

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065255</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRIARWOOD HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1440 VINE ST DENVER, CO 80206</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure the environment was free from the transmission of infectious diseases. Specifically, the facility failed to ensure multiple use resident equipment was correctly cleaned/disinfected after resident use. This failure places residents and staff at risk for acquiring infectious diseases. Findings include: Policy from Chapter 4: Standard and Transmission-based Precautions Guide to Infection Prevention and Control titled Coronavirus (COVID-19) revised 3/11/20, page four of six reads in pertinent part, EPA-registered hospital grade disinfectants with an emerging [MEDICAL CONDITION] pathogens claim should be used for routine cleaning of the facility and patient equipment. An observation on 4/14/20 at approximately 9:30 AM, in the West building on the 4th Floor, revealed CNA1 cleaned a blood pressure cuff with one inch alcohol pads. In an interview on 4/14/20 at 10:50 AM, the Staff Development Coordinator (SDC) was asked what is the expectation for disinfecting multiple use equipment. The SDC said staff are trained and expected to use the bleach wipes, and in the event they are not available, a solution of 1/10 of bleach (10% bleach per water 90% water) is available. The SDC further states, there is no shortage of bleach wipes on the floor. In an interview on 4/14/20 at 3:50 PM, the Infection Prevention and Control (IPC)-RN and the Administrator were informed of the observation. They acknowledged and stated it is the expectation that staff follow the policy for cleaning/disinfecting resident equipment.</p>		

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.