STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065176	A. Building B. Wing	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Park Rehabilitation & Care Center	500 Geneva St Aurora, CO 80010

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40960 Based on observations, record review and interviews, the facility failed to ensure three (#19, #54 and #25) of four residents who required respiratory care received care consistent with professional standards of practice out of 34 sample residents. Specifically, the facility failed to: -Follow physician's orders to maintain, clean, sanitize and store Resident #19's continuous positive airway pressure (CPAP) mask and machine and Resident #54's bilevel positive airway pressure (BiPAP) mask and machine; and, -Rinse and store cup and mouthpiece for Resident #25's nebulizer (a small machine that turns liquid medication into a mist that can be inhaled to treat lung conditions.) Findings include I. Facility policy and procedure The CPAP/BiPAP Cleaning policy, revised 6/1/24, was provided by the director of nursing (DON) on 12/5/24 at 1:36 p.m. The policy revealed in pertinent part It is the policy of the facility to clean CPAP/BiPAP equipment with current Center for Disease Control (CDC) guidelines and manufacturer's recommendations in order to prevent the occurrence or spread of infection. Respiratory therapy equipment can become colonized with infectious organisms and serve as a source of respiratory infections. Clean the mask frame daily after use with CPAP cleaning wipes or soap and water. Dry well. Cover with a plastic bag or completely enclosed in machine storage when not in use. Wash headgear/straps and tubing in warm, soapy water and air dry weekly. The Nebulizer Therapy policy, revised 6/1/24, was provided by the DON on 12/5/24 at 1:36 p.m. The policy revealed in pertinent part, Clean after each use. Wash hands before handling the equipment. Disassemble the parts after each treatment. Rinse the nebulizer cup and mouth piece with sterile or distilled water. Shake off excess water. Air dry on an absorbent towel. Once completely dry, store the nebulizer cup and mouthpiece in a zip lock bag. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	II. Resident #19 A. Resident status Resident #19, age greater than 65, was admitted on [DATE]. According to the December 2024 computerized physician orders (CPO), diagnoses included chronic obstructive pulmonary disease, mild vascular dementia (caused by strokes), obstructive sleep apnea, obesity and nicotine dependence. The 11/6/24 minimum data set (MDS) assessment revealed the resident had moderate cognitive impairment with a brief interview for mental status (BIMS) score of 11 out of 15. She required maximum assistance with bathing and moderate assistance with upper and lower body dressing, putting on/off footwear and tub transfers. The assessment indicated the resident received oxygen and a non-invasive mechanical ventilator. -The assessment did not indicate if the non-invasive mechanical ventilator was a CPAP or a BiPAP. B. Observations On 12/2/24 at 2:46 p.m. Resident #19's CPAP mask was sitting on the resident's dresser behind the CPAP machine. On 12/3/24 at 9:07 a.m. Resident #19's CPAP mask was sitting on top of the dresser behind the CPAP machine. On 12/3/24 at 2:44 p.m. Resident #19's CPAP mask was sitting on top of the dresser behind the CPAP machine. On 12/4/24 at 11:25 a.m. Resident #19's CPAP mask was lying on the floor under the head of the bed. The CPAP mask was attached to the tubing and the tubing was attached to the machine. On 12/4/24 at 3:43 p.m. the resident's CPAP mask was lying on the floor under the head of the bed. The CPAP mask was attached to the tubing and the tubing was attached to the machine. On 12/5/24 at 9:19 a.m. Resident #19's CPAP mask was on the resident's bedside table attached to the tubing. The CPAP machine was behind the bedside table on the dresser. -During all of the above observations, Resident #19's CPAP mask was not covered by a plastic bag or enclosed in a storage case, which was identified by the facility as the process for CPAP/BiPAP storage (see facility policy above). C. Resident interview Resident #19 was interviewed on 12/5/24 at 3:04 p.m. She said the CPAP machine should be cleaned weekly and the mask daily, but the facility staff never cleaned them. She said when she was not using her CPAP mask, the staff stored it on top of her dresser. D. Record review (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #19's December 2024 CPO revealed the following physician's order: CPAP machine daily care: remove mask from head gear. Clean the mask with soapy water or with CPAP wipe. Clean the humidifier chamber with warm soapy water. Rinse the humidifier chamber using sterile or distilled water one time a day for CPAP maintenance, ordered 12/2/24. The altered respiratory status care plan, revised 7/30/24, revealed Resident #19 had difficulty breathing related to chronic obstructive pulmonary disease and obstructive sleep apnea. The interventions