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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/28/2023	
NAME OF PROVIDER OR SUPPLIER Hilltop Park Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 290 S Monaco Pkwy		
		Denver, CO 80224		
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 0883	Develop and implement policies and procedures for flu and pneumonia vaccinations.			
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20287			
Residents Affected - Some	Based on record review and staff interviews, the facility failed to implement policies and procedures related to pneumococcal immunizations for six (#1, #2, #3, #5, #6 and #8) of eight residents reviewed for immunizations out of eight sample residents.			
	Specifically, the facility failed to:			
	-Offer Resident #1 and #8 the pneumococcal vaccine upon admission;			
	-Offer additional doses of the pneumococcal vaccine to Resident #2, #3 and #5; and,			
	-Have a signed consent of a refusal for Resident #6.			
	Findings include:			
	I. Professional reference			
	 According to the Centers for Disease Control and Prevention (CDC) Recommended Immunization Sch for Adults Aged [AGE] years or Older, United States, 2023, retrieved on 9/28/23, from: https://www.cd gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf, in pertinent part: Routine vacci-pneumococcal For those ages 19 or older with an additional risk factor or another indication was: One (1) dose PCV (pneumococcal 15-valent conjugate vaccine PCV15 Vaxneuvance) followed by PPSV23 (pneumococcal 23-valent polysaccharide vaccine PPSV23 Pneumovax 23)or one (1) dose PCV20 (pneumococcal 20-conjugate vaccine PCV20 Prevnar 20). (see notes) For those over the age of 65 who meet age requirement and lack documentation of vaccination, or latevidence of past infection was: One (1) dose PCV15 followed by PPSV23 or one (1) dose PCV20. 			
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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

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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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	have not previously received a pne unknown: One (1) dose PCV15 or o of PPSV23 given at least 1 year aft PPSV23 can be considered for adu cerebrospinal fluid leak to minimize to PPSV23 in these vulnerable grou		e previous vaccination history is , this should be followed by a dose al of 8 weeks between PCV15 and lition, cochlear implant, or ease caused by serotypes unique
	-Note: Immunocompromising conditions include chronic renal failure, nephrotic syndrome, immunodeficiency, iatrogenic immunosuppression, generalized malignancy, human immunodeficiency virus (HIV), Hodgkin disease, leukemia, lymphoma, multiple myeloma, solid organ transplants, congenital or acquired asplenia, sickle cell disease, or other hemoglobinopathies.		
	-Note: Underlying medical conditions or other risk factors include alcoholism, chronic heart/liver/lung disease chronic renal failure, cigarette smoking, cochlear implant, congenital or acquired asplenia, CSF (cerebral spinal fluid) leak, diabetes mellitus, generalized malignancy, HIV, Hodgkin disease, immunodeficiency, iatrogenic immunosuppression, leukemia, lymphoma, multiple myeloma, nephrotic syndrome, solid organ transplants, or sickle cell disease or other hemoglobinopathies.		
	II. Facility policy		
	The Pneumococcal Vaccine policy, revised March 2022 was provided by the nursing home administrator (NHA) on 9/28/23. It read in pertinent part, All residents are offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, will be offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated. Administration of the pneumococcal vaccines or revaccinations will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.		
	III. Resident #1		
	A. Resident #1		
	Resident #1, age 70, was admitted on [DATE]. According to the September 2023 computerized physician orders (CPO) diagnoses included chronic obstructive pulmonary disease, dysphasia and dementia.		
	The 8/22/23 minimum data set assessment (MDS) revealed Resident #1 had memory impairments and had moderately impaired decision making.		
	-The MDS inaccurately documented, that the resident was offered and declined the pneumococcal vaccination.		
	B. Record review		
	A review of Resident #1's electronic medical record (EMR) revealed the immunization tracking sheet did not show the resident received the pneumococcal vaccination.		
