

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 04/09/2020
NAME OF PROVIDER OF SUPPLIER BROOKDALE GREENWOOD VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 6450 S BOSTON ST GREENWOOD VILLAGE, CO 80111	
For information on the nursing home's plan to correct this deficiency, please contact 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. Based on observation, interviews, and policy review, the facility failed to ensure staff was promoting an environment conducive to the prevention of communicable diseases and infections. Specifically, the facility failed to ensure staff were competent in providing hand hygiene using alcohol-based hand rub (ABHR). This failure puts residents and staff at risk of acquiring communicable diseases and infections. Findings include: 4/09/20 at 9:35 AM Observation of HK1 after cleaning resident room (#2238) removed gloves and retrieved ABHR from the wall with one hand, and then using both hands, rubbed the ABHR in the palms of both hands, not applying to the back of hands or fingers. HK1 then donned gloves, not allowing the ABHR to dry before donning gloves. 4/09/20 at 9:40 AM Interview with HK1 when asked about hand hygiene using the ABHR, replied Yes, I clean my hands, and then demonstrated the motion of rubbing the palm of her hands together. When asked who instructed you to use that technique, HK1 replied, I speak very little English. 4/09/20 at 9:42 AM Interview with HK Manager, stated upon hire educated on ABHR and hand washing. The HK Manger then obtained ABHR and demonstrated to HK1 the proper use of hand hygiene using the ABHR and then stated to allow the hands to dry before donning gloves. Review of policy titled, Handwashing/Hand Hygiene-CS-50-6 Effective Date 10/2015; Last Revised 09/2017, under subtitle Policy Overview it reads, This community considers hand hygiene the primary means to prevent the spread of infections. On page two of three of the policy under subtitled Procedure sub-section Using Alcohol-Based Hand Rubs number two reads, Cover all surfaces of hands and fingers until hands are dry. Review of the Handwashing-Hand Hygiene Competency under sub title Skills section titled Using Antimicrobial Hand Gel number one reads, Apply hand gel to the palm of one hand and rub hands together covering all surfaces of hands and fingers., number two reads, Continue rubbing until the hand gel is dr (y), typically 15-25 seconds. Attached to the Handwashing-Hand Hygiene Competency is Sign in Sheet dated 3/26/20, above signature reads By signing this form, I attest that the information in this document was provided to me and I fully understand the information given. HK1 signed the form. Form was written in English. 4/9/20 at 10:30 AM Interview with Administrator when asked is there documentation of Handwashing- Hand Hygiene Competency in Spanish of HK1 acknowledgement and understanding of ABHR, Administrator given Hand Washing four page document, with page four in Spanish addressing ABHR. No signature or sign in sheet attached verifying understanding. 4/9/20 at 3:30 PM The observations mentioned and Administrator acknowledged. When asked is it your expectation that all staff be trained on proper hand hygiene and handwashing, the administrator replied Yes.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.