included assisting the resident with placement of the CPAP nightly at bed time and as needed with naps, and cleansing the CPAP water chamber and machine as instructed in the physician's orders. III. Resident #54 A. Resident status Resident #54, age greater than 65, was admitted on [DATE]. According to the December 2024 CPO, diagnoses included chronic respiratory failure with hypoxia (not enough oxygen), dependence on supplemental oxygen, morbid obesity and obstructive sleep apnea. The 10/24/24 MDS assessment revealed the resident was cognitively intact with a BIMS score of 13 out of 15. She required maximum assistance with toileting hygiene, bathing, upper body dressing, personal hygiene, sitting to lying, lying to sitting, sitting to standing, chair to bed transfers and toilet transfers. She was dependent on staff for lower body dressing, putting on/off footwear and rolling left to right. The assessment indicated the resident received oxygen. -The assessment did not indicate the resident used a CPAP or a BiPAP. B. Observations On 12/2/24 at 9:19 a.m. Resident #54's BiPAP mask was on the resident's night stand on top of the BiPAP machine. The BiPAP mask was attached to the tubing and placed on top of the night stand laying across the BiPAP machine. On 12/3/24 at 9:05 a.m. Resident #54's BiPAP mask was lying on the floor under the head of the bed. The BiPAP mask was attached to the tubing. On 12/4/24 at 11:23 a.m. Resident #54's BiPAP mask was on the resident's night stand on top of the BiPAP machine. The BiPAP mask and the tubing were bunched up on top of the BiPAP machine on the night stand. On 12/5/24 at 9:18 a.m. Resident #54's BiPAP mask was on the resident's night stand on top of the BiPAP machine. The BiPAP mask and the tubing were bunched up on top of the BiPAP machine on the night stand. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-During all of the above observations, Resident #54's BiPAP mask was not covered by a plastic bag or enclosed in a storage case, which was identified by the facility as the process for CPAP/BiPAP storage (see facility policy above). C. Resident interview Resident #54 was interviewed on 12/5/24 at 2:45 p.m. Resident #54 said her BiPAP mask and machine had not been cleaned since she was admitted to the facility (1/31/24). She said the mask should be cleaned daily. She said she asked the facility staff to provide an instruction book for the BiPAP so she could properly care for the machine. She said the mask and tubing were stored over her machine on the night stand next to the bed. D. Record review Review of Resident #54's December 2024 CPO revealed the following physician's orders: Assist the resident with placement of BiPAP via nose mask nightly at bed time and as needed for naps, ordered 2/8/24. CPAP machine daily care: remove mask from head gear. Clean the mask with soapy water or with CPAP wipe. Clean the humidifier chamber with warm soapy water. Rinse the humidifier chamber using sterile or distilled water one time a day for CPAP maintenance, ordered 8/1/24. -The physician's order indicated Resident #54 had a CPAP, however, the resident had a BiPAP machine. The BIPAP care plan, revised 2/8/24, revealed Resident #54 required the BiPAP for effective symptom management of obstructive sleep apnea and chronic hypoxemic respiratory failure. Interventions included assisting the resident with the mask placement to ensure an appropriate seal. -The care plan failed to include cleaning and storage of the BiPAP. IV. Resident # 25 A. Resident status Resident #25, age greater than 65, was admitted on [DATE] and readmitted on [DATE]. According to the December 2024 CPO, diagnoses included chronic obstructive pulmonary disease, dependence on supplemental oxygen and vascular dementia. The 10/10/24 MDS assessment revealed the resident had moderate cognitive impairment with a BIMS score of 10 out of 15. She required maximum assistance with lower body dressing and putting on/off footwear. She required moderate assistance with upper body dressing, toileting hygiene and personal hygiene. The assessment indicated the resident received oxygen. B. Observations (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 12/2/24 at 9:53 a.m. Resident #25's nebulizer was sitting on top of the night stand with what appeared to be drops of medication still in it. The nebulizer cup and mouthpiece had not been rinsed and stored appropriately after the resident received her nebulizer treatment. On 12/3/24 at 9:03 a.m. Resident #25's nebulizer was sitting on top of the night stand with what appeared to be drops of medication still in it. The nebulizer cup and mouthpiece had not been rinsed and stored appropriately after the resident received her nebulizer treatment. C. Resident interview Resident #25 was interviewed on 12/5/24 at 9:26 a.m. She said she received the nebulizer treatment three times a day. She said when the treatment was completed, staff sometimes put the nebulizer cup and mouthpiece in a bag, but she said usually the nurse just placed it on her night