



Summary of Citations from 2024

- Elopement has trended up for IJs.
 - IJs in 2025 — elopement x 5,
- On course to have double the complaints from last year.
- EVERYONE can check med carts to see if they are locked.
- Pressure wounds have decreased overall
 - The number of IJs related to pressure wounds has decreased
- Do we really understand how and when to use [enhanced barrier precautions?](#)
- Lacking fall precautions and having fall precautions that are not being implemented.
- Avoidable accidents
 - Make sure that wheel chairs are strapped down appropriately -> avoidable accident.
 - If there is a pattern of behaviors that can lead to an accident try to address that pattern/behavior in the care plan and avoid the accident.
- There is no longer a resident initiated or facility initiated dc....just a discharge.
- It MAY be appropriate for some people to be discharged to a homeless shelter...depends on if it can be safely done and if it is the patient’s choice.

Colorado: Citation Frequency-FFY24

Tag	% Providers Cited	% Surveys Cited
F884 NHSN Reporting	34.6%	34.2%
F880 Infection Prevention	43%	16.3%
F689 Accident Hazards	30.4%	11.8%
F761 Medication Storage	29.9%	10.4%
F600 Free From Abuse/Neglect	23.8%	10.1%
F812 Sanitary Food Service	27.1%	9.8%
F677 ADL Care for Dependent Res.	15.9%	7.2%
F684 Quality of Care	18.2%	6.6%
F695 Respiratory Care	13.6%	5.2%
F686 Pressure Ulcer	15%	5%



Citation Frequency Comparison

FFY 23		FFY24	
Tag	% of Surveys	Tag	% of Surveys
F689 Accident Hazards	12.5%	F800 Infection Prevention	16.3%
F880 Infection Prevention	9.1%	F689 Accident Hazards	11.8%
F812 Sanitary Food Serv.	7.9%	F761 Medication Storage	10.4%
F600 Abuse/Neglect	7.8%	F600 Abuse/Neglect	10.1%
F584 Environment	6.7%	F812 Sanitary Food Service	9.8%
F677 ADL Care for Depend.	6.4%	F677 ADL Care for Dependent Res.	7.7%
F695 Respiratory Care	5.1%	F684 Quality of Care	6.6%
F761 Med Storage	4.5%	F695 Respiratory Care	5.2%

By The Numbers

NF Section:

- 38 Surveyors 13 Vacancies
- 211 Licensed and Certified Facilities 5 Private Facilities
- 34 Facilities Past Due for Recertification
- FFY24: 884 Complaints...6 months of FFY25: 742
- 80% of Recertification Surveys in FFY24 have had attached complaint(s)



Immediate Jeopardy FFY 25

F689 Supervision (Elopement)	F689-Accident Hazards (Entrapment)
F689 Supervision (Elopement)	F600-Free from Abuse (R:R Sexual Abuse)
F600 Free from Abuse (R:R Sexual Abuse)	F689-Supervision (Elopement)
F684 Quality of Care (Change of Condition)	F689 Supervision (Elopement)
F689 Supervision (Elopement)	F600 Free from Abuse (R:R) Sexual Abuse
F760-Significant Med Error -PNC	F684 Quality of Care (Change of Condition) PNC
F689-Accident Hazards (Choking) PNC	F689 Accident Hazards (Choking) PNC
F600 R:R Sexual Abuse (Cited by CMS)	F689 Elopement (Cited by CMS)

Immediate Jeopardy

Non-Compliance-Failure to meet one or more federal, health, safety, and/or quality regulations.

Serious Adverse Outcome or Likely Serious Adverse Outcome resulting in serious injury, serious harm, serious impairment or death

Need for Immediate Action to prevent serious outcome from occurring or recurring.

If you are aware of a situation that has resulted or is likely to result in a serious adverse outcome

TAKE ACTION IMMEDIATELY





Plan to Remove Immediate Jeopardy

The administrator will be notified by the team that IJ has been identified and a copy of the IJ template will be provided (current and PNC)

Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the non-compliance.

- Address non-compliance for individual(s) effected by non-compliance.
- Audits to identify others who are or are likely to be effected.
- Specify the action taken to alter the process or system failure to Oversight to see the plan is implemented, effective, sustained.

Plan to remove IJ (cont.)

- prevent serious adverse outcome from occurring or recurring. Identify who will take the action and when the action will be complete.
- Staff education

The plan:

- Include the date that it is asserted the likelihood of serious harm to any resident no longer exists.
- Use full sentences
- Submitted on facility letterhead
- Signed and dated by the administrator or appropriate staff member with full authority to act on behalf of the facility.



IJ (cont.)

- Unlike a plan of correction, it is not necessary that the removal plan completely correct all noncompliance associated with the IJ but, rather it must ensure serious harm will not occur or recur.
- No requirement that IJ must be removed prior to conducting the exit conference.
- No requirement that surveyors must remain continuously onsite until the IJ is removed.

IJ Removal

- Acceptable plan
- Verification the plan is fully implemented.

FAQs

- State Blanket Waiver of 24 hour RN coverage.

Still in effect. Encourage those that would otherwise qualify to apply for waiver, per usual. Sixty days notice will be provided prior to ending the blanket waiver.

- Explaining the “Red Hand”.

QSO 20-01-NH. Maintained on Medicare’s Nursing Home Compare Site. Currently 44 of 211 facilities have a “red hand” designation. Updated monthly. Harm citation within past 12 months or two level 2 (potential for more than minimal harm) on most recent standard/complaint survey and on the previous standard/or complaint survey within past two years.

- Unpasteurized Eggs

Unpasteurized eggs must be cooked until all parts of the egg are completely firm regardless of resident preferences.

