsibility of the nurse to observe, or if a certified nurse aide (CNA) reported any changes, to call the physician to be able to send out a UA. The IP said the nurse who collected the UA on 10/9/24 for Resident #25 only documented urinary frequency as a symptom, so the nurse did not follow Mcgeer criteria for Resident #25. The IP said Resident #25's antibiotic had to be changed when the culture and sensitivity came back in order to treat the UTI effectively. The IP said Resident #31 did not meet the criteria for antibiotic treatment on 10/4/24 and should not have been treated with an antibiotic. The DON said physicians could choose to start an antibiotic or wait for the culture and sensitivity results to come back. However, the DON said starting an antibiotic before the culture and sensitivity results came back did not follow the antibiotic stewardship program the facility had in place. The DON said the facility would immediately educate the nurses and physicians on following the Mcgeer Criteria for antibiotic use. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The physician (PH) was interviewed on 10/25/24 at 11:20 a.m. The PH said he followed Mcgeer criteria most of the time if the resident was symptomatic for a UTI. The PH said he had to change the antibiotic after the culture and sensitivity results came back for Resident #25 in order to effectively treat her UTI because he had prescribed an antibiotic that was not effective to treat both microorganisms prior to receiving the sensitivity results. The PH said Resident #31 was symptomatic for a UTI on 10/3/24, with dark urine and altered mental status, so he ordered a urinalysis and started the resident on Amoxicillin on 10/4/24 while awaiting the culture and sensitivity results. The PH said Resident #31 was started on an antibiotic a second time after the UA was collected on 10/15/24 before receiving the sensitivity results. The PH said after the sensitivity results from the 10/15/24 UA were received, Resident #31's antibiotic had to be changed to effectively treat the bacteria growing in the urine. Based on record review and interviews, the facility failed to implement an antibiotic stewardship program that included antibiotic use protocols and a system to monitor antibiotic use for two (#25 and #31) of three residents reviewed for antibiotic use out of 33 sample residents. Specifically, the facility failed to ensure clinical signs and symptoms of an infection were identified and/or culture results were obtained prior to the administration of antibiotics for Resident #25 and Resident #31. Findings include: I. Professional reference The Centers for Disease Control and Prevention (CDC) Antibiotic Prescribing and Usage in Hospitals and Long-term Care, dated 2019, was retrieved on 10/24/24 from https://www.cdc.gov/antibiotic-use/hcp/core-elements/hospital.html. It read in pertinent part, Implement policies that apply in all situations to support antibiotic prescribing to include specifying the dose, duration and indication for all courses of antibiotics so that they are readily identifiable. Implement facility specific treatment recommendations, based upon the national guidelines and local susceptibilities and formulary options that optimizes antibiotic selections, duration, and common indications for the usage of community acquired pneumonia, urinary tract infections, skin and soft tissue infections. II. Facility policy and procedure The Antibiotic Stewardship Program (ASP) policy and procedure, revised 2/8/21, was received from the director of nursing (DON) on 10/23/24 at 12:43 p.m. It revealed in pertinent part ASP will promote appropriate use of antibiotics while optimizing the treatment of infections, at the same time reducing the possible adverse events associated with antibiotic use. This policy has the potential to limit antibiotic resistance in the post-acute care setting. It is mandatory that all antibiotics are tracked using a facility spreadsheet. McGeer Criteria Surveillance Data Collection is to be used for all patients that are prescribed an antibiotic and determine if the patient meets criteria. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Infection Criteria Checklist, undated, was received from the infection preventionist (IP) on 10/23/24 at 11:35 a.m. It revealed in pertinent part, Symptomatic urinary tract infections (UTI) must have three of the following: fever (greater than 100.4 degrees fahrenheit), new or increased pain on urinations, frequency or urgency, new flank or suprapubic pain or tenderness, change in character of urine (bloody, foul smell, sediment, pyuria), worsening of mental or functional status (may be new or increased incontinence). III. Resident #25 A. Resident status Resident #25, age greater than 65, was admitted on [DATE]. According to the October 2024 computerized physician orders (CPO), diagnoses included compression fracture of vertebra (bone in the spine), urinary tract infection and hypertension (high blood pressure). The 10/1/24 minimum data set (MDS) assessment revealed the resident was moderately cognitively impaired with a brief interview of mental status (BIMS) score of 11 out of 15. The resident was incontinent of urine and prescribed an antibiotic. B. Resident interview Resident #25 was interviewed on 10/21/24 at 10:55 a.m. Resident #25 said she was on her second round of antibiotics for a UTI since coming to the facility. Resident #25 was not sure why she required another round of antibiotics for the same UTI. C. Record review Review of Resident #25's October 2024 CPO revealed the following physician's orders: Urinalysis (UA - a urine test) for urinary frequency, ordered 10/9/24. Keflex (antibiotic) 500 milligrams (mg) three times a day for three days for UTI, ordered 10/10/24. Bactrim DS (antibiotic) 800-160 mg, give two times a day for five days for UTI, ordered 10/18/24. The preliminary UA test result dated 10/12/24 read sensitivity report (a report which indicates what antibiotics a bacteria is susceptible to) was to follow. The UA sensitivity results report, dated 10/14/24, revealed Resident #25 had two microorganisms in her urine. According to the report, one organism was resistant to Keflex, the first antibiotic prescribed on 10/10/24 prior to the results report being completed (see physician's orders above). -Keflex was not the correct antibiotic to treat the whole infection. According to the UA sensitivity results report, both microorganisms were susceptible to the Bactrim that was started on 10/18/24. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Due to the facility's failure to wait for the UA sensitivity report results prior to starting Resident #25 on an antibiotic to treat her UTI, the resident was prescribed an antibiotic that was not effective for treating both microorganisms, which required a second antibiotic to treat the infection effectively. D. Staff interview Registered nurse (RN) #1 was interviewed on 10/23/24 at 8:58 a.m. RN #1 said if a resident presented with a new onset of symptoms, such as dark, cloudy urine or confusion, she suspected a possible UTI. RN #1 said she would contact the physician to obtain a UA test with culture and sensitivity. RN #1 said, depending on the physician, some would start a resident on an antibiotic before the culture and sensitivity test results were back from the laboratory (lab). RN #1 said when the culture and sensitivity test results came back, the physician would sometimes have to change the resident to a different antibiotic.