stand. She said she had never seen the nurses rinse it out after use. D. Record review Review of Resident #25's December 2024 CPO revealed the following physician's orders: Albuterol sulfate nebulization solution 2.5 milligrams (mg)/3 ml (milliliters). Inhale orally via nebulizer three times a day related to chronic obstructive pulmonary disease, ordered 6/13/24. Nebulizer mask cleaning: Place in warm, soapy water and soak/agitate for five minutes. Rinse with warm water and allow it to air dry between uses. Store it in a clean bag, ordered 6/13/24. The altered respiratory status care plan, revised 11/27/24 revealed Resident #25 had difficulty breathing related to chronic obstructive pulmonary disease and other long term drug therapy. The interventions included administering medication as ordered and monitoring for changes in orientation, increased restlessness, anxiety and air hunger (breathlessness). V. Staff interviews Certified nurse aide (CNA) #1 was interviewed on 12/5/24 at 9:21 a.m. CNA #1 said the facility had a respiratory therapist (RT) who was responsible for changing the oxygen tubing and the nurse was responsible for cleaning and storing the nebulizer, the CPAP and the BiPAP equipment. Licensed practical nurse (LPN) #2 was interviewed on 12/5/24 at 10:32 a.m. LPN #2 said the nurse was responsible for cleaning and storing the nebulizer, CPAP and BiPAP after each use. She said the nebulizer cup should be rinsed with water after each treatment and changed every three days and stored in a bag. She said medication should not be left in the nebulizer cup. She said the CPAP and BiPAP mask should be cleaned with soap and water and stored in a bag between uses to prevent infections. She said the mask should not be stored on the floor. The infection preventionist (IP) and the DON were interviewed together on 12/5/24 at 12:02 p.m. The IP said she had just started in the position a month prior to the survey (November 2024). (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The DON said with each and every nebulizer treatment, there was a physician's order for the cleaning and storing of the equipment. She said the nurses should be following the physician's orders. She said every resident using a CPAP/BiPAP had a physician's order in place for the cleaning and storage of the equipment. She said the mask should be cleaned after every use and stored in a bag to prevent any aspiration of foreign particles into the lungs and infections. She said the mask should not be stored on the floor.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 47064 Based on observations, record review and interviews, the facility failed to ensure staffing information was posted in a prominent place, readily accessible to residents and visitors. Specifically, the facility failed to post the total number of actual hours worked by the licensed and unlicensed staff directly responsible for resident care per shift. Findings include: I. Failure to have staffing hours posted Observations in the facility on 12/2/24 at 8:00 a.m. revealed there were no staff postings including hours worked posted in the facility Observations in the facility on 12/3/24 at 12:40 p.m. revealed there were no staff postings including hours worked posted in the facility. Observations in the facility on 12/4/24 at 4:40 p.m. revealed there were no staff posting including hours worked posted in the facility. II. Staff interviews The regional clinical coordinator (RCC) was interviewed on 12/4/24 at 4:43 p.m The RCC said the facility did not have the staffing posted. The director of nursing (DON) was interviewed on 12/4/24 at 4:45 p.m The DON said she had not seen daily staffing with hours posted in the facility since she had started working there about six months ago. The nursing home administrator (NHA) was interviewed on 12/4/24 at 4:46 p.m The DON said he had not seen daily postings with the amount of hours worked posted in the facility. The NHA said he was unsure whose responsibility it was to ensure the daily hours worked were posted.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47064 Based on observations and interviews, the facility failed to maintain an infection control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of diseases and infection on one of four units. Specifically, the facility failed to: -Ensure housekeepers followed appropriate infection control processes when cleaning resident rooms; and, -Ensure high touch areas in resident rooms were disinfected. Findings include: I. Professional reference Assadian O, Harbarth S, Vos M, et al. Practical Recommendations for Routine Cleaning and Disinfection Procedures in Healthcare Institutions: A Narrative Review. The Journal of Hospital Infection, (July 2021) 113:104-114, was retrieved on 11/12/24 from https://www.journalofhospitalinfection.com/article/S0195-6701(21)00105-5/fulltext. It revealed in pertinent part, High-touch surfaces, on the other hand, are usually close to the patient, are frequently touched by the patient or nursing staff, come into contact with