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F 0883 Level of Harm - Minimal harm or potential for actual harm	-The EMR failed to show that the resident had not been offered the pneumococcal vaccination on admiss The Colorado Immunization Information System (CIIS) showed the PPSV23 was recommended on 7/6/2		
Residents Affected - Some	IV. Resident #2 A. Resident #2		
	Resident #2, age 89, was admitted on [DATE]. According to the September 2023 CPO diagnoses included chronic obstructive pulmonary disease, palliative care and heart failure.		
	The 8/23/23 minimum data set assessment (MDS) revealed Resident #2 was cognitively intact with a brief interview for mental status (BIMS) score of 15 out of 15.		
	-The MDS assessment inaccurately documented the resident was offered and declined the pneumococcal vaccination.		
	-However, a review of Resident #2's electronic medical records (EMR) revealed the resident had not been offered the pneumococcal vaccine.		
	B. Record review		
	A review of Resident #2's electronic medical record (EMR) revealed the immunization tracking sheet showed the resident refused both the Prevnar 13 and the Polysaccharide (PPSV23) 23.		
	-However, the immunization tracking sheet had no date did not show the resident received the pneumococcal vaccination.		
	-The EMR showed a consent which he signed as a decline, however, there is no date of when it was signed. There was no evidence that the resident had been offered the pneumococcal vaccine any other date.		
	V. Resident #3		
	Resident #3, age 89, was admitted on [DATE]. According to the September 2023 CPO diagnoses included hemiplegia and hemiparesis (paralysis) following unspecified cerebrovascular disease (stroke) affecting left non-dominant side and osteoarthritis.		
	The 7/5/23 minimum data set assessment (MDS) revealed Resident #3 had moderate cognitive impairment with a brief interview for mental status (BIMS) score of eight out of 15.		
	-The MDS assessment inaccurately documented the resident was up to date on the pneumonia vaccination. B. Record review		
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F 0883	The immunization record showed the resident received pneumovax dose 1 on 1/1/05. The resident received the Prevnar 13 on 1/17/18. -There was no evidence that the resident had been offered the pneumococcal vaccine any other date.		
Level of Harm - Minimal harm or potential for actual harm			
Residents Affected - Some	VI. Resident #5		
	A. Resident #5		
	Resident #5, age 93, was admitted on [DATE]. According to the September 2023 CPO diagnoses included legal blindness, vascular dementia and hypertension.		
	The 7/26/23 minimum data set assessment (MDS) revealed Resident #5 was cognitively intact with a brief interview for mental status (BIMS) score of 15 out of 15.		
	-The MDS assessment inaccurately documented the resident was up to date on the pneumonia vaccination.		
	B. Record review		
	The immunization record showed the resident received pneumovax dose 1 on 3/22/10. The resident received the Prevnar 13 on 7/5/16.		
	-There was no evidence the resident was offered the Prevnar 20.		
	VII. Resident #6		
	Resident #6, age 77, was admitted on [DATE]. According to the September 2023 CPO diagnoses included, traumatic subarachnoid hemorrhage without loss of consciousness, epilepsy, and history of brain injury.		
	The 9/5/23 minimum data set assessment (MDS) failed to assess the residents mental status.		
	The MDS assessment documented the resident was offered and declined the pneumococcal vaccination.		
	B. Record review		
	The immunization record documented, the resident refused the pneumococcal vaccination, however, there was no date. Although, the EMR failed to show a consent which showed the resident refused.		
	VIII. Resident #8		
	Resident #8, age 71, was admitted on [DATE]. According to the September 2023 CPO diagnoses included disorder of kidney, benign prostatic hyperplasia, and cerebral infarction.		
	The 7/20/23 minimum data set assessment (MDS) revealed Resident #8 had severe cognitive impairments with a brief interview for mental status (BIMS) score of six out of 15.		
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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	 -The MDS assessment inaccurately documented the resident was offered and declined the pneumococcal vaccination. B. Record review -The EMR failed to show any evidence the resident had been offered the pneumococcal vaccination. XI. Staff interviews 			