STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065382	A. Building B. Wing	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookdale Skyline	2365 Patriot Hts 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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure supervision and monitor assistive devices to prevent accidents for one (#2) of five residents reviewed for accidents out of seven sample residents. The facility failed to ensure staff transferred Resident #2 appropriately with a mechanical lift which resulted in a fall with major injury for the resident.Resident #2 was admitted to the facility for rehabilitation services on 10/7/25. The resident's care plan directed staff to utilize a mechanical lift (a sit to stand lift) for transfers. On 10/11/25 certified nurse aide (CNA) #1 and CNA #2 used a gait belt (a belt that fastens around the waist, used for someone with mobility issues) to transfer Resident #2 from the toilet to her wheelchair. Resident #2 stood, and then lost the ability to bear weight in one of her legs and fell to the floor.Immediately after the incident, Resident #2 complained of right knee pain. The pain worsened and the resident was transported to the hospital on [DATE] where it was revealed that the resident had sustained a fracture to her right femur. Resident #2 discharged from the hospital and returned to the facility on [DATE].The facility investigation after the incident revealed CNA #1 and CNA #2 attempted to transfer Resident #2 using a gait belt instead of the mechanical lift.Due to the facility's failure to adequately supervise and use a mechanical lift, Resident #2 fell and sustained a fracture to her right femur. Findings include:Record review, observations and interviews confirmed the facility corrected the deficient practice related to Resident #2's fall prior to the onsite investigation on 10/27/25 to 10/28/25. The deficiency was cited as past non-compliance with a correction date of 10/17/25.I. Incident on 10/11/25The nursing home administrator (NHA) provided an investigation on 10/27/25 at 4:31 p.m. regarding Resident #2's fall incident on 10/11/25 while being transferred by CNA #1 and CNA #2. The investigation documented that on 10/11/25 Resident #2 sustained a fall while being transferred from the toilet to the wheelchair. It documented Resident #2 was sent to the hospital on [DATE] after an Xray was done at the facility for Resident #2's report of increased right knee pain. The hospital found Resident #2's injury included a fracture of the right femur.The investigation included a statement by CNA #1 on 10/13/25. It documented CNA #1 said the night before the incident, Resident #2 had complained of discomfort with use of the mechanical lift. It documented on the night of the incident, CNA #1 said she and CNA #2 used the mechanical lift to transfer the resident from the bed to wheelchair, but then used a gait belt to assist the resident onto the toilet. The statement documented when the resident stood up from the toilet, she began to fall and CNA #1 and CNA #2 assisted Resident #2 to the floor. It documented Resident #2's leg was bent when it reached the floor.-The statement revealed CNA #1 and CNA #2 had transferred the resident without the use of the mechanical lift.The investigation included a statement by CNA #2 on 10/14/25. It documented CNA #2 said she was in orientation and in training, She said CNA #1 was training her. It documented CNA #1 was apprehensive to use the mechanical lift due to Resident #2's discomfort with previous use of the mechanical lift. The statement documented (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 0689 Level of Harm - Actual harm Residents Affected - Few	recurrence and monitoring to ensure sustained corrections were in place.III. Facility policy and procedureThe Mechanical/Assistive Lifts policy, revised September 2017, was provided by the NHA on 10/28/25 at 4:57 p.m. It read in pertinent part, For residents that require the use of mechanical or assistive lifts, a therapy order is requested from the health care provider for evaluation and treatment care recommendations. Mechanical/assistive lifting equipment is considered as a full body or sit to stand lift that aids the associate and the resident in transfer and/or care procedures. It is recommended that mechanical/assistive lifting equipment is used for those residents who have been evaluated for the use of this equipment. Education should be provided on the proper use of the assistive mechanical lifting equipment prior to its use.IV. Resident #2A. Resident statusResident #2, age [AGE], was admitted on [DATE]. According to the October 2025 computerized physician orders (CPO), diagnoses included chronic obstructive pulmonary disease (COPD, a lung disease), cirrhosis (disease of the liver), duodenal ulcer, chronic respiratory failure and low back pain .The 10/23/25 minimum data set (MDS) assessment revealed the resident was cognitively intact with a brief interview for mental status (BIMS) score of 13 out of 15. Resident #2 required set up assistance with eating and was dependent on staff for toileting, showering, dressing and transfers, including from the bed to chair and from a sit to stand position.B. Resident interviewResident #2 was interviewed on 10/27/25 at 11:20 a.m. Resident #2 said on the night she fell, the CNAs used a gait belt to transfer her to and from the toilet. Resident #2 said when she was standing her right leg gave out and her right leg twisted around the toilet while she slid to the floor. Resident #2 said the right knee pain developed overnight and she told staff the next day that it was getting worse. C. Record reviewThe activities of daily living (ADL) care plan, initiated 10/7/25, revealed Resident #2 had a self-care performance deficit and was dependent on staff for ADLs (bathing, dressing, toileting and mobility). The fall care plan, initiated 10/7/25, revealed Resident #2 was at high risk for falls and required a physical and occupational therapy evaluation.The Kardex (staff directive tool), revised 10/9/25, was provided by the NHA on 10/28/25 at 11:41 a.m. It revealed Resident #2 required a sit to stand mechanical lift for transfers.A nursing progress note, dated 10/12/25 at 1:04 a.m., documented Resident #2 was evaluated for a change of condition due to a fall. It documented Resident #2 had pain and the on-call physician was notified. The note documented the physician recommendation to continue to monitor for injuries.A nursing progress note, dated 10/12/25 at 4:00 p.m., documented Resident #2 had increased pain and swelling of her right knee. It documented the physician was contacted and a physician order was received for an Xray and pain medication (oxycodone) was provided to Resident #2.Resident #2's hospital history and physical record, dated 10/12/25 at 9:30 p.m., documented Resident #2 had an admission diagnosis of a closed fracture of the right femur.An interdisciplinary team (IDT) post-event analysis form, dated 10/15/25 at 10:55 a.m., documented Resident #2 required a sit to stand mechanical lift. It documented on 10/11/25, CNA #1 and CNA #2 used a gait belt for transfer and Resident #2 fell while standing up after using the toilet. It documented Resident #2 was later transferred to the hospital for a possible fracture.V. Staff interviewsRN #1 was interviewed on 10/27/25 at 11:45 a.m. RN #1 said Resident #2's knee would sometimes give out and for this reason she required a sit to stand lift prior to the fall. RN #1 said upon return from the hospital, Resident #2 required a full body mechanical lift.CNA #10 was interviewed on 10/27/25 at 11:53 a.m. CNA #10 said she took care of Resident #2 the day after she fell. CNA #10 said Resident #2 began to have more pain with movement and her right leg was swollen. She said Resident #2 could no longer use the sit to stand lift and she required the full body mechanical lift after the fall.CNA #1 was interviewed on 10/27/25 at 4:55 p.m. CNA #1 said she was training CNA #2 on the night of 10/11/25. CNA #1 said she was told that Resident (continued on next page)

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