the skin and, due to increased contact, pose a particularly high risk of transmitting pathogens (virus or microorganism that can cause disease) Healthcare-associated infections (HAIs) are the most common adverse outcomes due to delivery of medical care. HAIs increase morbidity and mortality, prolonged hospital stay, and are associated with additional healthcare costs. Contaminated surfaces, particularly those that are touched frequently, act as reservoirs for pathogens and contribute towards pathogen transmission. Therefore, healthcare hygiene requires a comprehensive approach. This approach includes hand hygiene in conjunction with environmental cleaning and disinfection of surfaces and clinical equipment. The Centers for Disease Control and Prevention (CDC) Environment Cleaning Procedures, (revised 3/19/24) was retrieved on 11/12/24 from https://www.cdc.gov/healthcare-associated-infections/hcp/cleaning-global/procedures.html?CDC_AAref_Val=https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html#cdc_generic_section_2-4-1-general-environmental-cleaning-techniques. It read in pertinent part, High-Touch Surfaces: The identification of high-touch surfaces and items in each patient care area is a necessary prerequisite to the development of cleaning procedures, as these will often differ by room, ward and facility. Common high-touch surfaces include: bed rails, IV (intravenous) poles, sink handles, bedside tables, counters, edges of privacy curtains, patient monitoring equipment (keyboards, control panels), call bells and door knobs. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Proceed from cleaner to dirtier areas to avoid spreading dirt and microorganisms. Examples include: during cleaning, clean low-touch surfaces before high-touch surfaces, clean patient areas (patient zones) before patient toilets, within a specified patient room, cleaning should start with shared equipment and common surfaces, then proceed to surfaces and items touched during patient care that are outside of the patient zone, and finally to surfaces and items directly touched by the patient inside the patient zone. In other words, high-touch surfaces outside the patient zone should be cleaned before the high-touch surfaces inside the patient zone and clean general patient areas not under transmission-based precautions before those areas under transmission-based precautions. II. Facility policy and procedure The Routine Cleaning and Disinfection policy and procedure, undated, was received from the director of nursing (DON) on 12/5/24 at 1:36 p.m. It revealed in pertinent part It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible. Routine cleaning and disinfection of frequently touched or visibly soiled surfaces will be performed in common areas, resident rooms, and at the time of discharge. Cleaning considerations include, but are not limited to, the following: -Dry cleaning procedures will be conducted before wet procedures; -Clean from areas that are visibly clean and least likely to be contaminated to areas usually visibly dirty; -Clean from top to bottom (bring dirt from high levels down to floor levels); and, -Clean from back to front areas. Routine surface cleaning and disinfection will be conducted with a detailed focus on visibly soiled surfaces and high touch areas to include, but not limited to toilet flush handles, bed rails, tray tables, call buttons, TV (television) remotes, telephones, toilet seats, monitor control panels, touch screens and cables, resident chairs, IV poles, blood pressure cuffs, sinks and faucets, light switches and door knobs and levers. III. Observations On 12/3/24 at 8:45 a.m. housekeeper (HSK) #1 was cleaning resident room [ROOM NUMBER], a double occupancy room. HSK #1 put on gloves collected Oxivir (disinfectant spray) from her cleaning cart and sprayed the sink and counter top. HSK #1 then entered the shared resident bathroom and sprayed the toilet riser, the toilet seat and the grab bars. She returned to her cart, collected [NAME] Bay toilet cleaner and put it on the floor around the toilet pedestal. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-HSK#1 failed to sanitize her hands prior to putting on gloves and beginning to clean the resident room. HSK #1 did not put toilet bowl cleaner into the toilet bowl. HSK #1 returned to the cleaning cart, collected the Oxivir disinfectant spray again and sprayed the resident's dresser handles, bedside table and night stand on side B of the room. -HSK #1 failed to disinfect the resident's call light. HSK #1 returned to her cart, collected a bucket with a toilet scrub brush and proceeded to place the bucket on the bedside table of the resident on side B of the room, returned to her cart and changed her gloves. -HSK #1 placed the dirty toilet bowl bucket on the resident bed side table and failed to perform hand hygiene between glove changes. HSK #1 returned to the toilet brush bucket, entered the bathroom and dunked the toilet brush into the toilet bowl water. HSK #1 proceeded to scrub the toilet bowl. After