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

Printed: 06/27/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIE Continuing Care at Wind Crest	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 3420 Mill Vista Rd Highlands Ranch, CO 80129	(X3) DATE SURVEY COMPLETED 08/15/2024 P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	professional principles; and all drug locked, compartments for controlle 48458 Based on observations, record reviwere labeled and stored properly a resident rooms. Specifically, the facility failed to ensemble findings include: I. Professional reference According to the manufacturer Astr from https://den8dhaj6zs0e.cloudfr 1b4-294ec239f790/a4b62ab8-1314 Symbicort when the counter reached whichever comes first. According to the manufacturer Nov 8/19/24 from https://www.mynovoir html, Storage after use - dispose a expiration date has not passed. According to the manufacturer Nov 8/19/24 from https://www.mynovoir - keep at room temperature or refrithe pen or vial. II. Facility policy and procedure The Storage and Expiration Dating	in the facility are labeled in accordance and biologicals must be stored in load drugs. iew and interviews, the facility failed to according to professional standards in the sure medications were labeled with the sure medications were labeled with the factors. Symbicort Medication Guide and the sure medications were labeled with the sure medications were labeled with the sure medications after you take and the sure of the	ensure all drugs and biologicals wo of five locked cabinets in date they were opened. e (June 2024), retrieved on 8/19/24 0045f8b184/a4b62ab8-1314-4583-9 uide_renditionc.pdf, Throw away Symbicort out of its foil pouch, siba (June 2024), retrieved on r-to-take-tresiba/flextouch-storage. I left in the pen or vial and the art (March 2023), retrieved on cing-novolog.html, Storage after use 8 days, even if there is insulin left in

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) Previous Versions Obsolete Event ID:

Facility ID: 065409

If continuation sheet Page 1 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLII		CTREET ADDRESS CITY STATE 71	D CODE
	LR	STREET ADDRESS, CITY, STATE, ZIP CODE 3420 Mill Vista Rd	
Continuing Care at Wind Crest		Highlands Ranch, CO 80129	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0761	Once any medication or biological package is opened, the facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications.		
Level of Harm - Minimal harm or potential for actual harm	Facility staff should record the date opened on the primary medication container (example vial, bottle, inhaler) when the medication has a shortened expiration date once opened.		
Residents Affected - Few	III. Observations and interviews		
	On 8/14/24 at 1:58 p.m., the medication storage cabinet in Resident #17's room was observed with licensed practical nurse (LPN) #2. The following was observed:		
	-An opened Tresiba Flex Touch U-100 insulin pen was not labeled with the date it was opened for use.		
	-An opened Novolog U-100 insulin pen was not labeled with the date it was opened for use.		
	LPN #2 said the insulin pens should have been labeled when opened. LPN #2 said she did not know what the facility policy said about the storage of insulin pens. LPN #2 said she would check with the staff from the previous shift to find out if they knew when the insulin pens were opened.		
	-LPN #2 did not remove the insulin pens from Resident #17's medication storage cabinet.		
	On 8/15/24 at 10:27 a.m., the medication storage cabinet in Resident #4's room was observed with LPN #1. The following was observed:		
	-An opened Symbicort 160 microgram (mcg)/4.5 mcg inhaler was not labeled with the date it was opened for use.		
	LPN #1 said inhalers should be labeled with a date the medication was opened. LPN #1 said she did not know if inhalers could be used until the manufacturer expiration date after they were opened.		
	IV. Staff interviews		
	Registered nurse (RN) #2 was interviewed on 8/13/24 at 2:00 p.m. RN #2 said the residents' medications were stored in the residents' rooms in locked cabinets. She said the facility did not have medication carts.		
	date they were opened and staff sh discarded. The DON said the Tresi immediately discard the insulin per they were opened. The DON said s	24 at 2:15 p.m. The DON said insulin prould know how long the pens could be ba and Novolog insulin pens needed to a sand replace them with new pens which planned to check all staff competen DON said that insulin could be less effection.	opened before they needed to be be discarded and she would ch would be labeled with the date licies and confirm appropriate
	(continued on next page)		

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DON Said the information was post	ng and Novolog Flex Pens should be disted in Resident #17's medication storag	ent revealed Tresiba should be carded 28 days after opening. The