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

Printed: 05/22/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  NAME OF PROVIDER OR SUPPLIE Brookdale Greenwood Village	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065376	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing  STREET ADDRESS, CITY, STATE, ZI 6450 S Boston St Greenwood Village, CO 80111	(X3) DATE SURVEY COMPLETED 01/30/2024 P CODE
For information on the nursing home's	plan to correct this deficiency, please conf	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 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide and implement an infection prevention and control program.  47422  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 for one of two resident rooms.  Specifically, the facility failed to wear appropriate personal protective equipment (PPE) in a resident room was symptomatic and positive for influenza.  Findings include:  I. Professional reference  According to the Center for Disease Control (CDC), Prevention Strategies for Seasonal Influenza in Healthcare Settings retrieved on 1/30/24 from: https://www.cdc. gov/flu/professionals/infectioncontrol/healthcaresettings.htm (reviewed 5/13/21) revealed in pertinent part, Adhere to droplet precautions: droplet precautions should be implemented for patients with suspected or confirmed influenza for seven days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a patient is in a healthcare facility.  II. Facility policy and procedure  The Isolation Precautions Competency policy, revised September 2023, was provided by the director of nursing (DON) on 1/30/24 at 12:06 p.m. It revealed in part:  Personal protective equipment (PPE) for droplet transmission (influenza) include surgical mask, gloves, faceshield and gown when providing direct care contact with symptomatic/confirmed positive residents.  III. Observations  On 1/30/24 at 10:16 a.m. certified nursing aide (CNA) #1 was seen entering a resident room had a droplet precaution sign on the door.  -The sign failed to have use of a gown included in the required PPE and there were two residents who were symptomatic and positive for influenza.  (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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 065376

If continuation sheet Page 1 of 2

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

Printed: 05/22/2025 Form Approved OMB No. 0938-0391

			No. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065376	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2024	
NAME OF PROVIDER OR SUPPLIER  Brookdale Greenwood Village		STREET ADDRESS, CITY, STATE, ZIP CODE 6450 S Boston St Greenwood Village, CO 80111		
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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 0880	She donned a surgical mask, face shield and gloves but did not put on the surgical gown.			
Level of Harm - Minimal harm or potential for actual harm	When CNA #1 left the room she went to the unit manager to ask about what PPE was appropriate for residents on droplet precautions.			
Residents Affected - Few	IV. Staff interviews			
	the door and was not sure if she sh precautions in isolation. She said th were still experiencing a cough.  The infection preventionist (IP) was infection control policies that were those policies and follow them whe The director of nursing (DON) was specific infection control measures include donning a surgical mask, fabefore entering a resident room and	4 at 10:25 a.m. She said she was followed wear a gown when entering a resident residents residing in the room had be interviewed on 1/30/24 at 12:01 p.m. more stringent than the CDC. She said negaging with residents who had infiniterviewed on 1/30/24 at 2:03 p.m. She said any care provided to resider ace shield, gloves and surgical gown. She said doffed when exiting the room. She said exception of the residents on drop the said and surgical gown. She said any care provided to residents on drop the said and said the said the said and said the said	ident's room who had droplet een in the facility for six days and  She said the facility used specific all staff were to be trained on ection control concerns.  The said all care staff were to follow at son droplet precautions should the said all PPE should be donned aid all infection control signs in the	