scrubbing the toilet bowl, HSK #1 scrubbed the toilet rim and then the toilet seat with the scrub brush. HSK #1 dunked the toilet bowl brush into the toilet a second time and scrubbed the seat of the toilet riser. -HSK #1 failed to use disinfectant to clean the toilet. -HSK #1 failed to clean the toilet from the cleanest area to the dirtiest area. HSK #1 returned to her cleaning cart, collected a wet mop pad from the bucket on her cleaning cart, then mopped the bathroom. -HSK #1 failed to change her gloves after cleaning the toilet and prior to putting her soiled gloves into the mop bucket to collect the mop pad. HSK #1 collected a second mop pad and placed it on the floor on side B of the room. She collected trash from both residents' trashcans and removed it from the room. -After dumping the trash, HSK #1 changed her gloves but failed to perform hand hygiene. HSK #1 sprayed Oxivir disinfectant spray on the resident's TV and trash can on side B, wiping them with a dry rag. HSK #1 proceeded to side A of the room and sprayed disinfectant spray on the resident's dresser, bedside table and trash can and dried the items with the same rag she had used on side B of the room. -HSK #1 failed to use separate rags to clean the two sides of the room. HSK #1 returned to side B of the room, mopped the floor and retrieved a new mop pad from the bucket on her cleaning cart and mopped the floor on side A to the door. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-HSK #1 failed to clean/disinfect high touch areas in the room such as the call lights, door knobs and TV remotes. HSK #1 failed to perform hand hygiene when changing gloves. HSK #1 mopped both sides of the room with mop pads from the bucket she contaminated when reaching in with soiled gloves from cleaning the toilet. At 9:44 a.m. HSK #1 completed cleaning room [ROOM NUMBER], removed her gloves and placed a wet floor sign in the entry way of the room. At 9:49 a.m. HSK #1 moved her cart to begin cleaning room [ROOM NUMBER]. HSK #1 put on new gloves and entered room [ROOM NUMBER], a double occupancy room. -HSK #1 failed to perform hand hygiene after removing gloves and between cleaning the residents' rooms. HSK #1 collected Oxivir disinfectant spray from her cleaning cart, entered room [ROOM NUMBER] and sprayed the sink and counter top. After spraying the sink, HSK #1 entered the bathroom, moved a pile of briefs, wipes and multiple bottles of barrier creams from on top of the toilet. HSK #1 dropped a tube of barrier cream into the toilet. HSK #1 reached into the toilet with her gloved hands, retrieved the tube of barrier cream, sprayed it with Oxivir disinfectant spray and placed the tube into the sink. -HSK #1 failed to dispose of the tube of barrier cream after it fell into the toilet. After retrieving the tube of barrier cream from the toilet bowl, HSK #1 sprayed Oxivir disinfectant spray on the resident's bedside table on side A. She then sprayed the resident's bedside table on side B of the room and returned to the bathroom. -HSK #1 failed to change her gloves and perform hand hygiene after reaching into the toilet bowl to retrieve the barrier cream. HSK #1 collected trash from the bathroom, removed her gloves and carried the trash bag across the hall to the soiled utility room. HSK #1 then put on new gloves and returned to the room. -HSK #1 did not perform hand hygiene before putting on the new pair of gloves. After returning to the room, HSK #1 went back and forth between side A and side B side of the room, spraying Oxivir disinfectant spray and wiping surfaces on both sides of the room with the same cloth. -HSK #1 failed to clean all of one side of the room before moving to the other side of the double occupancy room and used the same cloth to wipe the disinfectant spray on both sides of the room. HSK #1 returned to her cart, collected [NAME] Bay toilet cleaner and put it on the floor around the pedestal of the toilet. -HSK #1 failed to apply toilet bowl cleaner to the toilet bowl. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	HSK #1 returned to her cleaning cart, changed her gloves, collected a dry rag and returned to the sink. HSK #1 wiped the skin bowl, then the rim and then the counter top with the same rag. -HSK #1 failed to perform hand hygiene between glove changes. -HSK #1 failed to clean the sink from the cleanest area to the dirtiest area. HSK #1 collected the toilet bowl brush from her cart and scrubbed the toilet bowl. She proceeded to spray Oxivir disinfectant spray on the toilet handles, the toilet rim, the toilet tank lid and the outside of the toilet to the floor. She returned to her cleaning cart, collected a new dry rag and wiped the toilet from top to bottom. -HSK #1 failed to change her gloves and perform hand hygiene after scrubbing the toilet. HSK #1 returned to her cleaning cart to collect a new dry cloth and a mop pad from the mop bucket with her soiled gloves. She placed the mop pad in the bathroom then went to side B of the room and sprayed Oxivir disinfectant spray on the TV, dresser