- Directed POC Monitoring/Duration

Weekly for 12 weeks then monthly for three additional months or until there are three consecutive months of satisfactory performance.



FAQs

- 30-day Discharge Notice

Required for all discharges, including short-term stay. For residents discharging before day 30, issue a notice as soon as practicable. You may send a monthly email with discharge information to the State Ombudsman's Office per previous arrangement. Major changes to the notice, including destination "resets the clock." CDPHE does not need notices for people who are being discharged after rehab is up or when people are being transferred to a hospital. We will need a copy of the notice if discharged while in the hospital.

- Discharged AMA or discharging home

Facilities still need to evaluate the destination to ensure it is a safe discharge. Coordinate care to the best of your ability and document efforts. Report to APS if appropriate. Ensure due diligence.

- LPN IV authority

LPNs are now authorized to provide IV therapy within their scope of practice (4/23/25). Employers need to verify the IV therapy skills of licensees that are expected to provide IV therapy upon hire and periodically per facility policy.

Measles

[Clinical Quicksheet from CDPHE](#)



COLORADO
Department of Public
Health & Environment

Healthcare Provider Quick Sheet: Measles Testing and Disease Control Recommendations

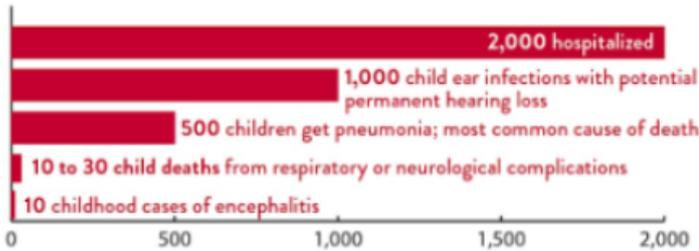
Measles Evaluation Categories	
Category	Criteria
Clinical compatibility	Fever (including subjective fever) AND maculopapular rash (Non-vesicular) <ul style="list-style-type: none"> If immunocompromised rash may be absent or atypical AND at least one of the “Cs” (Cough, coryza (runny nose), and/or conjunctivitis)
Susceptibility	<ul style="list-style-type: none"> No documented MMR vaccinations No positive measles IgG titer prior to exposure Not born before 1957 No documentation of previous infection
Exposure risk (in last 21 days)	<ul style="list-style-type: none"> International travel Domestic travel to an area with known measles transmission Known exposure to measles <ul style="list-style-type: none"> Contact with a case or present at a location identified as a risk for exposure

Risk Evaluation	Criteria	Recommendations
High	Meets all three: <ul style="list-style-type: none"> Clinically compatible illness Confirmed or likely exposure Susceptible to measles 	<ul style="list-style-type: none"> Immediately notify your local public health agency (LPHA) or call CDPHE at 303-692-2700 (after hours 303-370-9395). Coordinate PCR test at the CDPHE lab with LPHA and CDPHE Instruct patient to isolate through 4 days after rash onset. Patients should be in an airborne infection isolation room (AIIR) or isolated in a room with the door closed if in a medical office. Public health will contact patient for investigation. Notify infection prevention Work with your LPHA for next steps
Moderate	Meets <ul style="list-style-type: none"> Clinically compatible illness AND one from below: <ul style="list-style-type: none"> Confirmed or likely exposure Susceptible to measles or unknown immune status 	<ul style="list-style-type: none"> Notify and consult with LPHA/CDPHE to consider PCR test at CDPHE Lab.* Instruct patient to isolate until negative results or through 4 days after rash onset. Patients should be in an airborne infection isolation room (AIIR) or isolated in a room with the door closed if in a medical office. Public health may contact patient for investigation
Low	One or fewer: <ul style="list-style-type: none"> Clinically compatible illness Confirmed or likely exposure Susceptible to measles 	<ul style="list-style-type: none"> Consider alternative diagnosis* Discuss testing options with LPHA or CDPHE. Could test through a commercial lab. If measles testing is ordered, instruct patient to isolate until negative results or through 4 days after rash onset.

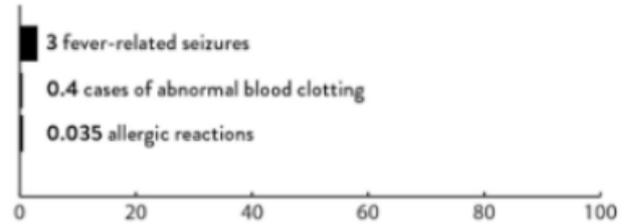
*Reconsider testing in anyone who has been vaccinated within the past 3 months unless there are other reasons to suspect measles. False positives (both PCR and IgM) can occur in people recently vaccinated.



Effects per 10,000 people who get measles



Effects per 10,000 people who get MMR vaccine



[Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings | Infection Control | CDC](#)

Recommendations for Measles in Healthcare Settings

1. Ensure that all HCP Have Presumptive Evidence of Immunity to Measles

- Presumptive evidence of immunity to measles for HCP includes:
 - Written documentation of vaccination with 2 doses of measles virus-containing vaccine (the first dose administered at age ≥ 12 months; the second dose no earlier than 28 days after the first dose); OR
 - Laboratory evidence of immunity (measles immunoglobulin G [IgG] in serum; equivocal results are considered negative); OR
 - Laboratory confirmation of disease; OR
 - Birth before 1957.
- Consider vaccinating HCP born before 1957 who do not have other evidence of immunity to measles.
- During a measles outbreak, 2 doses of measles virus-containing vaccine are recommended for all HCP, regardless of year of birth.
- [Recommendations on immunization of HCP for measles are maintained by CDC and Advisory](#)



[Committee on Immunization Practices \(ACIP\).](#)