handles, head/footboards of the bed and the resident's personal picture frames. -HSK #1 sprayed side B of the room with the same soiled gloves she cleaned the toilet with. After cleaning side B of the room, HSK#1 changed her gloves and sprayed side A of the room with Oxivir disinfectant spray. -HSK #1 failed to perform hand hygiene in between glove changes. -HSK #1 failed to clean the high touch areas in room [ROOM NUMBER] such as call lights, light switches, bathroom door handles and TV remotes. IV. Staff interviews HSK #1 was interviewed on 12/3/24 at 10:31 a.m. HSK #1 said she needed to change her gloves after cleaning the bathroom or before moving to a different area in the residents' rooms to prevent contamination. HSK #1 said she needed to sanitize her hands when she exited a room and when she finished cleaning it. HSK #1 said she did not need to change her gloves or perform hand hygiene when she was cleaning the same room. HSK #1 said high touch areas in the residents' rooms were call lights, light switches, handles, grab bars and bedside tables. HSK #1 said she did not clean those items daily unless they looked soiled. HSK #1 said the Oxivir disinfectant she sprayed on the toilet was enough to clean the toilet bowl with and that another cleaner was not necessary to effectively clean the toilet bowl. HSK #1 said she should clean one side of the room, then the other side and then the bathroom last to prevent the spread of infection. HSK #1 said she did not realize she was going back and forth between side A and side B of the room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065176	A. Building B. Wing	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Park Rehabilitation & Care Center	500 Geneva St Aurora, CO 80010

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	HSK #1 said she was unaware she did not change her gloves or perform hand hygiene after cleaning the toilet and before she started cleaning the living space of the residents' rooms. HSK #1 said the way she cleaned room [ROOM NUMBER] and room [ROOM NUMBER] was not effective for preventing infections. HSK #1 said she felt the barrier cream tube was clean enough because she sprayed Oxivir disinfectant on it after it fell into the toilet. The housekeeping and laundry manager (HLM) was interviewed on 12/5/24 at 9:57 a.m. The HLM said she trained all housekeepers on hire on the chemicals to be used for what and their dwell times. The HLM said housekeepers were taught to clean from the cleanest areas to the dirtiest areas in residents' rooms. The HLM said housekeepers should clean residents' rooms in the following order: side B, then side A and the bathroom last to prevent the spread of infection. The HLM said the toilet scrub brush should only be used on the inside of the toilet bowl to prevent infection, as the bowl was considered dirtier than other areas of the toilet. The HLM said housekeepers should change their gloves when moving from side B to side A in residents' rooms and after cleaning the bathroom. The HLM said housekeepers should perform hand hygiene when changing gloves and on completion of cleaning a room, prior to starting cleaning a new room, in order to prevent the spread of infection. The HLM said high touch surface areas in residents' rooms were call lights, bed controls, light switches, bedside tables and door handles. The HLM said high touch areas should be cleaned daily to prevent the spread of infection. The HLM said she did daily audits of her housekeeping staff and watched them clean a room. She said she would do on the spot education if she observed something not being cleaned appropriately. The HLM said she did not have any documentation of her audits or documentation of the on the spot education she had provided to her housekeeping staff. The HLM said she would provide immediate education to HSK #1. The infection preventionist (IP) was interviewed on 12/5/24 at 11:15 a.m. The IP said she worked with the housekeeping department frequently to ensure they were following all precautions. The IP said she liked to know what cleaners or disinfectants were being used to ensure the housekeeping staff were using them correctly. The IP said high touch areas in residents' rooms were call lights, door knobs, hand rails, TV remote controls, phones, toilet handles, bedside tables and light switches. The IP said high touch areas should be cleaned daily with Oxivir disinfectant spray to help prevent the spread of infection. The IP said housekeepers should follow room appropriate cleaning procedures and clean from top to bottom and from cleanest areas to dirtiest areas. The IP said all staff should perform hand hygiene between glove changes. The IP said the housekeepers should change gloves after cleaning the toilet and when they changed the chemicals they were using to clean. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The IP said housekeepers should perform hand hygiene after cleaning a resident's room and prior to starting cleaning another resident's room in order to prevent the spread of infection.